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“HIRING LANDMINES - HOW TO DEFUSE NEW-HIRE ISSUES BEFORE THEY DETONATE”

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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 to avoid potential liability.

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California Department of Fair Employment & Housing Fact Sheet

EMPLOYMENT INQUIRIES

WHAT CAN EMPLOYERS ASK APPLICANTS AND EMPLOYEES?

The Department of Fair Employment and Housing has developed this guide to provide employers with guidance relating to inquiries that can be made to applicants and employees.

The California Fair Employment and Housing Act (FEHA) prohibits any non-job-related inquiries of applicants or employees, either verbally or through the use of an application form, that express, directly or indirectly a limitation, specification or discrimination as to race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation, or any intent to make such a limitation, specification, or discrimination.

The regulations of Fair Employment and Housing Commission indicate that inquiries that, directly or indirectly, identify an individual on a basis enumerated in the Act are **unlawful**. However, it is not unlawful for an employer to collect applicant flow data and other record keeping data for statistical purposes. Misuse of this data constitutes a violation of the Fair Employment and Housing Act.

APPLICANTS

The FEHA also prohibits an employer from requiring any medical or psychological examination or inquiry of any applicant or to make any inquiry whether an applicant has a mental or physical disability or medical condition. It is also unlawful to make an inquiry regarding the nature and severity of a mental or physical disability or medical condition. However, an employer may inquire into the ability of an applicant to perform job-related functions and may respond to an applicant's request for reasonable accommodation.

Once an employment offer has been made to an applicant, but prior to the commencement of employment duties, an employer may require a medical or psychological examination provided that:

- the examination or inquiry is job-related and consistent with business necessity and;
- that all entering employees in the same job classification are subject to the same examination or inquiry.

EMPLOYEES

An employer may not require any medical or psychological examination or make any inquiry of an employee, or inquire whether an employee has a mental or physical disability or medical condition or inquire into the severity of the disability or condition.

However, an employer may require any medical or psychological examination or make inquiries that it can show are job-related and consistent with business necessity. An employer may conduct voluntary medical examinations, including medical histories, which are part of an employee health program available to the employee at the work site.

The Employment Inquiries table is a guide and is not intended to be an exhaustive list of all acceptable and unacceptable inquiries. Those questions considered unacceptable are likely to limit the employment opportunities of persons protected by the Fair Employment and Housing Act.

EMPLOYMENT INQUIRIES

ACCEPTABLE	SUBJECT	UNACCEPTABLE
Name	NAME	<ul style="list-style-type: none"> • Maiden name
Place of residence	RESIDENCE	<ul style="list-style-type: none"> • Questions regarding owning or renting.
Statements that hire is subject to verification that applicants meet legal age requirements.	AGE	<ul style="list-style-type: none"> • Age • Birth date • Date of attendance/completion of school • Questions which tend to identify applicants over 40
Statements/inquiries regarding verification of legal right to work in the United States.	BIRTHPLACE, CITIZENSHIP	<ul style="list-style-type: none"> • Birthplace of applicant or applicant's parents, spouse or other relatives. • Requirements that applicant produce naturalization or alien card prior too employment.
Languages applicant reads, speaks or writes if use of language other than English is relevant to the job for which applicant is applying.	NATIONAL ORIGIN	<ul style="list-style-type: none"> • Questions as to nationality, lineage, ancestry, national origin, descent or parentage of applicant, applicant's spouse, parent or relative.
Statement by employer of regular days, hours, or shifts to be worked.	RELIGION	<ul style="list-style-type: none"> • Questions regarding applicant's religion. • Religious days observed.
<p>Name and address of parent or guardian if applicant is a minor.</p> <p>Statement of company policy regarding work assignment of employees who are related.</p>	SEX, GENDER IDENTITY, GENDER EXPRESSION, MARITAL STATUS, FAMILY	<ul style="list-style-type: none"> • Questions to indicate applicant's sex, gender identity, gender expression, marital status, number/ages of children or dependents. • Questions regarding pregnancy, child birth, or birth control • Name/address of relative, spouse or
	RACE, COLOR, SEXUAL ORIENTATION	<ul style="list-style-type: none"> • Questions to applicant's race, color, or sexual orientation. • Questions regarding applicant's complexion, color of eyes, hair or sexual orientation.
	CREDIT REPORT	<ul style="list-style-type: none"> • Any report which would indicate information which is otherwise illegal to ask, e.g., marital status, age, residency, etc.
Statement that a photograph may be required after employment.	PHYSICAL DESCRIPTION, PHOTOGRAPHS, FINGERPRINTS	<ul style="list-style-type: none"> • Questions as to applicant's height/weight. • Requiring applicant to affix a photograph to application or submit one at his/her option. • Require a photograph after interview but before employment.
<p>Employer may inquire if applicant can perform job-related functions.</p> <p>Statement that employment offer may be made contingent upon passing a job-related mental/physical examination.</p>	MENTAL/PHYSICAL DISABILITY, MENTAL CONDITION (APPLICANTS)	<ul style="list-style-type: none"> • Any inquiry into the applicant's general health, medical condition, or mental/physical disability. • Requiring a psychological/medical examination of any applicant.

