

NEW HIRE CHECKLIST

Leonardo Lobato

Name

CCF/Service/Porter

Location/Department/Title

644-84-1326

Social Security Number

3/1/23

Hire Date

Place a check mark next to each item when obtained and/or completed or an "N/A" if item does not apply.

<input checked="" type="checkbox"/>	Mission Statement
<input checked="" type="checkbox"/>	Employment Application
<input checked="" type="checkbox"/>	Resume (if available)
<input type="checkbox"/>	Personnel Action Notice (completed and signed)
<input checked="" type="checkbox"/>	Job Description (provided by Department Mgr. and signed by employee and Supervisor)
<input checked="" type="checkbox"/>	Emergency Contact Information Form
<input checked="" type="checkbox"/>	W-4
<input checked="" type="checkbox"/>	8850 Form
<input checked="" type="checkbox"/>	I-9 Form (make copies of supplied documents on both sides)
<input checked="" type="checkbox"/>	Consent to Physical Exam and Drug Screen
<input checked="" type="checkbox"/>	Physical and Drug Screen Results
<input checked="" type="checkbox"/>	Cole Background Check Results
<input checked="" type="checkbox"/>	Employment and Business Ethics Agreement
<input checked="" type="checkbox"/>	Worker's Compensation Information (information only)
<input checked="" type="checkbox"/>	Texas Star Network -- Employee Notice of Network Requirements
<input checked="" type="checkbox"/>	Annual Company Holiday's Observed
<input checked="" type="checkbox"/>	Request to Receive Electronic Pay Stub Notification
<input checked="" type="checkbox"/>	Employee Benefits Summary Sheet (information only)
<input checked="" type="checkbox"/>	Uniform Acknowledgement Form
<input checked="" type="checkbox"/>	Direct Deposit Authorization Form
<input checked="" type="checkbox"/>	Vendor Set Up and ACH information for expense reports, loans, etc.
<input checked="" type="checkbox"/>	Medical and Dental Information and Application
<input checked="" type="checkbox"/>	Medical and Dental Insurance Forfeiture Waiver Form
<input checked="" type="checkbox"/>	New Health Insurance Marketplace Coverage Options and Your Health Coverage
<input checked="" type="checkbox"/>	Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)
<input checked="" type="checkbox"/>	Paycheck Deduction Authorization Form
<input checked="" type="checkbox"/>	Acknowledgement of Training
<input checked="" type="checkbox"/>	Signed Receipt of Employee Handbook
<input checked="" type="checkbox"/>	Attendance Calendar made and copy issued to a Supervisor
<u>NA</u>	Keys to be issued: <u>NA</u>
<u>NA</u>	Long Distance Code to be issued? Y <u> </u> N <u> </u>
<u>NA</u>	Business Cards to be printed? Y <u> </u> N <u> </u>
<u>NA</u>	Truck Salesmen License and CDL obtained (if applicable)
<input type="checkbox"/>	Open Help Desk for Computer Set up
<input type="checkbox"/>	Input into Payroll System, Employee Number issued <u> </u>
<input checked="" type="checkbox"/>	Create Employee File

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

Step 1:
Enter
Personal
Information

(a) First name and middle initial Leonardo Lobato	Last name Lobato	(b) Social security number
Address 5534 Hampshire Rd.		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code Corpus Christi TX 78408		
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

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

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

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

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
	Step 4 (optional): Other Adjustments		
(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$	
(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$	
(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .	4(c)	\$	

Step 5:
Sign
Here

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

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

03-07-23

Employers
Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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PRE-EMPLOYMENT APPLICATION

Our company is an equal opportunity employer and considers all applicants equally without regard to race, sex, age, color, religion, national origin, veteran status, or disability as provided in The Americans with Disability Act. This application will be given every consideration, but it's receipt does not imply the applicant will be employed. Each question must be answered completely and accurately before any action on it can be taken.

PERSONAL INFORMATION

NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	CURRENT DRIVER'S LICENSE #	TYPE OF LICENSE	STATE
	Lobato	Leonardo		641-84-1326	46858140	Class C	TX
PRESENT ADDRESS	STREET		APT. NO.	CITY	STATE	ZIP CODE	
	5534 Hampshire Rd.			Corpus Christi TX		78408	
PERMANENT ADDRESS	STREET		APT. NO.	CITY	STATE	ZIP CODE	
	5534 Hampshire Rd.			Corpus Christi TX		78408	
ARE YOU 18 YEARS OR OLDER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
PHONE NO. (361) 633-0147							
IN CASE OF EMERGENCY NOTIFY							
NAME		STREET	CITY	STATE	ZIP CODE	PHONE NO.	
Blanca Rojas		5534 Hampshire Rd	Corpus Christi TX		78408	(361) 558-0929	
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OF IMMIGRATION STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

EMPLOYEMENT DESIRED

POSITION	FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER OR TEMPORARY <input type="checkbox"/>	DATE YOU CAN START	SALARY DESIRED
porter		Feb. 27 2023	\$18.00
ARE YOU EMPLOYED NOW? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
EVER APPLIED TO THIS COMPANY BEFORE?	NO	WHERE?	N/A
EVER WORKED FOR THIS COMPANY BEFORE?	NO	WHERE?	N/A
REASON FOR LEAVING N/A			

NAME OF LAST SUPERVISOR AT THIS COMPANY?

N/A

WHO REFERRED YOU TO THIS COMPANY?

