

5 Seasons Mechanical

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HVAC/R EMPLOYMENT APPLICATION

(Please Print Clearly – complete all 6 pages)

Position(s) Applying for: _____

Application Date: ____/____/____

Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ____-____-____ Work Phone: ____-____-____ ext. ____ Cell Phone: ____-____-____

Email Address: (if available) _____

How did you hear about our company? _____

Employment Information

Citizenship/Work Status: ☐ U.S. Citizen ☐ Green Card Holder ☐ U.S. Work Permit/Visa ☐ Canadian Citizen ☐ Canadian Work Permit/Visa

Current Employer: (if any) _____

Years of Work Experience directly related to the position you are applying for: _____

Employment Type Desired: ☐ Full-Time ☐ Part-Time

Desired Compensation: \$ _____ ☐ Hourly ☐ Annual

Other Compensation Desired: _____

When are you available to start work? _____

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				
Professional School				

Criminal History

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (except any minor traffic violations)? ☐ No ☐ Yes

If yes, please explain and attach any relevant documentation. _____

Drivers License Information

DO YOU HAVE A VALID DRIVER'S LICENSE? ☐ Yes ☐ No

Do you have reliable transportation to work (please be specific)? _____

Driver's license number: _____ State of Issue: _____

☐ Operator ☐ Commercial (CDL) ☐ Chauffeur

Do you have a clean driving record? ☐ Yes ☐ No

List any Moving Violations and/or Accidents from the last 3 years: _____

Military Service

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No

Branch: _____

ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD or RESERVES? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the past 5 years beginning with your most recent job.

If you were self-employed, give firm name. Attach additional sheets if necessary. Attach Resume if applicable.

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address with city/state/zip:		From To	Start Final
	Your last job title		
Phone:			
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address with city/state/zip:		From To	Start Final
	Your last job title		
Phone:			
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address with city/state/zip:		From	Start
Phone:		To	Final
		Your last job title	
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address with city/state/zip:		From	Start
Phone:		To	Final
		Your last job title	
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

HVAC/R INDUSTRY SKILLS SECTION INSTRUCTIONS: ONLY select the specific industry skills that you consider yourself to be very knowledgeable about, with a high level of competency.

HVAC/R Industry Skills

What Size of HVAC/R equipment have you worked with? (Select all that apply)

☐ 1 - 5 Tons ☐ 5 - 20 Tons ☐ 20 - 50 Tons ☐ 50 - 100 Tons ☐ 100+ Tons

What Manufacturers Equipment have you worked with? (Select all that apply)

<input type="checkbox"/> American Standard	<input type="checkbox"/> Delfield	<input type="checkbox"/> Kold Draft	<input type="checkbox"/> Ruud	<input type="checkbox"/> Toshiba
<input type="checkbox"/> Andover Controls	<input type="checkbox"/> Electro Freeze	<input type="checkbox"/> Lennox	<input type="checkbox"/> Sani Serv	<input type="checkbox"/> Trane
<input type="checkbox"/> Beverage Air	<input type="checkbox"/> Frigidaire	<input type="checkbox"/> Liebert	<input type="checkbox"/> Seibe	<input type="checkbox"/> Traulsen
<input type="checkbox"/> Bryant	<input type="checkbox"/> Gibson	<input type="checkbox"/> Luxaire	<input type="checkbox"/> Siemens	<input type="checkbox"/> TRUE
<input type="checkbox"/> Carrier	<input type="checkbox"/> Honeywell	<input type="checkbox"/> Manitowoc	<input type="checkbox"/> Stortling	<input type="checkbox"/> United
<input type="checkbox"/> Coleman	<input type="checkbox"/> Hoshizaki	<input type="checkbox"/> Maytag	<input type="checkbox"/> Tappan	<input type="checkbox"/> Victory
<input type="checkbox"/> Corneilus	<input type="checkbox"/> Ice O Matic	<input type="checkbox"/> McQuay	<input type="checkbox"/> Taylor	<input type="checkbox"/> Vogt
<input type="checkbox"/> Crystal Tip	<input type="checkbox"/> ICEE	<input type="checkbox"/> Perlick	<input type="checkbox"/> Tekmar	<input type="checkbox"/> Westinghouse
<input type="checkbox"/> Cummins & Woodward	<input type="checkbox"/> Johnson Controls	<input type="checkbox"/> Philco	<input type="checkbox"/> Thermo King	<input type="checkbox"/> York
<input type="checkbox"/> Daikin	<input type="checkbox"/> Kelvinator	<input type="checkbox"/> Rheem		

What types of Equipment or Systems have you worked with? (Select all that apply)