A medical/psychological examination/inquiry may be made as long as the examination/inquiry is job-related and consistent with business necessity and all applicants for the same job classification are subject to the same examination/inquiry.	MENTAL/PHYSICAL DISABILITY, MEDICAL CONDITION (POST- OFFER/PRE- EMPLOYMENT)	<ul style="list-style-type: none"> Any inquiry into the applicant's general health, medical condition, or physical/mental disability, if not job-related and consistent with business necessity.
A medical/psychological examination/inquiry may be made as long as the examination is job-related and consistent with business necessity.	MENTAL/PHYSICAL DISABILITY, MEDICAL CONDITION (EMPLOYEES)	<ul style="list-style-type: none"> Any inquiry into the employee's general health, medical condition, or mental/physical disability, if not job-related and consistent with business necessity.
Job-related questions about convictions, except those convictions which have been sealed, or expunged, or statutorily eradicated.	ARREST, CRIMINAL RECORD	<ul style="list-style-type: none"> General questions regarding arrest record.
Questions regarding relevant skills acquired during U.S. military service.	MILITARY SERVICE	<ul style="list-style-type: none"> General questions regarding military service such as dates/type of discharge. Questions regarding service in a foreign military.
Requesting lists of job-related organizations, clubs or professional societies omitting indications of protected bases.	ORGANIZATIONS, ACTIVITIES	<ul style="list-style-type: none"> General questions regarding organizations, clubs, societies and lodges.
Name of persons willing to provide professional and/or character references for applicant.	REFERENCES	<ul style="list-style-type: none"> Questions of applicant's former employers or acquaintances which elicit information specifying applicant's race, etc.
Name and address of person to be notified in case of accident or emergency.	NOTICE IN CASE OF EMERGENCY	<ul style="list-style-type: none"> Name, address, and relationship of relative to be notified in case of accident or emergency.

NOTE: Any inquiry, even though neutral on its face, which has an adverse impact on persons on a basis enumerated in the Fair Employment and Housing Act, is permissible only if it is sufficiently related to an essential job function to warrant its use.

For more information, contact the Department
toll free at: **(800) 884-1684**

TTY Number: **(800) 700-2320**

or visit our Web site at: www.dfeh.ca.gov

This publication can be made available in Braille, large print, computer disk, and tape cassette.

**STATE OF CALIFORNIA
DEPARTMENT OF FAIR EMPLOYMENT & HOUSING
2218 Kausen Drive, Suite 100
Elk Grove, CA, 95758**



DFEH-161 (11/14)

AUTHORIZATION TO OBTAIN INVESTIGATION REPORTS

I _____, hereby authorize _____
(Name of Applicant) (Company)
to obtain any investigation reports on me in connection with my application for employment
and/or at any time during my employment with _____ if I am
(Company)
hired or if I am a current employee, for employment purposes including, but not limited to,
reassignment, promotion, retention and rehiring.

I have received and read a Notice and Disclosure explaining that such investigation
reports may include information concerning my creditworthiness, credit standing, credit capacity,
character, general reputation, personal characteristics, and/or mode of living. This information
may be obtained from personal interviews with my professional and personal acquaintances.