Justin Longoria

☐ EMPLOYMENT AGENCY ☐ NEWSPAPER ADVERTISEMENT ☒ OTHER

☐ STATE EMPLOYMENT OFFICE ☐ COLLEGE PLACEMENT SERVICE ☐ WALKED IN ☐ FRIEND

EDUCATION

SCHOOL LEVEL	NAME & ADDRESS OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	AWARDS RECEIVED	SUBJECTS STUDIED
GRAMMER LEVEL					
HIGH SCHOOL	Moody High School	4	yes	National Honors	
COLLEGE					
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:	N/A
IF YOU DID NOT GRADUATE HIGH SCHOOL OR COLLEGE EXPLAIN:	N/A
SEPCIAL SKILLS:	Bilingual
CAN YOU TYPE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, IF YES N/A W.P.M.	
DESCRIBE COMPUTER SKILLS & EXPERIENCE:	Took computer courses in HS, never measured wpm
ARE YOU WILL TO RELOCATE?	yes

FORMER EMPLOYER (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER Schlitterbahn
 STARTING DATE April 2018 LEAVING DATE Aug 2018
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY \$8/hr
 JOB TITLE Lifeguard
 NAME AND TITLE OF SUPERVISOR Rebeca Solis
 DESCRIPTION OF WORK Monitored pools/park REASON FOR LEAVING Summer job/School
 WERE YOU EVER DISCIPLINED OR WARNED FOR ABSENTEEISM OR TARDINESS ☐ YES ☒ NO; IF YES EXPLAIN

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER Olive Garden
 STARTING DATE Aug 2020 LEAVING DATE April 2021
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY \$10.50 + tips
 JOB TITLE Server Assistant / BOH Team member
 NAME AND TITLE OF SUPERVISOR Jeff Wallace
 DESCRIPTION OF WORK Assisted servers by stocking/cleaning REASON FOR LEAVING Better opportunity
 WERE YOU EVER DISCIPLINED OR WARNED FOR ABSENTEEISM OR TARDINESS ☐ YES ☒ NO; IF YES EXPLAIN

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER Doordash / UberEats / Favor / Instacart / Shipit
 STARTING DATE Aug 2021 LEAVING DATE present
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY \$20/hr
 JOB TITLE Independent Contractor
 NAME AND TITLE OF SUPERVISOR N/A
 DESCRIPTION OF WORK Delivering Food/Merchandise REASON FOR LEAVING N/A
 WERE YOU EVER DISCIPLINED OR WARNED FOR ABSENTEEISM OR TARDINESS ☐ YES ☒ NO; IF YES EXPLAIN

Would you be willing and able to perform all of the essential job functions on the **ATTACHED LIST** required by the job you you applying for?

☒ YES ☐ NO

If not, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers?

☐ YES ☒ NO

If yes, explain _____

Will you abide by the safety rules of this company?

☒ YES ☐ NO

Have you ever been disciplined for violating company safety rules or regulations?

☐ YES ☒ NO

If yes, explain _____

How many days of work (or school) have you missed in the last two years?

N/A

How many times have you been late for work (or school) in the last two years?

N/A

REFERENCE GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU AND WHO ARE NOT PRIOR EMPLOYERS WHOM YOU HAVE KNOWN 1 YEAR

NAME	HOME ADDRESS	HOME PHONE #	BUSINESS ADDRESS	BUSINESS PHONE	YEARS ACQUAINTED
VOckea Wallace	4315 Carol Ln	(361) 828-0504	N/A	(361) 828-0504	10
Stephen Gallardo	5757 2 Staples St	N/A	1810 Trojan Dr	(361) 878-7340	7
Maribella Navarro	4617 Christie St	(361) 510-3141	1401 Cathead Rd.	(361) 366-6800	20
O'neal Davis	401 N Chaparral St	(361) 331-6127	N/A	(361) 331-6127	7

SERVICE RECORD N/A

BRANCH OF SERVICE

DISCHARGE DATE
RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

DATE
OBLIGATION ENDS

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PROCEEDING A QUESTION.

A CHECKED BOX INDICATES THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASON.

- ☒ HEIGHT FEET 5 INCHES 3
- ☒ ARE YOU A U.S. CITIZEN? YES ☒ NO ☐
- ☒ ARE YOU ABLE TO PERFORM EACH OF THE ESSENTIAL JOB FUNCTIONS ON THE ATTACHED LIST WITH OR WITHOUT AN ACCOMMODATION? YES ☒ NO ☐
- ☒ PLEASE SEE THE ATTACHED LIST OF ESSENTIAL JOB FUNCTIONS

FOR EACH FUNCTION YOU CAN ONLY PERFORM WITH REASONABLE ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM EACH FUNCTION THE TASKS, AND WITH WHAT ACCOMMODATION?

A N/A

B N/A

C N/A

5. ☒ WHAT FOREIGN LANGUAGES TO YOU SPEAK FLUENTLY? Spanish READ FLUENTLY? Spanish WRITE FLUENTLY? Spanish

6. ☒ HAVE YOU BEEN CONVICTED OF ANY CRIME (EXCLUDING MINOR TRAFFIC), INCLUDING DWI OR DUI. (ANSWERING "YES" WILL NOT BE AN AUTOMATIC BAR TO EMPLOYMENT) YES ☐ NO ☒

IF "YES" STATE: LOCATION OFFENSE DATE: DISPOSITION:

ADDITIONAL EXPLANATION :

NOTICE TO APPLICANT INITIAL EACH BOX TO ACKNOWLEDGE RECEIPT OF NOTICE

☒ I understand and agree that I may be required to take one or more physical examinations: lie detector test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) as such time as designated by the Company and to release the Company's directors, officers, agents or employees from any claim arising in connection with the use of such test(s)

☒ I have been advised and I understand that the taking of drug and alcohol tests given according to Company policy are conditions of the condition of any employment offered to me. I acknowledge that refusal to take the same when asked will be grounds for immediate termination.