<input type="checkbox"/> 410A	<input type="checkbox"/> Chillers	<input type="checkbox"/> Freezers - Commercial	<input type="checkbox"/> Oil	<input type="checkbox"/> Split Systems
<input type="checkbox"/> Absorption Systems	<input type="checkbox"/> Cold-Plate Systems	<input type="checkbox"/> Frozen Beverage Machines	<input type="checkbox"/> Ovens - Electric	<input type="checkbox"/> Steam
<input type="checkbox"/> Air Dist. Equipment	<input type="checkbox"/> Commercial Cooking Equip	<input type="checkbox"/> Furnace	<input type="checkbox"/> Ovens - Gas	<input type="checkbox"/> Trailer Units
<input type="checkbox"/> Air Handlers	<input type="checkbox"/> Cooling Towers	<input type="checkbox"/> Gas	<input type="checkbox"/> Package Units	<input type="checkbox"/> Transport Refrigeration
<input type="checkbox"/> Ammonia	<input type="checkbox"/> Dehumidification	<input type="checkbox"/> Gas Stoves	<input type="checkbox"/> Parallel Refrigeration	<input type="checkbox"/> Variable Speed Equipment
<input type="checkbox"/> Anti-Vibrations	<input type="checkbox"/> Dish Washers	<input type="checkbox"/> Geo Thermal	<input type="checkbox"/> Portable HVAC	<input type="checkbox"/> VAV
<input type="checkbox"/> Appliances	<input type="checkbox"/> Dry Systems	<input type="checkbox"/> Ground Source Heat Pumps	<input type="checkbox"/> Propane	<input type="checkbox"/> Ventilation
<input type="checkbox"/> Appliances - Home	<input type="checkbox"/> Dry-Coolers	<input type="checkbox"/> Heat Pumps	<input type="checkbox"/> Puron	<input type="checkbox"/> VRF
<input type="checkbox"/> Bobtail Units	<input type="checkbox"/> Dryers - Clothes	<input type="checkbox"/> Humidification	<input type="checkbox"/> Radiant Heating	<input type="checkbox"/> VRV
<input type="checkbox"/> Boilers	<input type="checkbox"/> Electric Stoves	<input type="checkbox"/> HVAC Equipment	<input type="checkbox"/> Reach-Ins	<input type="checkbox"/> Walk-Ins
<input type="checkbox"/> Cascade Refrigeration	<input type="checkbox"/> Environmental Test Chambers	<input type="checkbox"/> Hydronic	<input type="checkbox"/> Recipricating	<input type="checkbox"/> Washers - Clothes
<input type="checkbox"/> Central Plants	<input type="checkbox"/> Exhaust Systems	<input type="checkbox"/> Ice Cream Machines	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Water Heaters
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> FCB Machines	<input type="checkbox"/> Ice Machines	<input type="checkbox"/> Refrigerators	<input type="checkbox"/> Wet Systems
<input type="checkbox"/> Chilled Water	<input type="checkbox"/> Forced Air Systems	<input type="checkbox"/> In-Floor	<input type="checkbox"/> Rooftop Units	<input type="checkbox"/> Window Units AC

HVAC/R Industry Skills Continued

What types of Parts and Accessories have you worked with? (Select all that apply)

- | | | | | |
|--------------------------------------|------------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> Coils | <input type="checkbox"/> Dampers | <input type="checkbox"/> Electric Motors | <input type="checkbox"/> HVAC Parts | <input type="checkbox"/> Sound Attenuators |
| <input type="checkbox"/> Compressors | <input type="checkbox"/> Diffusers | <input type="checkbox"/> Fans | <input type="checkbox"/> Registers | <input type="checkbox"/> Vacuum Pumps |
| <input type="checkbox"/> Condensers | <input type="checkbox"/> Duct Work | <input type="checkbox"/> Grills | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Valves |

What Applications do you have experience with? (Select all that apply)

- | | | | | |
|---|--|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Clean Rooms | <input type="checkbox"/> Government Projects | <input type="checkbox"/> Institutional | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Cold Storage | <input type="checkbox"/> Grocery Stores | <input type="checkbox"/> International | <input type="checkbox"/> Off-Shore | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Light Commercial | <input type="checkbox"/> Pools | <input type="checkbox"/> Snow Melting |
| <input type="checkbox"/> Floating Floor | <input type="checkbox"/> Industrial | <input type="checkbox"/> Marine | | |

What types of Building Automation or controls experience do you have?

- | | | | | |
|--|--|---|------------------------------|---|
| <input type="checkbox"/> Building Automation | <input type="checkbox"/> Controls - Design | <input type="checkbox"/> Controls - Programming | <input type="checkbox"/> DDC | <input type="checkbox"/> Pneumatic controls |
| <input type="checkbox"/> Controls | | | | |