I understand that _____ and its agents are not responsible for
(Company)
the accuracy or completeness of the information contained in any such reports. I release
_____ and its agents from all liability, claims, and lawsuits with
(Company)
respect to the information obtained from any or all of the sources used by
_____.
(Company)

I understand that this authorization is not an offer for employment by
_____ and that any false or misleading information I have provided
(Company)
to _____ may result in a refusal to hire, promote, reassign, or
(Company)
continued employment.

I also understand that this authorization is a continuing authorization and will remain
valid until such time as I inform _____, in writing, that I wish
(Company)
to revoke this authorization.

Date: _____ By: _____
(Signature of Applicant)
By: _____
(Name of Applicant)

[] By checking this box, I have indicated that I would like a copy of a credit report if one is
obtained by _____.
(Company)

**NOTIFICATION OF REQUEST FOR INVESTIGATIVE CONSUMER REPORT
(UNDER FAIR CREDIT REPORTING ACT)**

(Date)

(Name of Applicant)

(Street Address)

(City, State, Zip)

Dear _____:
(Name)

This letter serves to notify you that _____ has ordered an investigative consumer
(Company)
report about you. This report may include information about your character, general reputation, personal characteristics, and mode of living. Such information may be obtained through personal interviews with your professional and personal acquaintances.

You have the right to request a complete disclosure of the nature and scope of the investigation that was requested. You must make this request in writing and within a reasonable period of time after receipt of this Notice and Disclosure.

If you make this written request, we are required to and will provide a complete disclosure of the nature and scope of the investigation to you in a written statement. You will receive this written statement no later than five (5) days from the date we receive your request for disclosure or the date we first requested the report, whichever is later in time.

Enclosed is a copy of A Summary of Your Rights Under the *Fair Credit Reporting Act*.

Date: _____

(Signature & Title of Company Representative)

(Typed Name & Title of Company Representative)

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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 identify 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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit 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.ftc.gov/credit 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.ftc.gov/credit.
- **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 1-888-5-OPTOUT (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.ftc.gov/credit.

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. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture
	Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



Pre-Employment Inquiries and Arrest & Conviction

Federal law does not prohibit employers from asking about your criminal history. But, federal EEO laws do prohibit employers from discriminating when they use criminal history information. Using criminal history information to make employment decisions may violate Title VII of the Civil Rights Act of 1964, as amended (Title VII).

1. Title VII prohibits employers from treating people with similar criminal records differently because of their race, national origin, or another Title VII-protected characteristic (which includes color, sex, and religion).
2. Title VII prohibits employers from using policies or practices that screen individuals based on criminal history information if:
 - They significantly disadvantage Title VII-protected individuals such as African Americans and Hispanics; AND
 - They do not help the employer accurately decide if the person is likely to be a responsible, reliable, or safe employee.

See also:

- [What You Should Know About the EEOC and Arrest and Conviction Records](#)
- [Enforcement Guidance on Consideration of Arrest and Conviction Records in Employment Decisions Under Title VII of the Civil Rights Act of 1964](#)

Difference Between Arrest Records and Conviction Records

The fact that an individual was arrested is not proof that he engaged in criminal conduct. Therefore, an individual's arrest record standing alone may not be used by an employer to take a negative employment action (e.g., not hiring, firing or suspending an applicant or employee). However, an arrest may trigger an inquiry into whether the conduct underlying the arrest justifies such action.

In contrast, a conviction record will usually be sufficient to demonstrate that a person engaged in particular criminal conduct. In certain circumstances, however, there may be reasons for an employer not to rely on the conviction record alone when making an employment decision.

Several states' laws limit employers' use of arrest and conviction records to make employment decisions. These laws may prohibit employers from asking about arrest records or require employers to wait until late in the hiring process to ask about conviction records. If you have questions about these kinds of laws, you should contact your state fair employment agency for more information.

Consumer Protections and Criminal Background Checks

Employers that obtain an applicant's or employee's criminal history information from consumer reporting agencies (CRAs) also must follow the Fair Credit Reporting Act (FCRA). For example, FCRA requires employers to:

- Get your permission before asking a CRA for a criminal history report;
- Give you a copy of the report and a summary of your rights under FCRA before taking a negative employment action based on information in the report.
- Send you certain notices if it decides not to hire or promote you based on the information in the CRA report.

