

**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 Juan Luis Gonzalez Social security number ► 645-84-6354

Street address where you live 350 E 4th st

City or town, state, and ZIP code Sinton TX 78387

County San Patricio Telephone number 361-222-5558

If you are under age 40, enter your date of birth (month, day, year) 02/12/03

- 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 ► 

Date 9/19/23

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.

UNIFORM ACKNOWLEDGEMENT

I, Juan Gonzalez, understand that my position requires me to wear the standard shop/parts uniform. Upon termination of my employment from SelectTransportation 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).



Employee Signature

9/19/23

Date

645-84-6354

Social Security Number

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

9/19/23

Date

Juan Gonzales

Printed Name

Sandra Sharp

Company Representative



Benefits Administered by:



LAST NAME: <u>Gonzales</u>	FIRST NAME: <u>Juan</u>	EMPLOYEE ID:
ADDRESS: <u>350 E 4th St</u>		
CITY: <u>Sinton</u>	STATE: <u>TX</u>	ZIP CODE: <u>78387</u>
SOCIAL SECURITY NUMBER: <u>645-84-6354</u>	DOB: <u>02/12/2003</u>	GENDER: <u>male</u>
CELL PHONE NUMBER: <u>361-222-5558</u>	MARITAL STATUS:	
DEPARTMENT:	JOB TITLE: <u>mechanic</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: _____ 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.

EMPLOYEE SIGNATURE

9/19/23

DATE

EMPLOYEE CONTACT INFORMATION SHEET

☒ NEW

☐ UPDATE

Juan Luis Gonzales

EMPLOYEE'S NAME

350 E 4th St

HOME ADDRESS

Sinton TX 78387

CITY, STATE, ZIP CODE

mechanic

POSITION TITLE

Sandra Sharp

DEPARTMENT SUPERVISOR

NICKNAME (IF ANY)

361-222-5558

CELL PHONE NUMBER

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

HOME PHONE NUMBER

Jx632x@gmail.com

PERSONAL EMAIL ADDRESS

FAMILY DOCTOR CONTACT

DOCTOR'S NAME

TELEPHONE NUMBER

ADDRESS

CITY, STATE, ZIP CODE

EMERGENCY CONTACT (Primary)

Deanna Gonzales

NAME

350 E 4th St

ADDRESS

Sinton TX 78387

CITY, STATE, ZIP CODE

MOM

RELATIONSHIP

361 437 8576

PHONE NUMBER

EMERGENCY CONTACT (Secondary)

Jose Gonzales

NAME

350 E 4th St

ADDRESS

Sinton TX 78387

CITY, STATE, ZIP CODE

Dad

RELATIONSHIP

361-437-8291

PHONE NUMBER

DIRECT DEPOSIT AUTHORIZATION - PAYROLL & EXPENSE REIMBURSEMENT

Juan Luis Gonzalez

Name (please print)

645-84-6354

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

Bank of America

Institution Name

111000025

ABA Routing # (9-digit number)

☐ Checking

☐ Savings

☒ Full Deposit

☐ Partial = \$

488084760043

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

9/19/23

Date

Employee's Withholding Certificate

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.

OMB No. 1545-0074

2023**Step 1:
Enter
Personal
Information**

(a) First name and middle initial

Juan L

Last name

Gonzales

(b) Social security number

Address

350 E 4th St

City or town, state, and ZIP code

Sinton TX 78387

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.



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

9/19/23

Date

**Employers
Only**

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (mm/dd/yyyy)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

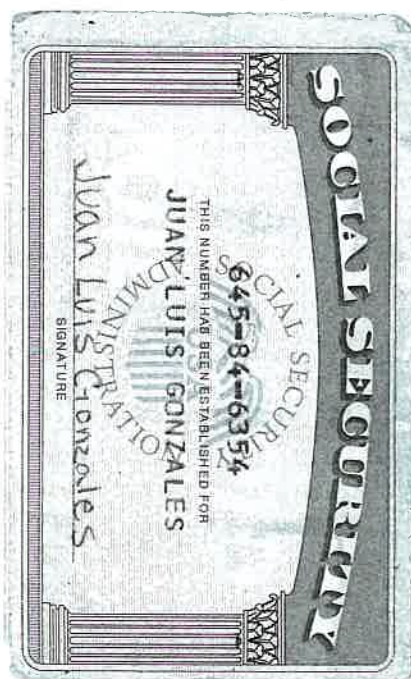
Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [**Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)**](#)

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			



This card is the official verification of your Social Security number.
Please sign it right away. Keep it in a safe place.
Improper use of this card or number by anyone is punishable by fine,
imprisonment or both.