What Job Functions have you performed? (Select all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Activity Reporting | <input type="checkbox"/> Engineer/PE | <input type="checkbox"/> Negotiate Contracts | <input type="checkbox"/> Retro-Fit |
| <input type="checkbox"/> Advertising (broadcast) | <input type="checkbox"/> Estimating | <input type="checkbox"/> Operations Manager | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Advertising (online) | <input type="checkbox"/> Estimator | <input type="checkbox"/> P&L | <input type="checkbox"/> Sales - In Home |
| <input type="checkbox"/> Advertising (print) | <input type="checkbox"/> Executive | <input type="checkbox"/> Pipefitter | <input type="checkbox"/> Sales - Residential |
| <input type="checkbox"/> Assembling | <input type="checkbox"/> Expense Reports | <input type="checkbox"/> Piping | <input type="checkbox"/> Sales - Retail |
| <input type="checkbox"/> Brazing | <input type="checkbox"/> Fabrication | <input type="checkbox"/> Plan-O-Grams/Schematics | <input type="checkbox"/> Sales - Wholesale |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Facility Manager | <input type="checkbox"/> Plan/Spec | <input type="checkbox"/> Sales Management, Area |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Field Supervisor | <input type="checkbox"/> Planning | <input type="checkbox"/> Sales Management, National |
| <input type="checkbox"/> Call Center Management | <input type="checkbox"/> Forecasting | <input type="checkbox"/> PLC | <input type="checkbox"/> Sales Management, Regional |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Foreman | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Sales Manager |
| <input type="checkbox"/> Change Orders | <input type="checkbox"/> General Construction | <input type="checkbox"/> Policy/Procedure Development | <input type="checkbox"/> Sales Training Development |
| <input type="checkbox"/> Channel Development | <input type="checkbox"/> General Manager | <input type="checkbox"/> Prepare Financial Reports | <input type="checkbox"/> Service |
| <input type="checkbox"/> Client Interaction | <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Presentation Preparation | <input type="checkbox"/> Service Agreements |
| <input type="checkbox"/> Client/Account Management | <input type="checkbox"/> Heat Transfer | <input type="checkbox"/> Preventative Maintenance | <input type="checkbox"/> Service Manager |
| <input type="checkbox"/> Cold Calling | <input type="checkbox"/> Inspector | <input type="checkbox"/> Product Demonstration | <input type="checkbox"/> Sheet Metal Worker |
| <input type="checkbox"/> Commission Development | <input type="checkbox"/> Installation | <input type="checkbox"/> Product Design | <input type="checkbox"/> Shipping Coordination |
| <input type="checkbox"/> Computer Literate | <input type="checkbox"/> Installation - New Homes | <input type="checkbox"/> Product Development | <input type="checkbox"/> Shipping/Receiving |
| <input type="checkbox"/> Consultative Selling | <input type="checkbox"/> Installer | <input type="checkbox"/> Product Testing | <input type="checkbox"/> Start-up |
| <input type="checkbox"/> Contract Negotiations | <input type="checkbox"/> Instructor | <input type="checkbox"/> Production | <input type="checkbox"/> Steamfitter |
| <input type="checkbox"/> Contract/Proposal Preparation | <input type="checkbox"/> International | <input type="checkbox"/> Production Specialist | <input type="checkbox"/> Strategic Alliances |
| <input type="checkbox"/> Conventions/Trade Shows | <input type="checkbox"/> Journeyman | <input type="checkbox"/> Project Management | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Lead Generation | <input type="checkbox"/> Project Scheduling | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Lead Management | <input type="checkbox"/> Proposal Development | <input type="checkbox"/> Take-offs |
| <input type="checkbox"/> Department Forecasting | <input type="checkbox"/> Leadership | <input type="checkbox"/> Proposal Presentation | <input type="checkbox"/> Team Building |
| <input type="checkbox"/> Design/Build | <input type="checkbox"/> LEED | <input type="checkbox"/> Prospecting/Lead Generation | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Designer | <input type="checkbox"/> Load Calculations | <input type="checkbox"/> Punch List | <input type="checkbox"/> Telemarketing - Inbound |
| <input type="checkbox"/> Develop Relationships/Alliances | <input type="checkbox"/> Machine Operator | <input type="checkbox"/> Purchase Orders | <input type="checkbox"/> Telemarketing - Outbound |
| <input type="checkbox"/> Dispatcher | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Territory Management |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> Maintenance - Apartment | <input type="checkbox"/> QA/QC Manager | <input type="checkbox"/> Test & Balance |
| <input type="checkbox"/> Draftsman | <input type="checkbox"/> Manager | <input type="checkbox"/> Quality Assurance/Control | <input type="checkbox"/> Thermodynamics |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Manufacturer Rep | <input type="checkbox"/> Reading Blueprints | <input type="checkbox"/> Trainer |
| <input type="checkbox"/> Drywall Repair | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Relationship Management | <input type="checkbox"/> Troubleshooting |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Market Analysis | <input type="checkbox"/> Repair | <input type="checkbox"/> Vendor Coordination |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Material Handler | <input type="checkbox"/> Report Generation | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Energy Management | <input type="checkbox"/> NATE Certification | <input type="checkbox"/> Reporting | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Engineer/BSME | <input type="checkbox"/> NEBB | <input type="checkbox"/> Research | |

What Computer related experience do you have? (Select all that apply)

- | | | | | |
|-----------------------------------|--|--|--|---|
| <input type="checkbox"/> ACT | <input type="checkbox"/> Echelon | <input type="checkbox"/> Lon Works | <input type="checkbox"/> MS Excel | <input type="checkbox"/> SalesLogix |
| <input type="checkbox"/> Approach | <input type="checkbox"/> Energy Pro | <input type="checkbox"/> Lon-Based Cicon | <input type="checkbox"/> MS Office | <input type="checkbox"/> Seibe |
| <input type="checkbox"/> AutoCad | <input type="checkbox"/> Estimation (software) | <input type="checkbox"/> Manual J | <input type="checkbox"/> MS PowerPoint | <input type="checkbox"/> Trane Duct/Pipe Designer |
| <input type="checkbox"/> Derby | <input type="checkbox"/> Goldmine | <input type="checkbox"/> Microstation | <input type="checkbox"/> MS Word | <input type="checkbox"/> WinSales |
| <input type="checkbox"/> Ecco Pro | <input type="checkbox"/> Load/Trace 700 | <input type="checkbox"/> MS Access | <input type="checkbox"/> QuickPen | <input type="checkbox"/> Wrightsoft |

Certifications & Licenses

What Certifications & Licenses do you have? (Select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> (CAMT) Certified Apartment Maint Technician | <input type="checkbox"/> HVAC Excellence - Gas Heat | <input type="checkbox"/> Journeyman Plumber License |
| <input type="checkbox"/> Certified Energy Manager | <input type="checkbox"/> HVAC Excellence - Geothermal | <input type="checkbox"/> Master HVAC License |
| <input type="checkbox"/> EPA 608 Type I | <input type="checkbox"/> HVAC Excellence - Heat Pumps | <input type="checkbox"/> Master Plumber License |
| <input type="checkbox"/> EPA 608 Type II | <input type="checkbox"/> HVAC Excellence - Hydronics I | <input type="checkbox"/> NATE - A/C |
| <input type="checkbox"/> EPA 608 Type III | <input type="checkbox"/> HVAC Excellence - Hydronics II | <input type="checkbox"/> NATE - Air Distribution |
| <input type="checkbox"/> EPA 608 Universal | <input type="checkbox"/> HVAC Excellence - Oil Heat | <input type="checkbox"/> NATE - Gas Heat |
| <input type="checkbox"/> HVAC Excellence - A/C | <input type="checkbox"/> ICE - Commercial Refrigeration | <input type="checkbox"/> NATE - Heat Pumps |
| <input type="checkbox"/> HVAC Excellence - Commercial A/C | <input type="checkbox"/> ICE - Light Commercial A/C & Heating | <input type="checkbox"/> NATE - Oil Heating |
| <input type="checkbox"/> HVAC Excellence - Commercial Refrigeration | <input type="checkbox"/> ICE - Residential A/C & Heating | <input type="checkbox"/> Oil Burner License |
| <input type="checkbox"/> HVAC Excellence - Electrical Heat | <input type="checkbox"/> Journeyman HVAC License | <input type="checkbox"/> Registered Professional Engineer |