If you would like to know more about FCRA, visit the [Federal Trade Commission's \(FTC\) website](#) (the federal agency that enforces FCRA). Or contact the FTC at 1-877-FTC-HELP (1-877-832-4357); TTY: 1-866-653-4261.

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. _____ _____					

WORK EXPERIENCE

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

[DATE]

[NAME]

[ADDRESS]

[CITY/STATE/ZIP]

RE: EMPLOYMENT OFFER

Dear _____:

We are very pleased to offer you the position of [POSITION] with [COMPANY NAME] ("the [Company/Practice/Firm]"), effective _____, 20____. This is a full-time, non-exempt position. Your starting work hours will be _____ a.m. to _____ p.m. Monday to Fridays with an hour lunch break. Occasional overtime and weekend work may be required. Please review the following summary of responsibilities and the compensation package offered for this position.

This offer of employment is contingent on a satisfactory reference and your ability to provide employment eligibility documentation as required by federal immigration laws. It is also subject to [e.g., verification of all required licenses/our satisfaction with the results of your drug test/pre-employment medical examination/criminal background check].

As the _____, you will report to [DIRECT SUPERVISOR]. Your responsibilities and duties as the _____ will include _____. A copy of the job description is enclosed for your review. Your hours and work location(s) will be assigned to you by your supervisor prior to commencing work. [OPTIONAL: Please note that all employees in your position are subject to a rotating on-call shift.] More information on shifts, locations, travel requirements, and on-call responsibilities will be provided to you prior to first day of work.

As the _____, you will be entitled to the following compensation package and benefits (which, except for the compensation rate, begin to accrue but will not be earned or vested (i.e., not available) until after the evaluation period is successfully completed):

1. Starting compensation rate of \$ ____ .00 per hour (approximately \$_____ salary per annum), paid pursuant to the Company's normal payroll practices, subject to all applicable withholdings and deductions.

2. At the conclusion of the initial evaluation period of approximately three (3) months, we will review your performance and if your employment attitude, performance and attendance meet satisfactory standards at that time, you will become eligible to participate in the Company's [list fringe benefits if any].
3. Upon the successful completion of your evaluation period, you will also be eligible to participate in the Company's [list incentive/bonus plan if any].
4. [Outline vacation/sick/PTO].

In addition to the compensation summarized above, you will be required to execute a Non-Disclosure Agreement as a condition of employment.

Your employment with the Company will be "at-will" and the Company reserves the right to alter or amend any term or condition of employment at its discretion. Additionally, you will be free to sever the employment relationship at any time, for any reason, or for no reason.

To formally accept this offer, please sign and date below in the space provided and return it to us [by] in the self-addressed, stamped envelope enclosed for your convenience. We will then contact you concerning the details surrounding the completing of the pre-employment verification process.

We look forward to you joining our team. Don't hesitate to give me a call if you should have any questions.

With warmest regards,

[COMPANY REPRESENTATIVE]

Acceptance Signature of Employee (INSERT NAME)

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)	_____
Summary of Rights Under the Fair Credit Reporting Act	(Optional)	_____
Workers' Compensation Benefits Statement and Physician Election Form (English and Spanish/Acknowledgment)	(Mandatory)	_____
State Disability Insurance Booklet-DE 2515 (English/Spanish)	(Mandatory)	_____
EDD For Your Benefit Booklet-DE 2320 (English)	(Mandatory)	_____
Family Care and Medical Leave and Pregnancy Disability Leave (DFEH Notice B) (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)	_____
Employee Relations Policy with Acknowledgment (English & Spanish)	(Mandatory)	_____
Company's Drug and Alcohol Policy with Acknowledgment	(Optional)	_____
Sample Meal and Rest Period Policy	(Optional)	_____
Sample Timesheet	(Optional)	_____
Employee Handbook (Company handbook)	(Optional)	_____
Employee Statement Re: Acknowledgment of Receipt of Handbook	(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: _____

POST-HIRE EMPLOYEE DATA SHEET

Personal Information:

Name: _____

Address: _____

Phone No.: _____ Date of Birth: _____

Social Security No.: _____

Name of Whom to Contact in Emergency: (Name) _____

(Phone) _____

The following information may be obtained if there is a business need for such information, e.g., health benefits:

Marital Status: _____

Spouse's Name: _____ Date of Birth: _____

List of Dependents:

Name	Relationship	SSN	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of Hire: _____ Rate of Pay: _____

Benefits Arrangements:

Vacation: _____ Sick Days _____

Insurance: _____

Review Date: _____

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: _____

WORKER'S COMPENSATION

Insurance Carrier's Name: _____

Address: _____

Telephone Number: _____

Policy No.: _____

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

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 - 1. requesting or using accrued sick days;
 - 2. attempting to exercise the right to use accrued paid sick days;
 - 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 - 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

- ☐ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- ☐ 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- ☐ 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- ☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT 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 acknowledgement 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.



Instructions for Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. 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.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: 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.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
 - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
 - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
 - a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents 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. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 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. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no 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 "**USCIS Privacy Act Statement**" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by contacting the USCIS National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired), call **1-800-767-1833**.

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 the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at I-9Central@dhs.gov or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling **1-888-897-7781**. For TDD (hearing impaired), call **1-877-875-6028**.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

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

USCIS Privacy Act Statement

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

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire 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.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: 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 employer will keep this form and make it 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.

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 35 minutes per response, including the time for reviewing instructions and completing and retaining 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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Employment Eligibility Verification

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

USCIS
Form I-9


OMB No. 1615-0047

Expires 03/31/2016

►START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)	
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town		State 
Zip Code		Date of Birth (<i>mm/dd/yyyy</i>)		U.S. Social Security Number		E-mail Address
<div> <div></div> <div></div> <div></div> </div> <div>-</div> <div> <div></div> <div></div> </div> <div>-</div> <div> <div></div> <div></div> <div></div> <div></div> </div>		<div></div>		<div></div>		Telephone Number

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

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

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field.
(See instructions)

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See *instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator:			Date (mm/dd/yyyy):
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State ▼	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

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

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

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

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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 between six (6) to ten (10) hours is entitled to a second ten minute break, an employee who works between ten (10) to fourteen (14) hours is entitled to a third 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, except that employees working a twelve (12) hour shift or less may waive the second meal period if 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.:

OT Approval:

EMPLOYEE STATEMENT

1. I acknowledge receipt of my copy of the Company Employee Handbook. I have read and understand its contents, including the Company policies and rules governing my conduct, wages and working conditions as an employee. I have had the opportunity to ask questions about the Company's policies and rules. I agree to abide by these policies and rules during my employment and understand the consequences if I do not.

2. I understand that this Employee Handbook, and the Company's policies, rules and benefits may be changed at any time at the sole discretion of the President. I further understand that my employment is "at will", that either I or the Company may terminate the employment relationship at any time, that I may be disciplined, including demoted any time, at the discretion of the Company, and that the Employee Handbook is not a contract of employment. I further acknowledge that there are no express or implied agreements which contradict this provision of at-will employment, that the only person empowered to modify or alter this provision of at-will employment is the Company President, and that any agreement to modify the at-will status of my employment must be in writing and fully executed by the President and myself. I further understand that this acknowledgment supersedes all previous agreements, written or oral.

3. I will observe strict secrecy as to the accounts of all customers and as to all the transactions of the Company of whatever description with its customers, Company employees and officers or stockholders and I will not divulge any of said matters, nor the status of any of said accounts, nor the number of shares held by any person or persons, nor the nature of any interest that any person or customer may have in the affairs of the Company and I will not divulge any of the credit information of any person, company or corporation which I may acquire as an employee or use any information of whatsoever kind or character which I may receive as an employee for any purpose other than for the advancement of the interests of the Company and I will at no time divulge any such information to any person not entitled thereto.

4. I further promise that I will honestly and faithfully conduct myself, and duly and diligently perform all the duties assigned to me while in the employ of the Company, and I will truly and faithfully account for and deliver to the Company all moneys, securities and other property belonging to the Company which I may receive for, from or on account of the Company, and that upon termination of my employment, I will at once deliver to the Company, all books, documents, money, securities or other property belonging to the Company or for which the Company is liable to others, which shall be, or which ought to be, in my charge of custody, and I will in all other respects honestly and faithfully perform all my duties as an employee of the Company.

