

NEW HIRE CHECKLIST

Kaylani Jimenez
Name

CCF / Admin / Porter
Location/Department/Title

633.88.0548
Social Security Number

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 checked="" 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
<input checked="" type="checkbox"/>	Keys to be issued: _____
<u>NA</u>	Long Distance Code to be issued? Y _____ N _____
<u>NA</u>	Business Cards to be printed? Y _____ N _____
<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 _____
<input type="checkbox"/>	Create Employee File

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

633-88-0548 44990778 Class C Tx
 Social Security Number Current Driver's License # Type of License State

Jimenez Kaylani S
 Last First Middle

807 Parr Dr Alice Tx 78332
 Street APT. NO. City State ZIP CODE

807 Parr Dr Alice Tx 78332
 Street APT. NO. City State ZIP CODE

Are you 18 years or older? ☒ YES ☐ NO Phone No. (817) 658-0496

Sandra 3933 Reagan Ln Robstown Tx 78380 (361) 500-9104
 Name Street City State ZIP CODE Phone No.

Are you 18 years or older? ☐ YES ☒ NO

EMPLOYMENT DESIRED

Cleaning ☒ Full Time ☐ Part Time ☐ Summer or Temporary
 Date you can start October Salary desired \$15/hr

Are you employed now? YES

Have you ever worked for this company before? No Where? When?

Have you ever worked for this company before? No Where? When?

EDUCATION

How did you learn to read? ☐ 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
GRADE SCHOOL	Lynn Hale Elementary	ALL	YES	N/A	ALL
HIGH SCHOOL	Calallen HS	17 - 21	YES	N/A	ALL
COLLEGE	Delmar east	2	enrolled	N/A	Business
ARE YOU CURRENTLY ENROLLED IN SCHOOL?	N/A				

GENERAL

Are you currently studying for research work?

If you are not graduate high school or college explain: Still currently enrolled in college

Special Skills

Can you type? ☒ YES ☐ NO IF YES W.P.M. N/A

Describe computer skills & experience: Quick Study, knows basic function of all microsoft

Are you willing to relocate? Not currently

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

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER Railroad Seafood & Brewing Company
 STARTING DATE October 2022 LEAVING DATE (Current) plan October 2023
 MONTH YEAR MONTH YEAR
 WEEKLY STARTING SALARY \$10/hr
 JOB TITLE Expo, Server, host
 NAME AND TITLE OF SUPERVISOR Rebecca Penik - General Manager
 DESCRIPTION OF WORK _____ REASON FOR LEAVING Unorganized & hostile environment
 WERE YOU EVER DISCIPLINED OR WARNED FOR ABSENTEEISM OR TARDINESS ☒ YES ☐ NO, IF YES EXPLAIN Gave Dr Note but didn't call
verbal warning

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER Keller Williams Coastal Bend
 STARTING DATE July 2021 LEAVING DATE November 2021
 MONTH YEAR MONTH YEAR
 WEEKLY STARTING SALARY \$10/hr
 JOB TITLE Office Admin Clerk
 NAME AND TITLE OF SUPERVISOR Lori Garcia CEO
 DESCRIPTION OF WORK _____ REASON FOR LEAVING Personal Issue & Start of School
 WERE YOU EVER DISCIPLINED OR WARNED FOR ABSENTEEISM OR TARDINESS ☐ YES ☒ NO, IF YES EXPLAIN _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____
 STARTING DATE _____ LEAVING DATE _____
 MONTH YEAR MONTH YEAR
 WEEKLY STARTING SALARY _____
 JOB TITLE _____
 NAME AND TITLE OF SUPERVISOR _____
 DESCRIPTION OF WORK _____ REASON FOR LEAVING _____
 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 are 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?

14 days (due to illness or dr appt)

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

twice (always called ahead)

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
Kyle Graham	5406 CR 73 Briarwood Tx 78380	(361) 813-1250	28001 IH-37	(361) 694-8400	13
Skylar Fox	1802 Ennis Joslin Rd CC Tx 78412	(940) 453 6981	5CC, Tx 78409	(361) 694-8400	5
Sherri Swan	4516 Teal Dr CC Tx 78412	(361) 935-8142	1479 Sunray Rd Ingle side Tx 78362	(361) 935-8142	6

SERVICE RECORD

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.