☒ I have been advised that if I am offered a job I may be required to take drug and medical tests and I agree to do so if requested.

☒ I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law, but may be used in situations where employers have evidence that an employee is involved in theft, fraud or other crime if all requirements of the Polygraph Protection Act of 1988 are met.

Essential Physical Job Functions

All Administrative Employees Must Be Able To:

- remain in a stationary, seated position for at least 2 continuous hours per day
- communicate and exchange accurate information
- operate a computer
- ascend and descend stairs
- frequently reach, bend, push and pull
- frequently lift up to 5 lbs and infrequently lift between 10-25 lbs
- stand and walk for up to 2 hours per day

II Parts Employees Must Be Able To:

- stand and walk for up to 4 continuous hours per day
- remain in a stationary, seated position for up to 4 continuous hours per day
- traverse the department and/or dealership for up to 6 continuous hours per day
- lift up to 50 lbs
- frequently reach, bend, push and pull
- ascend and descend stairs and move items up to 25 lbs
- ascend and descend a ladder and move up to 10 lbs
- move items up to 50 lbs
- communicate and exchange accurate information
- inspect and recognize
- operate a computer

All Service & Body Shop Employees Must Be Able To:

- remain in a stationary, seated position for up to 2 hours per day
- stand and walk for up to 4 hours per day
- frequently lift 5-20 lbs and occasionally lift 25-50 lbs
- occasionally drive vehicles with manual transmissions
- frequently reach, bend, push and pull
- perform multiple tasks of fine manipulation
- inspect and recognize
- operate a computer
- communicate and exchange accurate information
- ascend and descend stairs and move items up to 25 lbs ascend and descend a ladder and move up to 10 lbs

All Sales Employees Must Be Able To:

- remain in a stationary, seated position for at least 2 continuous hours per day
- stand and walk for up to 4 hours per day
- communicate and exchange accurate information
- operate a computer
- frequently reach, bend, push and pull
- operate a vehicle with a manual transmission
- frequently climb in and out of heavy-duty trucks

All Information Technology Employees Must Be Able To:

- remain in a stationary, standing position for at least 2 continuous hours per day
- communicate and exchange accurate information
- operate a computer
- ascend and descend stairs
- frequently reach, bend, push and pull
- frequently lift up to 5 lbs and infrequently lift between 10-25 lbs
- stand and walk for up to 2 hours per day

AUTHORIZATIONS

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE OR MISLEADING INFORMATION, OMISSION, OR MISREPRESENTATION IS DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANYTIME. BY SIGNING BELOW, I AUTHORIZE THE COMPANY TO SEEK FROM MY PRIOR EMPLOYERS AND MY PRIOR EMPLOYERS TO RELEASE INFORMATION ABOUT MY PRIOR EMPLOYMENT.

IF EMPLOYMENT IS OFFERED TO ME, I AGREE TO CONFORM TO AND FOLLOW ALL THE COMPANY'S RULES AND REGULATIONS. I ALSO AGREE ANY EMPLOYMENT OFFERED TO ME WILL BE "AT WILL AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, BY EITHER ME OR THE COMPANY. I ALSO UNDERSTAND AND AGREE THAT THE TEAMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO ANY OF THE FOREGOING.

02/24/23

DATE

SIGNATURE

PAGE 4 OF 8

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

City of Corpus Christi, Texas
Bureau of Vital Statistics

0703A011001

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER

1. Name First Middle Last LEONARDO LOBATO			2. Date of Birth 01/10/2003	3. Sex Male
4a. Place of Birth - County Nueces	4b. City or Town (If outside city limits, give precinct no.) Corpus Christi	5. Time of Birth 11:27 a.m.	6a. Plurality - Single, Twin, Triplet, etc. Single	
7a. Place of Birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):		7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address) CCMC - BAY AREA		
8a. Attendant's Name and Mailing Address RODRIGUEZ M.D., LEO 2601 HOSPITAL BLVD. CORPUS CHRISTI, TX 78405		9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. <i>Patricia Hailach, Registrar</i> 1-11-03 Signature and Title Date Signed		
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):		9b. <input type="checkbox"/> Attendant <input checked="" type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):		
10. Name First Middle Maiden Surname BLANCA ELIA ROJAS			11. Date of Birth 12/30/1968	12. Birthplace (State or Foreign Country) Mexico
13a. Residence - State TEXAS	13b. County NUECES	13c. City or Town CORPUS CHRISTI	13d. Street Address or Rural Location 825 CENIZO	
13e. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mother's Mailing Address (If Same As Residence, Enter Zip Code Only) 78408		
15. Name First Middle Last MARIO ALBERTO LOBATO			16. Date of Birth 03/03/1979	17. Birthplace (State or Foreign Country) Mexico
18a. Registrar's File Number 020120		18b. Date Received by Local Registrar JAN 21 2003	18c. Signature of Local Registrar <i>Annette Rodriguez MD</i> Signature for registrar only	

490993

CERTIFIED COPY OF VITAL RECORDS

OCT 14 2016

STATE OF TEXAS

COUNTY OF NUECES

DATE ISSUED

This is a true reproduction of the document officially registered and recorded on file in the BUREAU OF VITAL STATISTICS, CORPUS CHRISTI NUECES COUNTY HEALTH DEPARTMENT

Annette Rodriguez MPH
Annette Rodriguez, MPH
LOCAL REGISTRAR



ACKNOWLEDGEMENT OF TRAINING

I hereby acknowledge having watched SelecTransportaion Resources, LLC's new hire orientation training video. The video includes:

- General safety rules
- Job specific safety rules and
- Harassment training

In addition to the above, I have completed all required KPA online training courses which were assigned to me based on the department in which I will be working.