Include State and License Numbers for any licenses selected above, if applicable: _____

Other Licenses & Certifications held: _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with 5 Seasons Mechanical creates an actual or implied contract of employment. I understand that, if I accept employment with 5 Seasons Mechanical, it will be on an at-will basis. This means that either 5 Seasons Mechanical or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by 5 Seasons Mechanical. I release 5 Seasons Mechanical, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize 5 Seasons Mechanical to investigate information concerning my education, licensing, certifications, driving record, criminal history, employment experiences and all other aspects of my background relevant to my proposed employment. I release 5 Seasons Mechanical and its employees from all liability arising from such investigation.

Signature of Applicant: _____ Date: ____/____/____

Print Name: _____

5 Seasons Mechanical is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with 5 Seasons Mechanical depends solely on your qualifications.

Authorization of Background Investigation

I have carefully read, and understand, this Disclosure and Authorization form and the summary of rights under the Fair Credit Reporting Act and the applicable state laws at (<http://www.S2Verify.com/resources.html>) or the office copy provided at the hiring site. By my signature below, I consent to the release of background reports and/or investigative background reports prepared by a background reporting agency, such as S2Verify, Inc., to **Five Seasons Mechanical** and its designated representatives and agents for the purposes of determining my eligibility for employment, retention, or other lawful employment purposes. I understand that if **Five Seasons Mechanical** hires me, my consent will apply, and **Five Seasons Mechanical** may obtain background reports throughout my employment if permissible under applicable **Five Seasons Mechanical** policy.

I understand that information contained in my employment application, or otherwise disclosed by me before, or during, my employment, if any, may be used for the purpose of obtaining background reports and/or investigative background reports. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the background reporting agency.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Disclosure and Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, **Five Seasons Mechanical**.

California, Minnesota or Oklahoma applicants only:

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

☐

I wish to receive a free copy of the report.

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

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number _____ State of Issue _____

Email Address: _____

Signature: _____ Date: _____

Form W-4 (2016)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$500 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent. If the employee:

- is age 65 or older,
- is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonresident alien. If you have a large amount of nonresident income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1582, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$150,000 (single) or \$180,000 (married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w-4.

Personal Allowances Worksheet (Keep for your records.)

<p>A Enter "1" for yourself if no one else can claim you as a dependent</p> <p>B Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</p> <p>C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)</p> <p>D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return</p> <p>E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)</p> <p>F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit</p> <p>G Child Tax Credit (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child</p> <p>H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) > H</p>	<p>A _____</p> <p>B _____</p> <p>C _____</p> <p>D _____</p> <p>E _____</p> <p>F _____</p> <p>G _____</p> <p>H _____</p>
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For accuracy, complete all worksheets that apply.

• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2016
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. > <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here > 7		8 \$		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) >		Date >		
9 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.)		10 Office code (optional)		11 Employer identification number (EIN)

Deductions and Adjustments Worksheet**Note:** Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2018, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,850 if you are married filing separately. See Pub. 505 for details.	1	\$
2	Enter: $\left\{ \begin{array}{l} \$12,800 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2018 Form W-4</i> worksheet in Pub. 505.)	5	\$
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6	\$
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	
9	Enter the number from the <i>Personal Allowances Worksheet</i> , line H, page 1	9	
10	Add lines 8 and 9 and enter the total here. If you plan to use the <i>Two-Earners/Multiple Jobs Worksheet</i> , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet only if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <i>Deductions and Adjustments Worksheet</i>)	1	
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.	3	

Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	Subtract line 5 from line 4	6	
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$
9	Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 26 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$8,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$810	\$0 - \$88,000	\$810
8,001 - 14,000	1	8,001 - 17,000	1	75,001 - 135,000	1,010	88,001 - 95,000	1,010
14,001 - 25,000	2	17,001 - 28,000	2	135,001 - 205,000	1,130	95,001 - 185,000	1,130
25,001 - 27,000	3	28,001 - 34,000	3	205,001 - 380,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	380,001 - 405,000	1,420	400,001 and over	1,800
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,800		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 6402(j)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine use of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1 []

B. Married Filing Joint, both spouses working:
Enter 0 or 1 or 2 []C. Married Filing Joint, one spouse working:
Enter 0 or 1 or 2 []D. Married Filing Separate:
Enter 0 or 1 or 2 []E. Head of Household:
Enter 0 or 1 or 2 []

4. DEPENDENT ALLOWANCES []

5. ADDITIONAL ALLOWANCES []
(worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed only if step 5 is greater than zero)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: ☐ Age 65 or over ☐ BlindSpouse: ☐ Age 65 or over ☐ Blind

Number of boxes checked _____ x 1300 \$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions \$ _____

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300
Each Spouse \$1,500 \$ _____