1 ☒ HEIGHT FEET 5 INCHES 3

2 ☒ ARE YOU A U.S. CITIZEN? YES ☒ NO ☐

3 ☒ 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

B

☒ WHAT FOREIGN LANGUAGES TO YOU SPEAK FLUENTLY? N/A READ FLUENTLY? N/A WRITE FLUENTLY? N/A

4 ☒ 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 ☒

5 OFFENSE LOCATION 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.

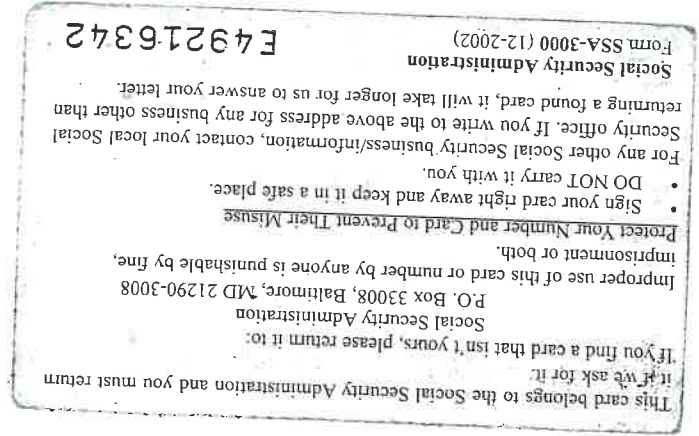
IF EMPLOYMENT IS OFFERED TO ME, I AGREE TO CONFORM TO AND FOLLOW ALL THE COMPANY'S RULES AND REGULATIONS. I ALSO AGREE ANY EMPLOYMENT OFFERED TO ME WILL BE "AT WILL" AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY EITHER ME OR THE COMPANY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS 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.

September 6, 2023

SIGNATURE

PAGE 4 OF 4

Kaylani Jimenez





Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 07/31/2026

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

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

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

Last Name (Family Name) <i>Jimenez</i>		First Name (Given Name) <i>Kaylani</i>		Middle Initial (if any) <i>S.</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>807 Parr Drive</i>		Apt. Number (if any)	City or Town <i>Alice</i>		State <i>Tx</i>	ZIP Code <i>78332</i>
Date of Birth (mm/dd/yyyy) <i>08/27/2003</i>	U.S. Social Security Number <i>633 880 548</i>		Employee's Email Address <i>JimenezKaylani03@gmail.com</i>		Employee's Telephone Number <i>817-658-0496</i>	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input checked="" type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee <i>Kaylani Jimenez</i>		Today's Date (mm/dd/yyyy) <i>09/06/2023</i>				
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.						

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

	List A	OR	List B	AND	List C
Document Title 1			<i>Drivers License</i>		<i>Social Security</i>
Issuing Authority			<i>Texas</i>		<i>Social Security Office</i>
Document Number (if any)			<i>44990778</i>		<i>633-88-0548</i>
Expiration Date (if any)			<i>8/27/29</i>		
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative <i>Sharp, Sandra Service Manager</i>			Signature of Employer or Authorized Representative <i>S. Sharp</i>		Today's Date (mm/dd/yyyy) <i>9/14/23</i>
Employer's Business or Organization Name <i>Select transportation Resources</i>			Employer's Business or Organization Address, City or Town, State, ZIP Code <i>9550 N. Loop East, Houston Tx 77029</i>		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 <p>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>

Acceptable Receipts

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

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

UNIFORM ACKNOWLEDGEMENT

I, Kaylani Jimenez, understand that my position requires me to wear the standard shop/parts uniform. Upon termination of my employment from SelecTransportation Resources, LLC or any of its affiliated companies, I agree to return all uniforms issued to me. If I do not return all uniform(s), the Company reserves the right to retain from my final paycheck, the sum equivalent of the replacement of the uniform(s).

Kaylani Jimenez
Employee Signature

9/6/23
Date

633-88-0548
Social Security Number

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

OMB No. 1545-1500

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

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Kaylani Jimenez Social security number ► 633-88-0548
Street address where you live 807 Parr Drive
City or town, state, and ZIP code Alice, Tx 78332
County Jim Wells County Telephone number (817) 658-0496
If you are under age 40, enter your date of birth (month, day, year) 08/27/2003

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Kaylani Jimenez

Date

9/6/23

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ► _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information	Was offered job	Was hired	Started job
_____	_____	_____	_____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ►**Title****Date**

Privacy Act and Paperwork Reduction Act Notice

Section references are to the *Internal Revenue Code*.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.

Learning about the law or the form 24 min.

Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

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

Kaylani S

Last name

Jimenez

(b) Social security number

633-88-0548

Address

807 Parr Dr

City or town, state, and ZIP code

Alice Tx 78332

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

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

Kaylani Jimenez

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

9/6/23

Date

**Employers
Only**

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

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 FURTHER AGREES THAT SERVICE OF ANY PROCESS, SUMMONS, NOTICE OR DOCUMENT BY U.S. REGISTERED OR CERTIFIED MAIL TO SUCH PARTY'S RESPECTIVE ADDRESS SET FORTH BELOW 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 PARAGRAPH 19. EACH OF THE PARTIES 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 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 have executed this Agreement as of the date below on which the last of the parties executes this Agreement.