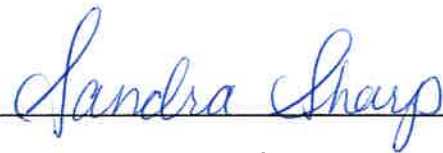
Signature

03-07-23

Date

Leonardo Lobato

Printed Name



Company Representative

EMPLOYEE CONTACT INFORMATION SHEET

☒ NEW

☐ UPDATE

Leonardo Lobato

EMPLOYEE'S NAME

5534 Hampshire Rd.

HOME ADDRESS

Corpus Christi, TX, 78408

CITY, STATE, ZIP CODE

Porter

POSITION TITLE

Sandra Sharp

DEPARTMENT SUPERVISOR

Leo

NICKNAME (IF ANY)

(361) 633-0197

CELL PHONE NUMBER

T-Mobile

CELL PHONE CARRIER (AT&T, Sprint, etc.)

(361) 289-1076

HOME PHONE NUMBER

LobatL0711@outlook.com

PERSONAL EMAIL ADDRESS

FAMILY DOCTOR CONTACT

M

F

DR. Lira ; DR. Lira

DOCTOR'S NAME

4621 S Staples St,

ADDRESS

(361) 851-0000

TELEPHONE NUMBER

Corpus Christ, TX, 78411

CITY, STATE, ZIP CODE

EMERGENCY CONTACT (Primary)

Blanca Rojas

NAME

5534 Hampshire Rd.

ADDRESS

Corpus Christi TX 78408

CITY, STATE, ZIP CODE

Mother

RELATIONSHIP

(361) 558-0929

PHONE NUMBER

EMERGENCY CONTACT (Secondary)

Mario Lobato Jr.

NAME

433 Richey Dr.

ADDRESS

Corpus Christi TX, 78412

CITY, STATE, ZIP CODE

Father

RELATIONSHIP

(361) 288-6966

PHONE NUMBER

DIRECT DEPOSIT AUTHORIZATION - PAYROLL & EXPENSE REIMBURSEMENT

Leonardo Lobato
Name (please print)

641-84-1326
Social Security Number

To be eligible for direct deposit the following applies:

- * The account(s) listed below must already be set up at said financial institution.
- * Said institution must accept direct deposits.
- * A voided check (checking) and/or deposit slip (savings) must be attached.
- * Please call banking institution and verify your ABA Routing Number.

Employee Number

Account #1 ☒ New ☐ Change ☐ Cancel

The Bancorp Bank, N.A./Chime
Institution Name

031101279
ABA Routing # (9-digit number)

☒ Checking ☐ Savings
☒ Full Deposit ☐ Partial = \$ _____

169116303697
Account Number

Account #2 ☐ New ☐ Change ☐ Cancel

Institution Name

ABA Routing # (9-digit number)

☐ Checking ☐ Savings
☐ Full Deposit ☐ Partial = \$ _____

Account Number

Account #3 ☐ New ☐ Change ☐ Cancel

Institution Name

ABA Routing # (9-digit number)

☐ Checking ☐ Savings
☐ Full Deposit ☐ Partial = \$ _____

Account Number

I hereby authorize SelecTransportation Resources, LLC to make electronic direct deposit to my account(s) as noted above payroll for each pay period on my behalf and expense reimbursements. If funds are deposited to my account to which I am not entitled because of error, I authorize SelecTransportation Resources, LLC to direct the financial institution listed above to return such funds.

This authorization shall override any previous written authorizations and remain in effect until I have cancelled it in writing, a deposit has been rejected because said account has been closed or until my termination of employment.

[Signature]
Signature of Employee

03-07-23
Date

REQUEST TO RECEIVE ELECTRONIC PAY STUB NOTIFICATION

I, God E, request that
SelectTransportation Resources, LLC deliver my weekly payroll direct deposit
stub electronically. In doing so, I understand that:

- ✓ My request to enroll in this program is voluntary
- ✓ If I choose to enroll, 100% of my weekly pay must be distributed via direct deposit and each stub will be emailed to my company email address
- ✓ All future direct deposit stubs will be delivered to me by electronic means via company email
- ✓ Each email attachment will be password protected
- ✓ My password will be my social security number without hyphens
- ✓ I am solely responsible for the confidentiality of my password and personal pay related information; SelectTransportation Resources, LLC assumes no responsibility in the event of a breach in my password
- ✓ I am not required to participate in this program and am able to cancel my participation at any time.

God E
Signature

03-07-23
Date

Leonardo Lobato
Printed Name

Please confirm your company email address below.

Company Email Address

Feel free to cut off this portion of the form for your reference

To access your company email account from home:

- Go to: <http://mail.selecttransportation.com/exchange>
- username: first.last (same as your normal login)
- password: (the password you use everyday to login at work)
- domain: (leave blank)



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name) <u>Lobato</u>		First Name (Given Name) <u>Leonardo</u>		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) <u>5534 Hampshire Rd.</u>		Apt. Number	City or Town <u>Corpus Christi</u>		State <u>TX</u>	ZIP Code <u>78408</u>
Date of Birth (mm/dd/yyyy) <u>01-10-2003</u>	U.S. Social Security Number <u>641-84-1326</u>	Employee's E-mail Address <u>LobatoL0711@outlook.com</u>			Employee's Telephone Number <u>(361)633-0197</u>	

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

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

<input checked="" type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee <u>[Signature]</u>	Today's Date (mm/dd/yyyy) <u>03-07-23</u>
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Preparer and/or Translator Certification (check one):

☒ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



WORKWELL, TX

Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Lee G 03-07-23 Leonardo Lobato
Signature Date Printed name

I live at: 5534 Hampshire Rd
Street address

Corpus Christi TX 78408
City State Zip code

Name of employer: Select Transportation Resources, LLC

Name of network: WorkWell, TX

To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgement was completed.