C. Subtract Line B from Line A \$ _____

D. Allowable Deductions to Federal Adjusted Gross Income \$ _____

E. Add the Amounts on Lines 1, 2C, and 2D \$ _____

F. Estimate of Taxable Income not Subject to Withholding \$ _____

G. Subtract Line F from Line E (If zero or less, stop here) \$ _____

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above \$ _____

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) _____ TOTAL ALLOWANCES (Total of Lines 3 - 5) _____
(Employer: The letter indicates the tax tables in the Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here ☐

b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____

My spouse's (servicemember) state of residence is _____ The states of residence must be the same to be exempt. Check here ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____

Date _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 48432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: _____

EMPLOYER'S FEIN: _____

EMPLOYER'S WH#: _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. Single - enter 1 if you are claiming yourself
- B. Married Filing Joint, both spouses working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- C. Married Filing Joint, one spouse working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- E. Head of Household - enter 1 if you claim yourself but the individual(s) for whom you maintain a home does not qualify as a dependent; or 2 if you claim yourself and a qualified dependent for whom you maintain a home

Do not claim a deduction on Line 4 for a dependent used to qualify you as head of household

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

Failure to complete and submit the worksheet will result in automatic denial of your claim.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3 - 5.

Line 8:

a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount on Line 4 of Form 500EZ or Line 16 of Form 500 was zero, and you expect to file a Georgia tax return this year and will not have a tax liability. You can not claim exempt if you did not file a Georgia income tax return for the previous tax year. Receiving a refund in the previous tax year does not qualify you to claim exempt.

EXAMPLES: Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you do not qualify to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore, you qualify to claim exempt.

b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:

1. The servicemember is present in Georgia in compliance with military orders;
2. The spouse is in Georgia solely to be with the servicemember;
3. The spouse maintains domicile in another state; and
4. The domicile of the spouse is the same as the domicile of the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

1. On the W-2 for 2009, the employer should report all wages earned during the year as Georgia wages. On the W-2 for 2010 and any year thereafter, the employer should not report any of the wages as Georgia wages on the W-2.
2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Do not complete Lines 3 - 7 if claiming exempt.

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.




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

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

3-D Barcode
Do Not Write in This Space

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 "List 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 Hire (if applicable)** Last Name (Family Name) First Name (Given Name) Middle Initial **B. Date of Rehire (if applicable) (mm/dd/yyyy):**

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	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		

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.

Georgia New Hire Reporting Form

Federal and state legislation (Georgia statute 19-11-9.2), requires all Georgia employers, both public and private, to report to the New Hire Reporting Program all newly hired, rehired, or returning to work employees. Information about new hire reporting and online reporting is available on our website: www.GA-newhire.com

Send completed forms to:

Georgia New Hire Reporting Program
PO Box 90728 East Point, GA 30364-0728
Fax: (404) 525-2983 or toll-free: (888) 541-0521

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C

1 2 3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN): (Please enter the same FEIN used to report the employee's quarterly wages)

90 - 0888429

Primary Insurance Company Name (If available to the employee):

Employer Name:

5 SEASONS MECHANICAL

Employer Address: (Please indicate the address where the Wage Withholding Orders should be sent)

3180 PRESIDENTIAL DRIVE

SUITE D

Employer City:

ATLANTA

State:

GA

Zip Code:

30340

Employer Phone (optional):

7707275000

Extension:

105

Employer Fax (optional):

Email Address:

ACCOUNTING@FIVESEASONSMECH

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Employee Starting Salary (Monthly):*

Employee First Name:

Middle Initial

Employee Last Name:

Employee Address:

Employee City:

State:

Zip Code:

Start Date (MMDDYY):

Date of Birth:

*Optional

Medical Insurance Company Name:*

Reports must be submitted within 10 days of hire or rehire date.
REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING
Questions? Call us at (404) 525-2985 or toll-free at (888) 541-0469

Synopsis of Policies and Procedures for Office Personnel

(See Employee Handbook for details)

1. Must have written permission to take time off, to come late or leave early
 - ♦ A written request has to be sent to accounting@fseasonsmechanical.com
 - ♦ Time off is not valid until you have a signed written approval
 - ♦ All unauthorized time off will be deducted from your days' pay
2. No eating food at your desk (keep your area clean at all times).
3. All tasks given must be completed by completion time frame stated unless granted an extension. Don't drop the ball.
4. No more than one hour for lunch each day, and must be coordinated with a supervisor.
5. No show, no call is grounds for immediate termination.
6. Being late without permission 3 times in a 90 day time frame, is grounds for termination.
7. No calls are allowed to be executed without being entered in Acowin first.
8. No technician is allowed to leave a job site without updating Acowin, this is the job of designated office staff to enforce.
9. No one is allowed to take company property home without prior written consent.
10. Office Hours are from 7 a.m. – 7:00 p.m., when you are in the office, your personal cell phone is required to be off unless it is being used for company business.
11. All Personal communication while working in your area should be kept to a minimum, please make your personal communications outside your work area.
12. Everyone must copy team@5seasonsmecanical.com when communicating with customers.
13. Communication with team members and customers is a must at all times.
14. If you drop the ball on the customer you will be disciplined.
15. Three (3) write ups in 90 days will result in termination of employment.
16. No one is allowed to make or authorize any purchases without it being approved by your immediate supervisor and accounting.
17. No parts, equipment or rentals are allowed to be ordered until all logistics have been discussed with vendors.
18. Office staff: Men must wear a collared shirt to work on a daily basis, Women must wear a shirt that shows no cleavage and no tight pants, casual dress day is Friday of each week.
19. Company vehicles and gas cards are not allowed to be used for personal use.
20. You must have permission to get more office supplies. Do not misuse office supplies.
21. Acowin is to be used 100% of the time.
22. The phone is to always be answered on the 2nd ring.
23. Keep a positive attitude at all times.