5. I shall be bound by all the rules and regulations of the Company now in force, and by all such other rules and regulations as may be hereinafter called to my notice and I will faithfully observe and abide by the same.

6. I agree that while employed by the Company, I will accept no other employment, either full or part-time, for compensation without prior written consent of the Company.

Dated: _____

Employee's Signature

Please return the Employee Statement when you have completed reading this booklet.

INSURANCE PREMIUM AUTHORIZATION

I, _____, hereby authorize the Company to automatically
(Name of Employee)

deduct \$ _____, or any amount of increase for such premium payments
(Amount)

from each of my paychecks, to be applied to the Company's group health insurance plan for:

_____ (1) my coverage,

_____ (2) my dependents' coverage

OR

_____ (3) my spouse's coverage.

DATE: _____

By:

Employee's Signature

Employee Name
(Please Print)

UNEARNED VACATION AGREEMENT

Your vacation time of _____(____) days which you are taking from _____ through _____, of which _____(____) days are unearned, will be paid to you in your following paycheck. However, should your employment with the Company terminate for any reason before it becomes earned pursuant to our vacation policy, that portion which is unearned will be deducted from your final paycheck.

I hereby have read the foregoing Unearned Vacation Agreement and understand the same and do hereby authorize the Company to deduct all unearned vacation from my final paycheck.

Dated: _____

Employee's Signature

Dated: _____

Company Signature

SUPPLIES/UNIFORM COST AUTHORIZATION

I, _____, certify that I have received _____
(Name of Employee) (Number and Item)

_____ from the Company. I authorize the Company to deduct
(Supplies/Uniform)

the sum of \$ _____ as the replacement cost for each item, if said item is/are
not returned by me upon my resignation or termination.

DATED: _____

By: _____
Employee's Signature

Employee Name (Please Print)

ACKNOWLEDGMENT OF RECEIPT

I, _____, acknowledge that I have received
(print name)

copies of the following documents:

Initials

_____ Federal Form W-4

_____ State Form DE-4 Employees Withholding Allowance Certificate

_____ Form I-9

_____ Workers' Compensation Benefits Statement and Physician Election Form
(English and Spanish)

_____ LC_2810.5 Notice to Employee

_____ State Disability Insurance Booklet-DE-2515

_____ EDD For Your Benefit Booklet-DE-2320

_____ California Paid Family Leave-DE-2511
(English and Spanish)

_____ Department of Fair Employment and Housing Sexual Harassment Pamphlet
(English and Spanish)

_____ Company's Sexual Harassment Policy with Acknowledgment

Date: _____

Employee Signature



Workplace postings

In California, all employers must meet workplace posting obligations. Workplace postings are usually available at no cost from the requiring agency. The Department of Industrial Relations requires employers to post information related to wages, hours and working conditions in an area frequented by employees where it may be easily read during the workday. Additional posting requirements apply to some workplaces. For a list of available safety and health postings, visit the [Cal/OSHA publications page](#).

[Click here](#) for answers to **frequently asked questions** about workplace postings.

Downloaded posters meet an employer's legal obligation.

Posting	Additional information and quantity needed	Who must post
Industrial Welfare Commission (IWC) wage orders	IWC wage orders regulate wages, hours and working conditions and are numbered by industry or occupation group. Not sure which order you need? Use the alphabetical index of businesses and occupations to make that determination. Labor Code section 1183(d)	All employers
Minimum wage (state)	Sets forth California's minimum wage and can be downloaded in English and Spanish .	All employers
Paid sick leave	Provides information about paid sick leave entitlement and usage. Assembly Bill 1522	All employers
Payday notice	Must specify the regular paydays and the time and place of payment. An employer-developed notice is permitted. Labor Code section 207	All employers
Safety and health protection on the job	Contains pertinent information regarding safety rules and regulations. Available in English and Spanish . Labor Code section 6328; Poster print date: July 2014	All employers
Emergency phone numbers	Lists emergency responders' phone numbers. Title 8, California Code of Regulations, Construction Safety Orders section 1512 (e)	All employers