- ☐ Initiating the network program (companywide)
- ☐ Initial employee notification (new hire)
- ☐ Injury notification (Date of injury: / /)

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.

EMPLOYMENT AND BUSINESS ETHICS AGREEMENT

This Employment and Business Ethics Agreement ("Agreement") is made between SelecTransportation Resources, LLC and/or any one of its affiliates: SelecTrucks of Houston, LLC, Houston Freightliner, Inc., Corpus Christi Freightliner, Beaumont Freightliner, or Thomas Bus Gulf Coast, Ltd. hereinafter referred to as (collectively referred to as the "Company") and Leonardo Lobato (the "Employee").

In consideration of the below mutual covenants and other good and valuable consideration, the parties agree as follows:

1. At-Will Employment. The Company shall employ Employee, and Employee hereby accepts employment with the Company on an at-will basis. Nothing in Company's policies, actions, verbal assurances or this document shall be construed to alter the "At-Will" nature of Employee's status with Company, and Employee understands that Company may terminate his/her employment at any time for any reason or for no reason at all, provided it is not terminated in violation of state or federal law. The time period during which Employee is employed by Company shall be referred to herein as the "Employment Period".

2. Confidential Information. Employee acknowledges that the information, observations and data (including trade secrets) obtained by Employee while employed by the Company and its predecessors (including those obtained by Employee prior to the date of this Agreement) concerning the business or affairs of the Company, any of its subsidiaries, joint ventures or affiliates ("Confidential Information"), which Confidential Information the Employee shall have access to and shall be provided during the Employment Period, are the property of the Company or such subsidiary, joint venture or affiliate. Therefore, Employee agrees that, other than for the execution of the duties and responsibilities required of Employee in fulfilling his or her job function and obligations, Employee shall not disclose to any person or entity or use for Employee's own benefit or purposes, or the benefit or purposes of any other person or entity, any Confidential Information or any confidential or proprietary information of other persons or entities in the possession of the Company or any of its subsidiaries and affiliates ("Third Party Information"), without the prior written consent of the Company. Confidential Information or Third Party Information shall not apply to information that: (i) was known to the public prior to its disclosure to Employee; (ii) becomes generally known to the public subsequent to disclosure to Employee through no wrongful act of Employee or any representative of the Employee; or (iii) Employee is required to disclose by applicable law, regulation or legal process. Employee shall deliver to the Company at the termination of the Employment Period, or at any other time the Company may request, all memoranda, notes, plans, records, reports, computer files, disks and tapes, printouts, source code, software and any other documents and data (and copies thereof) embodying or relating to Third Party Information, Confidential Information, Work Product (as defined below) or the business of the Company or any subsidiary, joint venture or affiliate which Employee may then possess or have under Employee's control. Employee shall not use or disclose any confidential information or trade secrets of any former employers or any person or entity to whom Employee owes an obligation of confidentiality. If at any time during the Employment Period Employee believes Employee is being asked to engage in work that will, or will be likely to, jeopardize any confidentiality or other obligations Employee may have to former employers or other persons or entities, Employee shall immediately advise the Company so that

Employee's duties can be modified appropriately. Employee represents and warrants to the Company that Employee took nothing with Employee which belonged to any former employer when Employee left Employee's prior employment positions and that Employee has nothing that contains any information which belongs to any former employer, and, if at any time Employee discovers that the foregoing is incorrect, Employee shall promptly return any such materials to Employee's former employer. The Company refuses access to any such materials, and Employee shall not be permitted to use or refer to any such materials in the performance of Employee's duties hereunder.

3. Intellectual Property, Inventions and Patents. Employee acknowledges that all discoveries, concepts, ideas, inventions, innovations, improvements, developments, methods, designs, analyses, drawings, reports, patent applications, and copyrightable work (whether or not including any Confidential Information) and all registrations or applications related thereto, all other proprietary information and all similar or related information (whether or not patentable) which relate to the Company's or any of its subsidiaries' or affiliates' actual or anticipated business, research and development or existing or future products or services and which were or are conceived, developed, contributed to or made or reduced to practice by Employee (whether alone or jointly with others) while employed by the Company and any of its predecessors, whether before or after the date of this Agreement ("Work Product"), belong to the Company. Employee shall promptly disclose such Work Product to Company leadership and, at the Company's expense, perform all actions reasonably requested by the Company leadership (whether during or after the Employment Period) to establish and confirm such ownership (including assignments, consents, powers of attorney and other instruments). Employee acknowledges that all copyrightable Work Product shall be deemed to constitute "works made for hire" under the U.S. Copyright Act of 1976, as amended, and that the Company or such Company Affiliate shall own all rights therein. To the extent that any such copyrightable work is not a "work made for hire," Employee hereby assigns and agrees to assign to the Company or such Company affiliate all right, title and interest, including a copyright, in and to such copyrightable work. The foregoing provisions shall not apply to any invention that Employee developed entirely on Employee's own time without using the Company's equipment, supplies, facilities or trade secret information, except for those inventions that (i) relate to the Company's business or actual or demonstrably anticipated research or development, or (ii) result from any work performed by Employee for the Company.

4. Computer Data and Software. The Employee nor any other employee shall attempt to access or possess any Company information that the Employee is not authorized or entitled to in the course of his/her work. No credentials (including, but not limited to, computer passwords, computer log on identification numbers or names, e-mail passwords, internet passwords, and/or access badges) issued to the Employee may be given or divulged by the Employee to any other person except as required in the performance of Company business. No employee shall use or possess, unless required to for Company business, any Company identification other than the Company identification specifically issued to the Employee. No Employee may copy or use, except for Company business, any computer software whether purchased from an outside vendor or developed by any Company employee(s), including the employee who developed it, or by contract personnel. Copying of software or programs is permitted only when authorized for the purpose of backup and recovery as part of normal operating procedures. No software program purchased from a vendor shall be used other than

in accordance with the terms of any governing license or rental agreement.