I acknowledge that I have read and understand the above policies and procedures. I also understand that I should refer to the manuals and handbooks for detailed information of 5 Seasons policies.

Signature

Print Name

Date

General Rules & Regulations for the Use of Company

Fleet Vehicles



PLEASE REVIEW AND SIGN

1. All company vehicles are equipped with GPS. No employee may alter or disable the equipment or setting established on the GPS monitoring system. Any employee who alters or disables the equipment will be terminated for cause.
2. An employee to whom a vehicle is assigned shall be fully responsible for the general maintenance and proper care of the vehicle.
3. The vehicle color, factory options and equipment are standardized and shall not be altered, except as authorized by the company.
4. It is the responsibility of the assigned driver to inform the leadership team/management of any vehicle maintenance needs for safety problems.

PERSONAL USE, PASSENGERS, & AUTHORIZED DRIVERS OF COMPANY VEHICLES

Company vehicles are to be driven by authorized employees only, or in case of repair testing, by a mechanic. Spouses, other family members, or other non-employees, are NOT authorized to drive company vehicles without written permission of the leadership team/management. Permission will be stored in the employee's file.

Passengers are generally limited to those individuals who need to ride in the vehicle to conduct employer business, such as other employees, vendor representatives, retailers, etc.

The following guidelines are established to provide accommodation for restricted, need-based, personal use of company vehicles. These guidelines are written to ensure safe and appropriate use of company assets. Based on safety concerns, the guidelines are divided according to vehicle type.

VEHICLES DESIGNED FOR TRANSPORTING PEOPLE (Cars, SUVs, etc.)

1. Restricted, need-based use, to run errands and other limited personal business may be done during the workday and on the way to and from work. Mileage driven must be tracked separately for income tax purposes. A mileage log book will be completed daily, indicating per trip mileage, purpose, etc., and a copy will be attached to the monthly mileage report which is turned into the leadership team/management. Company vehicles will not be used on weekends or holidays for personal use without prior written authorization on a case-by-case basis by the leadership team/management.
2. Non-employee family members may be passengers during this restricted, need-based use. Employees who use the vehicle to transport non-employees (for example to pick-up a child from day care) must understand that they are liable for any damages, payments, or cost that exceed the limits of employer insurance coverage. Employees who transport non-employees during personal use of a company vehicle should be aware that such use indicates acceptance of any liability not covered by company insurance.
3. Employees shall operate vehicles with reasonable prudence to conserve fuel and sustain them at the highest operating efficiency.
4. Vehicles provided by the company are provided to eligible employees to enable them to efficiently perform their job functions for the employer.
5. No employee assigned a vehicle will be allowed in anyway the use of a company vehicle and/or fuel credit card for his or her personal use or gain, with the exception of limited, need-based personal use as defined later in this policy.

6. Assigned company fuel credit cards are to be used for gas only, and for the assigned vehicle only, unless otherwise authorized by the leadership team/management. Employees are to use the self-service fuel island and to use regular unleaded fuel only, unless otherwise specified. Employees may sign their own name only.
7. Company vehicles must not be taken out-of the state of Georgia without prior approval from the leadership team/management.
8. An updated copy of the employee's driver's license must be kept on file at all times. A current driver's license must be shown when checking out a vehicle.
9. Copies of the vehicle registration and a copy of the insurance card must be kept in the vehicle at all times.

VEHICLE MAINTENANCE

1. Proper vehicle maintenance is a basic element of any fleet safety program, not only to ensure a safe, road-worthy vehicle, but also to avoid costly repair expenses and unexpected breakdowns.
2. Vehicle maintenance will be performed as per manufacturer's recommendations.
3. Employees will be held accountable for maintaining proper fluid levels and tire air pressure. Present the vehicle for repair, service, or adjustment whenever such is needed, and preventative maintenance when time is due.
4. Routine inspections or safety checks of critical items, such as brakes, lights, tires, wipers, etc., will be performed monthly or sooner if a problem arises.
5. The vehicle must be cleaned (interior and exterior) regularly to help maintain its good appearance for you and the company. A clean vehicle makes a good impression on customers.
6. In order to ensure that the interiors of the vehicles are clean, we are enforcing a No Smoking Policy in ALL company vehicles.

PERSONAL AUTOMOBILES

Damage to employee-owned personal autos, as well as injury to family members, friends, etc. will not be covered by the corporate coverage and therefore, is the sole responsibility of the employee.

VEHICLES DESIGNED PRIMARILY TO TRANSPORT CARGO (Vans, Pick-up Trucks, etc.)

1. Restricted, need-based use, to run errands and other limited personal business may be done during the work day and on the way to and from work. Company vehicles will not be used on weekends or holidays for personal use unless authorized on a case-by-case basis by the leadership team/management. Approval for exceptional should be in advance unless emergency circumstances prevent advance approval.
2. Due to the design of these vehicles and related safety concerns, transport of non-employee family members is not allowed except on a case-by-case basis due to emergency or exceptional needs. Such use may be approved on a case-by-case basis by the leadership team/management and will not be allowed for children age twelve (12) or younger. Approval for exceptional use should be in advance unless emergency circumstances prevent advance approval. Once approved, the employee should be aware that such use indicates acceptance of any liability not covered by company insurance.

TAX TREATMENT FOR PERSONAL MILEAGE

Any mileage reimbursement will be paid based upon a mileage log and in accordance with the Travel and Expense Policy.