SelecTransportation Resources, LLC

By: Sandra Sharp (signature)

Printed name: Sandra Sharp Address:

Date: 9/6/23 9550 N. Loop East, Houston, TX 77029

Employee

Kaylani Jimenez (signature)

Printed name: Kaylani Jimenez Address:

Date: 9/6/2023 801 Parr Drive
Alice Tx 78332



Benefits Administered by:



LAST NAME: Jimenez	FIRST NAME: Kaylani	EMPLOYEE ID:
ADDRESS: 807 Parr Drive		
CITY: Alice	STATE: TX	ZIP CODE: 78332
SOCIAL SECURITY NUMBER: 633-88-0548	DOB: 08/27/2003	GENDER: Female
CELL PHONE NUMBER: (817) 658-0496	MARITAL STATUS: Single	
DEPARTMENT: Admin	JOB TITLE: Porter	

MEDICAL AND DENTAL ELECTION

<u>PREMIUM HEALTH PLAN</u>	PER WEEK	<u>BASIC HEALTH PLAN</u>	PER WEEK	<u>DENTAL PLAN</u>	PER WEEK
<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: _____ Beneficiary Relationship: _____

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.

Kaylani Jimenez
EMPLOYEE SIGNATURE

09/06/2023
DATE

PAYCHECK DEDUCTION AUTHORIZATION

State law requires employers to have written consent from their employees before deducting any monies except applicable taxes from the employees' paychecks.

In compliance with the above, I, Kaylani Jimenez hereby authorize SelecTransportation Resources, LLC or any of its affiliate companies, to withhold the following from my paycheck.

Please indicate below the weekly deduction amounts being authorized by initialing below.

PREMIUM MEDICAL		BASIC MEDICAL	
<u>Coverage</u>	<u>Employee Cost</u>	<u>Coverage</u>	<u>Employee Cost</u>
Employee only	\$ 61.91 per week	Employee only	\$ 34.78 per week
Employee & Spouse	\$ 138.39 per week	Employee & Spouse	\$ 130.00 per week
Employee & Child(ren)	\$ 115.14 per week	Employee & Child(ren)	\$ 110.14 per week
Employee & Family	\$ 184.47 per week	Employee & Family	\$ 180.00 per week

NA

☐ Premium Medical – Employee only \$61.91 per week
☐ Premium Medical – Employee & Spouse \$138.39 per week
☐ Premium Medical – Employee & Child(ren) \$115.14 per week
☐ Premium Medical – Employee & Family \$184.47 per week

☐ Basic Medical – Employee only \$34.78 per week
☐ Basic Medical – Employee & Spouse \$130.00 per week
☐ Basic Medical – Employee & Child(ren) \$110.14 per week
☐ Basic Medical – Employee & Family \$180.00 per week

☐ Dental – Family \$3.74 per week
☐ Child Support (please provide Cause No. and Style)
☐ Other (please describe) _____

Kaylani Jimenez
Employee Signature

9/6/23
Date

ACKNOWLEDGEMENT OF TRAINING

I hereby acknowledge having watched SelectTransportaion 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.

Kaylani Jimenez
Signature

9/6/23
Date

Kaylani Jimenez
Printed Name

Sandra Sharp
Company Representative

EMPLOYEE CONTACT INFORMATION SHEET

☒ NEW

☐ UPDATE

Kaylani Jimenez

EMPLOYEE'S NAME

807 Parr Dr.

HOME ADDRESS

Alice, Tx 78332

CITY, STATE, ZIP CODE

Admin Porter

POSITION TITLE

Jason Graham

DEPARTMENT SUPERVISOR

KK

NICKNAME (IF ANY)

817-658-0496

CELL PHONE NUMBER

AT&T

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

HOME PHONE NUMBER

JimenezKaylani03@gmail.com

PERSONAL EMAIL ADDRESS

FAMILY DOCTOR CONTACT

Dr. Guevara

DOCTOR'S NAME

15406 Northwest Blvd

ADDRESS

361-232-4187

TELEPHONE NUMBER

Robstown, Tx 78380

CITY, STATE, ZIP CODE

EMERGENCY CONTACT (Primary)

Sandra Sharp

NAME

3933 Reagan Ln.

ADDRESS

Robstown, Tx 78380

CITY, STATE, ZIP CODE

Mother

RELATIONSHIP

361-500-9104

PHONE NUMBER

EMERGENCY CONTACT (Secondary)