Access to medical and exposure records	<p>Provides information about rights of employees working with hazardous/toxic substances. Available in English and Spanish.</p> <p>Title 8, California Code of Regulations, General Industry Safety Order section 3204</p>	All employers using hazardous or toxic substances
Operating Rules for Industrial Trucks	<p>Employers using industrial trucks shall post and enforce a set of operating rules. Available in English and Spanish.</p> <p>Title 8, California Code of Regulations, General Industry Safety Order section 3664; Poster print date: August 2011</p>	Employers operating forklifts and other types of industrial trucks or tow tractors
Notice to employees -- injuries caused by work	<p>Advises employees of workers' compensation benefits. Claims administrators and employers need to revise the notice they are currently using and send it to the DWC administrative director for review and approval or they may download and use this version. NOTE: Employers may obtain professionally printed copies of the poster and workers' comp claim form from their claims administrator.</p> <p>Title 8, California Code of Regulations, Division of Workers' Compensation section 9881</p>	All employers
Notice of workers' compensation carrier and coverage	<p>States the name of the employer's current compensation insurance carrier, or the fact that the employer is self-insured. Obtained from the employer's workers' compensation insurance carrier.</p> <p>Labor Code section 3550</p>	All employers
Whistleblower protections	<p>Must be prominently displayed in lettering larger than size 14 type and include a list of employee rights and responsibilities under the whistleblower laws, including the telephone number of the whistleblower hotline maintained by the office of the California Attorney General.</p> <p>The Division of Labor Standards Enforcement has prepared a sample posting that it believes meets the requirements of Labor Code Section 1102.8(a), except for being larger than size 14 type. To view this sample, click here (PDF) (Word Doc). This sample is not the only option though, as employers are free to develop their own posting.</p> <p>Labor Code section 1102.8</p>	All employers
No smoking signage	<p>Signage must be posted designating where smoking is prohibited/permitted in a place of employment. This law is enforced by local law enforcement agencies.</p> <p>Labor Code section 6404.5(c)(1)</p>	All employers

Log and summary of occupational injuries and illnesses	<p>Form 300 is for logging recordable injuries, form 301 is for collecting details and form 300A is the annual summary form. All three forms are available in various downloadable formats with instructions on the Cal/OSHA publications page.</p> <p>Title 8, California Code of Regulations, Division of Labor Statistics and Research sections 14300 et seq.</p>	Employers with 11 or more employees in the previous year
Farm labor contractor statement of pay rates	<p>Reference DLSE poster 445. Must be displayed prominently where work is to be performed and on all vehicles used by the licensee for transportation of employees. Must be at least 12 inches high and 10 inches wide.</p> <p>The downloaded version of this posting may not comply with the law as it may not be at least 12 inches high and 10 inches wide.</p> <p>Labor Code section 1695(7)</p>	Farm labor contractors licensed by the Division of Labor Standards Enforcement (DLSE)
Prevailing wage rate determinations	<p>The body awarding any contract for public work or otherwise undertaking any public work shall cause a copy of the prevailing wage determination for each craft, classification or type of worker needed to execute the contract to be posted at each job site.</p> <p>Labor Code section 1773.2</p>	Public works awarding bodies and contractors

In addition to postings required by the Department of Industrial Relations, other state and federal agencies have posting obligations. Additional requirements include (this list is not all inclusive):

Posting	Additional information	Who must post
Discrimination and Harassment in Employment are Prohibited by Law	<p>The latest information can be obtained from the Department of Fair Employment and Housing (DFEH), reference number 162. Also available in Spanish. 1 (800) 884-1684</p> <p>Fair Employment and Housing Act, Government Code section 12900 et seq.</p>	All employers
Pregnancy disability leave	<p>The latest information can be obtained from the Department of Fair Employment and Housing (DFEH), reference notice DFEH-100-20 "Notice A". Also available in Spanish. 1 (800) 884-1684</p> <p>Title 2, California Code of Regulations section 7291.16(d)</p>	Employers of five to 49 employees
Family care and medical leave (CFRA leave) and pregnancy disability leave	<p>The latest information can be obtained from the Department of Fair Employment and Housing (DFEH), reference notice DFEH-100-21 "Notice B". Also available in Spanish. 1 (800) 884-1684</p> <p>Title 2, California Code of Regulations sections 7297.9 and 7291.16(e)</p>	All employers with 50 or more employees and all public agencies