I, _____ (Print Name) have read and understand the 5 Seasons Mechanical Fleet Safety & Usage Policy. I agree to abide by all regulations, rules and advisories.

Employee Signature

Date of Signature

CONFIDENTIALITY, NON-COMPETITION, AND NON-SOLICITATION AGREEMENT

This Confidentiality, Non-Competition, and Non-Solicitation Agreement is made between _____ (the Employee and/or you) and 5 Seasons Mechanical, LLC a Georgia Corporation (the Company), along with its subsidiaries, parents, joint ventures, affiliated entities, and includes its successors and assigns or any such related entities. In consideration defined in Section 1 below, both parties agree as follows:

1. Consideration. In consideration of the Employee's execution of this Agreement, you shall hold the position of _____ is an at-will employee of 5 Seasons Mechanical, LLC and shall receive future wages and employment benefits, payment of which during the period of your employment is a condition of this Agreement. You acknowledge the receipt and sufficiency of this consideration.

2. Restrictive Covenants.

a. Definitions:

(1) "Business of the Company" means the highly competitive business of developing, manufacturing, marketing, distributing, and/or selling HVAC new installs and retrofits.

(2) "Competitive Business(es)" include any firm, partnership, joint venture, corporation and/or any other entity and/or person, that the company does business with, and/or any licensee of such entity, that develops, manufactures, markets, distributes, and/or sells any of the products described in Section 2.a.(1).

(3) Your "Job Duties" are to estimate new construction and retrofitting HVAC jobs per company standards and regulations, as well as those duties as may from time-to-time reasonably be prescribed by the Company during the period of your employment with the Company.

(4) "Customers" means any firm, partnership, corporation and/or any other entity and/or person that purchased or purchases from the Company any of the products described in Section 2.a.(1).

(5) "Customer Prospects" means any firm, partnership, corporation and/or any other entity and/or person reasonably expected by the Company to purchase from the Company any of the products described in Section 2.a.(1).

(6) "Vendors" means any individual and/or entity that provides goods and services to the Company.

(7) "Material Contact" means personal contact or the supervision of the efforts of those who have direct personal contact with Customers, Customer Prospects, or Vendors in an effort to initiate or

further a business relationship between the Company and such Customers, Customer Prospects, or Vendors.

(8) "Confidential Information" means information about the Company and its Customers, Customer Prospects, and/or Vendors that is not generally known outside of the Company, which you will learn of in connection with your employment with the Company. Confidential Information may include, without limitation: (1) the terms of this Agreement, except as necessary to inform a subsequent employer of the restrictive covenants contained herein and/or your attorney, spouse, or professional tax advisor only on the condition that any subsequent disclosure by any such person shall be considered a disclosure by you and a violation of this Agreement; (2) the Company's business policies, finances, and business plans; (3) the Company's financial projections, including but not limited to, annual sales forecasts and targets and any computation(s) of the market share of Customers and/or Customer Prospects; (4) sales information relating to the Company's product roll-outs; (5) customized software, marketing tools, and/or supplies that you will be provided access to by the Company and/or will create; (6) the identity of the Company's Customers, Customer Prospects, and/or Vendors (including names, addresses, and telephone numbers of Customers, Customer Prospects, and/or Vendors); (7) any list(s) of the Company's Customers, Customer Prospects, and/or Vendors; (8) the account terms and pricing upon which the Company obtains products and services from its Vendors; (9) the account terms and pricing of sales contracts between the Company and its Customers; (10) the proposed account terms and pricing of sales contracts between the Company and its Customer Prospects; (11) the names and addresses of the Company's employees and other business contacts of the Company; and (12) the techniques, methods, and strategies by which the Company develops, manufactures, markets, distributes, and/or sells any of the products described in Section 2.a.(1).

(9) "Territory" means the area defined in Exhibit A.

(10) "Trade Secrets" means Confidential Information which meets the additional requirements of the Georgia Trade Secrets Act ("GTSA"), O.C.G.A. §§ 10-1-760 to 767, and/or under any other applicable law.

(11) "Proprietary Rights" means any and all inventions, discoveries, developments, methods, processes, compositions, works, supplier and customer lists (including information relating to the generation and updating thereof), concepts, and ideas (whether or not patentable or copyrightable) conceived, made, developed, created, or reduced to practice by you (whether at the request or suggestion of the Company or otherwise, whether alone or in conjunction with others, and whether during regular hours of work or otherwise) during your employment, which may be directly or indirectly useful in, or related to, the Business of the Company or any business or products contemplated by the Company while you are an employee, officer, or director of the Company.

b. You agree that your work for the Company will bring you into close contact with many of the Company's Customers, Customer Prospects, Vendors, Trade Secrets, and Confidential information. You further agree that the covenants in this Section 2 are reasonable and necessary to protect the

Company's legitimate business interests and its Customer, Customer Prospect, and/or Vendor relationships, Trade Secrets, and Confidential Information.

c. You agree to faithfully perform the duties assigned to you and will not engage in any other employment or business activity while employed by the Company that might interfere with your full-time performance of your duties for the Company or cause a conflict of interest. You agree to abide by all of the Company's policies and procedures, which may be amended from time-to-time.

d. You further agree that, due to your position, your engaging in any activity that may breach this Agreement will cause the Company great, immediate, and irreparable harm.