5. Enforcement. If, at the time of enforcement of any provision included in this Agreement, a court holds that the restrictions stated herein are unreasonable under circumstances then existing, the parties hereto agree that the maximum period, scope or geographical area reasonable under such circumstances shall be substituted for the stated period, scope or area and that the court shall be allowed to revise the restrictions contained herein to cover the maximum period, scope and area permitted by law. Because Employee's services are unique and because Employee has access to Confidential Information and Work Product, the parties hereto agree that the Company would suffer irreparable harm from a breach of the provisions in this Agreement relating to those matters by Employee and that money damages would not alone be an adequate remedy for any such breach of this Agreement. Therefore, in the event a breach or threatened breach of this Agreement, Employee or the Company, in addition to other rights and remedies existing in their favor, including but not limited to seek money damages, shall be entitled to specific performance and/or injunctive or other equitable relief from a court of competent jurisdiction in order to enforce, or prevent any violations of, the provisions hereof. In addition, in the event of a breach or violation by Employee of any provision or sub-section of Paragraph 4, such time period shall be automatically extended by the amount of time between the initial occurrence of the breach or violation and when such breach or violation has been resolved. Employee and the Company acknowledge that the restrictions contained in this Agreement are reasonable and that each party has reviewed the provisions of this Agreement with Employee's or its legal counsel.

6. Additional Acknowledgments. Employee acknowledges that (i) the restrictions contained in this Agreement do not preclude Employee from earning a livelihood, nor do they unreasonably impose limitations on Employee's ability to earn a living, (ii) the business of the Company and its subsidiaries and affiliates will be national, and potentially international, in scope and (iii) notwithstanding the state of formation or principal office of the Company or residence of any of its Employees or employees (including Employee), it is expected that the Company and its Subsidiaries and affiliates will have business activities and have valuable business relationships within its industry throughout the State of Texas and the United States of America. Employee agrees and acknowledges that the potential harm to the Company and its subsidiaries and affiliates of the non-enforcement of the restrictions placed on Employee in this Agreement outweigh any potential harm to Employee of its enforcement by injunction or otherwise. Employee acknowledges that Employee has carefully read this Agreement, has given careful consideration to the restraints imposed upon Employee by this Agreement and is in full accord as to their necessity for the reasonable and proper protection of Company's Confidential Information and Third-Party Information of the Company and its subsidiaries and affiliates now existing or to be developed in the future. Employee and the Company expressly agree and acknowledge that each and every restraint imposed by this Agreement is reasonable with respect to subject matter, time period and geographical area.

7. Acceptance of Gifts and Improper Payments. Employee understands that accepting excessive gifts in the form of merchandise, cash, gift certificates, or other items of substantial value, or the use of property and/or entertainment facilities from business contacts is strictly prohibited. Strict adherence to this policy is essential to maintain Company's impartiality and business integrity. If Employee has specific questions on whether a certain gift or offer

should be accepted, this issue should be brought to Human Resources prior to acceptance of any such items.

9. Conflicts of Interest. In order to safeguard the activities, assets and confidential information of Company, Employee should not have interests in outside businesses which conflict or appear to conflict with their ability to make uncompromised decisions to Company's exclusive benefit. All employees are expected to exercise good judgment and discretion in evaluating a particular activity so as to avoid any actual, or apparent, conflict of interest. If there is a doubt, the employee should discuss it with leadership at the Company.

9.1. Employee is considered to have an interest in an outside business if the Employee or any member of his/her Immediate Family holds any ownership in the business or its property; furnishes goods or services to the business; is a creditor, employee, agent, officer, director, or consultant of the business. Outside businesses include any person, firm, corporation, or government agency that sells or provides a service to, purchases from, or competes with Company. If the Employee or a family member of the Employee falls within any of the following categories above, Employee agrees to discuss such position with Company officials. "Immediate Family" is interpreted as a spouse, child(ren), parent, sibling and other relatives living in the Employee's home. At the time of hire, and periodically thereafter as Employee learns of conflicting relationships and/or as requested by Company, Employee must notify Company if:

a. Employee or any Immediate Family member has an ownership interest equal to 1% or more (including stock ownership) of any organization which directly or indirectly leases, sells or buys property or services to or from the Company, or which competes with the Company.

b. Employee or any Immediate Family member is a creditor or debtor in the amount of ten thousand dollars (\$10,000.00) or more of any organization which directly or indirectly leases, sells or buys property or services to or from the Company, or which competes with the Company (not including bank loans or home mortgage loans).

c. Employee or any family member is an officer, director, or employee of any organization which directly or indirectly leases, sells or buys property or services to or from the Company, or which competes with the Company.

10. Severability. Whenever possible, each provision of this Agreement shall be interpreted in such manner as to be effective and valid under applicable law, but if any provision of this Agreement is held to be invalid, illegal or unenforceable in any respect under any applicable law or rule in any jurisdiction, such invalidity, illegality or unenforceability shall not affect any other provision of this Agreement or any action in any other jurisdiction, but this Agreement shall be reformed, construed and enforced in such jurisdiction as if such invalid, illegal or unenforceable provision had never been contained herein.

11. Complete Agreement. Unless otherwise specifically stated herein, this Agreement embodies the complete agreement and understanding among the parties and supersedes and preempts any prior understandings, agreements or representations by or among the parties, written or oral, which may have related to the subject matter hereof or thereof in any way.