Notice to employees	Advises employees of potential unemployment insurance, disability insurance and paid family leave insurance benefits. The latest information can be obtained from the Employment Development Department , reference number DE 1857A. Also available in Spanish , Vietnamese , and Chinese . (916) 322-2835.	All employers
Notice to employees: unemployment insurance benefits	The latest information can be obtained from the Employment Development Department , reference number DE 1857D. Also available in Spanish , Vietnamese , and Chinese . (916) 322-2835.	All employers
Notice to employees: time off to vote	Not less than 10 days before every statewide election, every employer shall keep posted conspicuously at the place of work, if practicable, or elsewhere where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of section 14000 . Elections Code section 14001 et seq.	All employers
Equal employment opportunity is the law	Includes Americans with Disabilities Act (ADA) poster. The latest information can be obtained from the U.S. Equal Employment Opportunity Commission . Also available in Spanish , Arabic , and Chinese . 1 (800) 669-3362	All employers
Minimum wage(federal Fair Labor Standards Act)	The latest information can be obtained from the U.S. Department of Labor , reference number WH 1088. Also available in Spanish and Chinese . (415) 744-5590	All employers
Notice: Employee Polygraph Protection Act	The latest information can be obtained from the U.S. Department of Labor , reference number WH 1462. Also available in Spanish . (415) 744-5590	All employers
Family and Medical Leave Act(federal FMLA)	The latest information can be obtained from the U.S. Department of Labor , reference number WH 1420. Also available in Spanish . (415) 744-5590	All employers with 50 or more employees and all public agencies

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.

EMPLOYEE ACTION NOTICE

Employee: _____ Date of the Violation: _____

Counseled By:

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Type of Counseling (indicate whether this is the first, second, final, etc.):

- | | |
|---|--|
| <input type="checkbox"/> Verbal Warning | <input type="checkbox"/> Written Warning |
| <input type="checkbox"/> Suspension Pending | <input type="checkbox"/> Disciplinary Suspension |
| | <input type="checkbox"/> Final Warning |

It is necessary to warn you of the following: (check and give details under explanation)

- | | |
|---|--|
| <input type="checkbox"/> Absence | <input type="checkbox"/> Using abusive or vulgar language |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Dishonesty |
| <input type="checkbox"/> Failure to call in | <input type="checkbox"/> Dissension with co-workers |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Leaving work without permission |
| <input type="checkbox"/> Smoking in Unauthorized Areas | <input type="checkbox"/> Failure to meet job requirements |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Willfully performing poor work |
| <input type="checkbox"/> Failure to follow instructions | <input type="checkbox"/> Unauthorized use/abuse of equipment/materials |
| <input type="checkbox"/> Falsification of records | |

☐ Specifically describe the reason for counseling:

Dated: _____ By: _____
Signature of Supervisor

Employee comments:

This image shows a blank sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the paper.

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Record of Supervisory Discussion

.....
Employee Name

.....
Position

.....
Dept

.....
Supervisor

.....
Date of occurrence

Describe the problem:

Frequency of the problem: ☐ 1st time ☐ 2nd time ☐ 3rd time ☐ more than 3 times

Describe employee's response:

Action taken: ☐ Discussion only ☐ Verbal reprimand ☐ Written reprimand
 ☐ Suspension: _____ days ☐ Discharge

Explain reason for action taken:

Further action(s) of a similar nature will result in additional disciplinary action up to and including termination of employment.

.....
Supervisor's signature

.....
Date

.....
2nd level Supervisor's signature

.....
Date

I have read and received a copy of this memo.

.....
Employee's signature

.....
Date

Record of Disciplinary Action

.....
Employee Name

.....
Position

.....
Dept

.....
Supervisor

.....
Date of occurrence

Describe the problem:

Frequency of the problem: ☐ 1st time ☐ 2nd time ☐ 3rd time ☐ More than 3 times

Describe employee's response:

Action taken: ☐ Written reprimand

☐ Suspension: _____ days

☐ Discharge

Explain reason for action taken:

Further action(s) of a similar nature will result in additional disciplinary action up to and including termination of employment.

.....
Supervisor's signature

.....
Date

.....
2nd level Supervisor's signature

.....
Date

I have read and received a copy of this memo.

.....
Employee's signature

.....
Date