e. Duty of Confidentiality. You agree that during your employment with the Company and for a period of five (5) years following the termination of such employment for any reason, you shall not directly or indirectly divulge or make use of any Confidential Information outside of your employment with the Company (so long as the information remains confidential) without the prior written consent of the Company. You shall not directly or indirectly misappropriate, divulge, or make use of Trade Secrets for an indefinite period of time, so long as the information remains a Trade Secret as defined by the GTSA and/or any other applicable law. You further agree that if you are questioned about information subject to this agreement by anyone not authorized to receive such information, you will notify the Company within 24 hours. You acknowledge that applicable law may impose longer duties of nondisclosure, especially for Trade Secrets, and that such longer periods are not shortened by this Agreement.

f. Return of Confidential Information And Company Property. You agree to return all Confidential Information and/or Trade Secrets within three (3) calendar days following the termination of your employment for any reason. To the extent you maintain Confidential Information and/or Trade Secrets in electronic form on any computers or other electronic devices owned by you, you agree to irretrievably delete all such information and to confirm the fact of deletion in writing within three (3) calendar days following termination of employment with the Company for any reason. You also agree to return all property in your possession at the time of the termination of the employment with the Company, including but not limited to all documents, records, tapes, and other media of every kind and description relating to the Business of the Company and its Customers, Customer Prospects, and/or Vendors, and any copies, in whole or in part, whether or not prepared by you, all of which shall remain the sole and exclusive property of the Company.

g. Proprietary Rights. Proprietary Rights shall be promptly and fully disclosed by you to the Company's General Counsel and shall be the exclusive property of the Company as against you and your successors, heirs, devisees, legatees and assigns. You hereby assign to the Company your entire right, title, and interest therein and shall promptly deliver to the Company all papers, drawings, models, data, and other material relating to any of the foregoing Proprietary Rights conceived, made, developed, created or reduced to practice by you as aforesaid. All copyrightable Proprietary Rights shall be considered "works made for hire." You shall, upon the Company's request and at its expense, execute

any documents necessary or advisable in the opinion of the Company's counsel to assign, and confirm the Company's title in the foregoing Proprietary Rights and to direct issuance of patents or copyrights to the Company with respect to such Proprietary Rights as are the Company's exclusive property as against you and your successors, heirs, devisees, legatees and assigns under this Section 2.g. or to vest in the Company title to such Proprietary Rights as against you and your successors, heirs, devisees, legatees and assigns, the expense of securing any such patent or copyright, however, to be borne by the Company.

h. Non-Competition. You covenant and agree that, during the term of your employment with the Company and for twelve (12) months after the termination thereof, regardless of the reason for the employment termination, you will not, directly or indirectly, anywhere in the Territory, on behalf of any Competitive Business perform the same or substantially the same Job Duties.

i. Non-Solicitation of Customers, Customer Prospects, and Vendors. You also covenant and agree that during the term of your employment with the Company and for twelve (12) months after the termination thereof, regardless of the reason for the employment termination, you will not, directly or indirectly, solicit or attempt to solicit any business from any of the Company's Customers, Customer Prospects, or Vendors with whom you had Material Contact during the last two (2) years of your employment with the Company.

j. Non-Solicitation of Employees. You also covenant and agree that during the term of your employment with the Company and for twelve (12) months after the termination thereof, regardless of the reason for the employment termination, you will not, directly or indirectly, on your own behalf or on behalf of or in conjunction with any person or legal entity, recruit, solicit, or induce, or attempt to recruit, solicit, or induce, any non-clerical employee of the Company with whom you had personal contact or supervised while performing your Job Duties, to terminate their employment relationship with the Company.

3. At-Will Status. You acknowledge and agree that nothing in this Agreement is a guarantee or assurance of employment for any specific period of time. Rather, you understand that you are an at-will employee and that the Company may terminate your employment at any time for any reason. You are similarly free to resign at any time for any reason.

4. Governing Law and Remedies. In addition to any other remedies at law or in equity it may have, each party shall be entitled to seek equitable relief, including injunctive relief and specific performance, in connection with a breach of the provisions of this Agreement. The parties acknowledge and agree that they are bound by their arbitration obligations under Exhibit B attached hereto, which the parties also hereby agree to execute contemporaneously and is an integral part of this Agreement. The parties agree and acknowledge that all provisions of this Agreement shall be governed by and construed in accordance with the laws of the State of Georgia exclusively and without reference to principles of conflict of laws. The Federal Arbitration Act ("FAA") will supersede state laws to the extent inconsistent. The Arbitrator(s) shall have no authority to apply the law of any other jurisdiction.

____ Your initials to acknowledge agreement to Governing Law and Remedies provision in Section 4.

5. Construction of Agreement. The covenants contained herein shall be presumed to be enforceable, and any reading causing unenforceability shall yield to a construction permitting enforcement. If any single covenant or clause shall be found unenforceable, it shall be severed and the remaining covenants and clauses enforced in accordance with the tenor of the Agreement. In the event the Arbitrator(s) should determine not to enforce a covenant as written due to over breadth, the parties specifically agree that said covenant shall be modified and enforced to the extent reasonable, whether said modifications are in time, territory, or scope of prohibited activities.

6. Entire Agreement. This Agreement, which includes Exhibits A and B, represents the entire understanding between the Company and you on the matters addressed herein and may not be modified, changed or altered by any promise or statement by the Company other than in writing signed by you and an authorized representative of Company.

You acknowledge that you have carefully read and understand the provisions of this Agreement, and understand that you have the right to seek independent advice at your expense or to propose modifications prior to signing the Agreement and have negotiated proposed modifications to the extent you deemed necessary. Nothing contained in this Agreement creates a contractual right to a continued employment for a definite term. You represent and warrant that you have entered into this Agreement voluntarily and after consulting with whomsoever you wished.

Executed this _____ day of _____, 2016

EMPLOYEE

(Print Name) _____

Social Security #: _____

By: _____
Seasons Mechanical, LLC

Title: _____
VP