12. Class Action Waiver. Employee and Company waive any right to assert any claims against one another by means of any class action or representative action, whether as a class representative or a member of a class. If, notwithstanding the foregoing waiver, a court or law permits a party to this Agreement to participate in a class or representative action, then the parties hereto nevertheless agree that the prevailing party shall not be entitled to recover attorneys' fees or costs associated with pursuing the class or representative action, and the party who initiates or participates as a member of the class will not submit a claim or otherwise participate in any recovery secured through the class or representative action.

13. No Strict Construction. The language used in this Agreement shall be deemed to be the language chosen by the parties hereto to express their mutual intent, and no rule of strict construction shall be applied against any party.

14. Counterparts. This Agreement may be executed in separate counterparts, each of which is deemed to be an original and all of which taken together constitute one and the same agreement.

15. Attorneys' Fees. Subject Paragraph 12 above, if either party brings a legal action to enforce its rights under this Agreement, the prevailing party in such action shall recover its reasonable and necessary costs and expenses, including its attorneys' fees, in connection with any such action.

16. Successors and Assigns. This Agreement is intended to bind and inure to the benefit of and be enforceable by Employee, the Company and their respective heirs, successors and assigns, except that Employee may not assign Employee's rights or delegate Employee's duties or obligations hereunder without the prior written consent of the Company. The Company may only assign this Agreement to a successor to all or substantially all of the business and/or assets of the Company. As used in this Agreement, "Company" shall mean the Company and any successor to its business and/or assets, which assumes and agrees to perform the duties and obligations of the Company under this Agreement by operation of law or otherwise. This Agreement and the Company's rights hereunder may be enforced by Company's parent companies, affiliates, and/or subsidiaries as deemed fit in Company's sole discretion.

17. Choice of Law. All issues and questions concerning the construction, validity, enforcement and interpretation of this Agreement and the exhibits and schedules hereto shall be governed by, and construed in accordance with, the laws of the State of Texas, without giving effect to any choice-of-law or conflict-of-law rules or provisions (whether of the State of Texas or any other jurisdiction) that would cause the application of the laws of any jurisdiction other than the State of Texas.

18. Amendment and Waiver. The provisions of this Agreement may be amended or waived only with the prior written consent of the Company and Employee, and no course of conduct or course of dealing or failure or delay by any party hereto in enforcing or exercising any of the provisions of this Agreement shall affect the validity, binding effect or enforceability of this Agreement or be deemed to be an implied waiver of any provision of this Agreement.

19. Consent to Jurisdiction. EACH OF THE PARTIES IRREVOCABLY SUBMITS TO THE NON-EXCLUSIVE JURISDICTION OF THE STATE AND FEDERAL COURTS LOCATED

IN THE STATE OF TEXAS, COUNTY OF HARRIS, FOR THE PURPOSES OF ANY SUIT, ACTION OR OTHER PROCEEDING ARISING OUT OF THIS AGREEMENT UNLESS LIMITED OTHERWISE HEREIN, ANY RELATED AGREEMENT OR ANY TRANSACTION CONTEMPLATED HEREBY OR THEREBY. EACH OF THE PARTIES HERETO FURTHER AGREES THAT SERVICE OF ANY PROCESS, SUMMONS, NOTICE OR DOCUMENT BY U.S. REGISTERED MAIL TO SUCH PARTY'S RESPECTIVE ADDRESS SET FORTH ABOVE SHALL BE EFFECTIVE SERVICE OF PROCESS FOR ANY ACTION, SUIT OR PROCEEDING IN THE STATE OF TEXAS WITH RESPECT TO ANY MATTERS TO WHICH IT HAS SUBMITTED TO JURISDICTION IN THIS SECTION 19. EACH OF THE PARTIES HERETO IRREVOCABLY AND UNCONDITIONALLY WAIVES ANY OBJECTION TO THE LAYING OF VENUE OF ANY ACTION, SUIT OR PROCEEDING ARISING OUT OF THIS AGREEMENT, ANY RELATED DOCUMENT OR THE TRANSACTIONS CONTEMPLATED HEREBY AND THEREBY IN THE STATE AND FEDERAL COURTS LOCATED IN THE STATE OF TEXAS, COUNTY OF HARRIS, AND HEREBY AND THEREBY FURTHER IRREVOCABLY AND UNCONDITIONALLY WAIVES AND AGREES NOT TO PLEAD OR CLAIM IN ANY SUCH COURT THAT ANY SUCH ACTION, SUIT OR PROCEEDING BROUGHT IN ANY SUCH COURT HAS BEEN BROUGHT IN AN INCONVENIENT FORUM.

20. Waiver of Jury Trial. AS A SPECIFICALLY BARGAINED-FOR INDUCEMENT FOR EACH OF THE PARTIES HERETO TO ENTER INTO THIS AGREEMENT (AFTER HAVING THE OPPORTUNITY TO CONSULT WITH COUNSEL), EACH PARTY HERETO EXPRESSLY WAIVES THE RIGHT TO TRIAL BY JURY IN ANY LAWSUIT OR PROCEEDING RELATING TO OR ARISING IN ANY WAY FROM THIS AGREEMENT OR THE MATTERS CONTEMPLATED HEREBY.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date indicated below.