Charles Sharp

NAME

3933 Reagan Ln

ADDRESS

Robstown, Tx 78380

CITY, STATE, ZIP CODE

Father

RELATIONSHIP

409-222-5461

PHONE NUMBER

DIRECT DEPOSIT AUTHORIZATION - PAYROLL & EXPENSE REIMBURSEMENT

Kaylani Jimenez
Name (please print)

633-88-0548
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

Capital One
Institution Name

031176110
ABA Routing # (9-digit number)

☒ Checking

☐ Savings

36144246701
Account Number

☐ Full Deposit

☐ Partial = \$

Account #2

☐ New

☐ Change

☐ Cancel

Institution Name

ABA Routing # (9-digit number)

☐ Checking

☐ Savings

Account Number

☐ Full Deposit

☐ Partial = \$

Account #3

☐ New

☐ Change

☐ Cancel

Institution Name

ABA Routing # (9-digit number)

☐ Checking

☐ Savings

Account Number

☐ Full Deposit

☐ Partial = \$

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.

Kaylani Jimenez
Signature of Employee

9/14/2023
Date



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.

Kaylani Jimenez 9/6/23 Kaylani Jimenez
Signature Date Printed name

I live at: 807 Parr Drive
Street address
Alice Tx 78332
City State Zip code

Name of employer: Select transportation resources

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.

Acknowledgment of Receipt of Employee Handbook

I have received and currently have in my possession a copy of SelectTransportation, Inc.'s ("STR" or the "Company") employee handbook. The employee handbook describes important information about STR, and I understand that I should consult Human Resources or my direct supervisor regarding any questions not answered in the handbook or any questions I have about STR's policies generally. I also understand that this employee handbook and the policies and procedures contained herein supersede any and all prior practices, oral or written representations, or statements regarding the terms and conditions of my employment with STR. I understand by distributing this employee handbook, STR expressly revokes any and all previous policies and procedures which are inconsistent with those contained herein.

I understand that, except for employment at-will status, any and all policies and practices may be changed at any time by STR, and the company reserves the right to change my hours, wages and working conditions at any time. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I understand and agree that employment and compensation may be terminated with or without cause and with or without notice at any time by STR or myself.

By signing below, I confirm that I have read and understand the policies and procedures included in the employee handbook.

Kaylani Jimenez
Employee Signature

9/6/23
Date

Election to Receive Electronic Notices

I understand by executing this Election to Receive Electronic Notices form, I consent to receive documents and notices relevant to my employment, benefits, and other items from STR by electronic delivery and through the STR Employee Portal (the "Portal"), which can be accessed at <http://www.selectmnsportation.com/employeeportal>. I acknowledge and consent to notice of items being uploaded to the Portal to be delivered to me via e-mail at my STR-provided email address. I expressly consent to receive electronic delivery of all employment-related documents, and notices that the law permits to be delivered electronically, including but not limited to the following: HIPAA notice of privacy practices, summary plan descriptions, summary annual reports, participant fee disclosure notices, summaries of material modification, summaries of benefits and coverage, and revisions and supplements to the employee handbook, which I have been advised are also posted on the Portal. I have been alerted to the existence of and instructions on how to access documents and notices posted to the Portal. Finally, I have been advised and understand that I may withdraw my consent for electronic receipt of notices and documents by notifying HR of my request in writing.

I understand that to access the portal I must have my employee identification number and a password. I further acknowledge that by signing below, I was provided my employee identification number and initial password to access the Portal. I further understand that it is my express obligation to always ensure that I know my employee identification number and password to access the Portal.

By signing below, I represent that I know how and have the ability to access the Portal as demonstrated by the fact I have already downloaded the medical and dental enrollment forms from the Portal and making my enrollment elections. Further, by signing below I represent that I have received, reviewed, and understand the items below:

- Employment and Business Ethics Agreement;
- Continuation Rights Under COBRA;
- Summary of Privacy Practices for STR's Welfare Benefit Plan;
- Detailed Notice of Privacy Practices for the STR's Welfare Benefit Plan;
- Notice to Employees Concerning Worker's Compensation in Texas;
- Notice of Injured Employee Rights & Responsibilities in the Texas Workers' Compensation System;
- Employee Rights and Responsibilities Under the Family Medical Leave Act (FMLA);
- New Health Insurance Marketplace Coverage Options and Your Health Coverage; and
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

Kaylani Jimenez
Employee Signature

Kaylani Jimenez
Employee Printed Name

9/6/2023
Date

999999

Employee Identification No.

Portal

Portal Password

Retain a copy of this form for your

To access your STR email account from home, go to: <http://mail.stltransportation.com/exchange>; username: 9999, password: portal, domain: (leave blank).

To access the Portal on the STR website, go to: www.electransportation.com/portal; username: [employee identification no]; password: [password used to clock in/clock out and to access your work station].