SelecTransportation Resources, LLC

By: _____
Printed name: Leonardo Lobato

Date

Employee: _____
Printed name: Leonardo Lobato

Date

**OPEN ENROLLMENT 2021**

Benefits Administered by:



LAST NAME: <u>Lobato</u>	FIRST NAME: <u>Leonardo</u>	EMPLOYEE ID:
ADDRESS: <u>5534 Hampshire Rd.</u>		
CITY: <u>Corpus Christi</u>	STATE: <u>TX</u>	ZIP CODE: <u>78408</u>
SOCIAL SECURITY NUMBER: <u>641-84-1326</u>	DOB: <u>01-10-03</u>	GENDER: <u>M</u>
CELL PHONE NUMBER: <u>(361) 633-0197</u>	MARITAL STATUS: <u>single</u>	
DEPARTMENT:	JOB TITLE: <u>Porter</u>	

MEDICAL AND DENTAL ELECTION

<u>PREMIUM HEALTH PLAN</u>	<u>PER WEEK</u>	<u>BASIC HEALTH PLAN</u>	<u>PER WEEK</u>	<u>DENTAL PLAN</u>	<u>PER WEEK</u>
<input type="checkbox"/> EMPLOYEE ONLY	\$61.91	<input type="checkbox"/> EMPLOYEE ONLY	\$34.78	<input type="checkbox"/> EMPLOYEE ONLY	FREE
<input type="checkbox"/> EMPLOYEE & CHILD(REN)	\$115.14	<input type="checkbox"/> EMPLOYEE & CHILD(REN)	\$110.14	<input type="checkbox"/> EMPLOYEE & CHILD(REN)	\$3.74
<input type="checkbox"/> EMPLOYEE & SPOUSE	\$138.39	<input type="checkbox"/> EMPLOYEE & SPOUSE	\$130.00	<input type="checkbox"/> EMPLOYEE & SPOUSE	\$3.74
<input type="checkbox"/> FAMILY	\$184.47	<input type="checkbox"/> FAMILY	\$180.00	<input type="checkbox"/> FAMILY	\$3.74

☒ WAIVE HEALTH COVERAGE☒ WAIVE DENTAL COVERAGE**COMPLETE THIS SECTION IF ELECTING DEPENDENT MEDICAL OR DENTAL COVERAGE**

DEPENDENT FULL LEGAL NAME	SSN	DOB	GENDER	RELATIONSHIP TO EMPLOYEE

A \$20,000 Life Insurance and \$20,000 AD&D policy are provided at no cost with enrollment in one of the health plans listed above.

Beneficiary Full Name: Santiago Lobato Beneficiary Relationship: Brother

Supplemental benefits are provided through UNUM. Additional information will be provided shortly regarding an open enrollment period for these voluntary coverages.

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT. I understand that coverage will not be effective until all questions regarding eligibility for coverage have been satisfactorily resolved. I understand that I may not change the coverage elections that I make on the Employee Enrollment/Change Form until the plan's next open/annual enrollment period or unless otherwise permitted by the Plan. Furthermore, I understand that it is a crime for any person, who knowingly and with intent to defraud any insurance company or other person, to file a statement or claim which conceals information or contains information which is materially false or misleading.

I hereby apply for coverage and authorize deductions from my earnings for the amount required, if any, to cover any contribution for coverage.

EMPLOYEE SIGNATURE

03-07-23

DATE



LEONARDO LOBATO

Contact Information

Email: LobatL0711@outlook.com

Phone: (361) 633-0197

OBJECTIVE

Constantly allowing myself to learn more. Growth is a priority, while keeping an open mind to new opportunities and experiences. Always disciplined, dedicated, as well as applying passion into any craft I am a part of.

EXPERIENCE

Schlitterbahn

Life Guard | April 2018 Aug 2018

Mainly a summer job for the experience of getting my feet wet into the work force at the age of 15.

- Monitored the pools and in charge of maintaining a safe environment for guests
- Certified CPR Life Guard, Recognized for saving a life, as well as awarded lifeguard of the week on multiple occasions.

Olive Garden

Sever Assistant / BOH Team Member | Aug 2020 April 2021

- Maintenance and managed the restaurants lobby and kitchen/ storage area. Assisted the servers with running food to guests and by keeping their stations stocked and clean.
- Promoted to a trainer and given a pay raise as well as recognized as a team leader.

Doordash/Ubereats/Instacart/Shipt/Favor

Independent Contractor | Aug 2021 Present

- As an Independent Contractor for delivery services I use my own vehicle and do gig work delivering either food or merchandise for customers who bid off for my time.
- Time management, social skills, customer service, composure under stressful situations, organization, as well as financial literacy are all key when working for multiple delivery services at once.

EDUCATION

Moody High School

- Graduated with a 3.2 GPA
- Varsity Sports such as Wrestling, Football, & Track. District runner up and 5th overall placer at State championship for wrestling my senior year.
- Inducted into National Honor Society Sophomore-Senior year

REFERENCES

- Stephen Gallardo
Wrestling Coach; 4 year relation
Phone:
- Ashley Ayala
Manager; 2 Month relation
Phone: (361) 933-6574
- David Rojas
Supervisor; 20 year relation
Phone: (361) 232-2389



LEONARDO LOBATO

Contact Information

Email: LobatL0711@outlook.com

Phone: (361) 633-0197

OBJECTIVE

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Independent Contractor | Aug 2021 Present

- As an Independent Contractor for delivery services I use my own vehicle and do gig work delivering either food or merchandise for customers who bid off for my time.
- Time management, social skills, customer service, composure under stressful situations, organization, as well as financial literacy are all key when working for multiple delivery services at once.

EDUCATION

Moody High School

- Graduated with a 3.2 GPA
- Varsity Sports such as Wrestling, Football, & Track. District runner up and 5th overall placer at State championship for wrestling my senior year.
- Inducted into National Honor Society Sophomore-Senior year

REFERENCES

- Stephen Gallardo
Wrestling Coach; 4 year relation
Phone:
- Ashley Ayala
Manager; 2 Month relation
Phone: (361) 933-6574
- David Rojas
Supervisor; 20 year relation
Phone: (361) 232-2389