This card belongs to the Social Security Administration and you must
return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your
local Social Security office. If you write to the above address for any
business other than returning a found card, it will take longer for us
to answer your letter.

Social Security Administration

Form SSA-3000 (6-99)

E39551526

20606746360

CLASS: C-Single or comb. exp. w/ GVWR ≤ 26,000 lbs. which transports placarded
HAZMAT or 2-14 pass, including driver
REST: G - TPC 543.424 applies until 02/1/92A

END: NONE

REV: 02/23/2020

Directive to physician
has been filed at TEL#

Emergency Contact#

Allergic reaction to
drugs:

DOB: 02/12/2003

TEXAS ROADSIDE ASSISTANCE: 1-800-525-5555

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: 9/19/23 9550 N. Loop East, Houston, TX 77029

Employee

Juan (signature)

Printed name: Juan Gonzalez Address:

Date: 9/19/23 350 E 4th St
Sinton TX

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.


Employee Signature

9/19/23
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)

Employee Signature

999999
Employee Identification No.

Employee Printed Name

Portal
Portal Password

Date

Retain a copy of this form for your

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

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



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.

 9/19/23 Juan Luis Gonzales
Signature Date Printed name

I live at: 350 E 4th St
Street address

Sinton TX 78387
City State Zip code

Name of employer: Freightliner

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 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) Gonzales		First Name (Given Name) Juan		Middle Initial (if any) L	Other Last Names Used (if any)				
Address (Street Number and Name) 350 E 4th St			Apt. Number (if any)	City or Town Sinton		State TX	ZIP Code 78387		
Date of Birth (mm/dd/yyyy) 02/12/2003	U.S. Social Security Number 645-84-6354		Employee's Email Address Jx632X@gmail.com			Employee's Telephone Number 361-222-5558			
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 <u>one</u> 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 								Today's Date (mm/dd/yyyy) 02/12/2003	

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			Drivers License		Social Security
Issuing Authority			State of Texas		Social Security
Document Number (if any)			44645284		645-84-6354
Expiration Date (if any)			2/12/2029		
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.

Last Name, First Name and Title of Employer or Authorized Representative Sharp, Sandra, Service Manager		Signature of Employer or Authorized Representative 		Today's Date (mm/dd/yyyy) 9/19/23
Employer's Business or Organization Name 9550 N Loop E Fwy		Employer's Business or Organization Address, City or Town, State, ZIP Code 9550 N Loop E Fwy Houston Tx 77029		

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.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



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	Gonzales Juan Luis		SOCIAL SECURITY NUMBER	645-84-6354	CURRENT DRIVER'S LICENSE #	44645284	TYPE OF LICENSE	C	STATE	TX
	LAST	FIRST	MIDDLE							
PRESENT ADDRESS	6162 Misty meadow		1105	corpus christi	TX	78413				
	STREET	APT. NO.		CITY	STATE	ZIP CODE				
PERMANENT ADDRESS	404 W Fulton st			Sinton	TX	78387				
	STREET	APT. NO.		CITY	STATE	ZIP CODE				
ARE YOU 18 YEARS OR OLDER?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO		PHONE NO.					
IN CASE OF EMERGENCY NOTIFY	Deanna		Sinton	TX	78387	361-437-8576				
	NAME	STREET	CITY	STATE	ZIP CODE	PHONE NO.				

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OF IMMIGRATION STATUS?

☐ YES

☒ NO

EMPLOYEMENT DESIRED

POSITION	FULL TIME PART TIME SUMMER OR TEMPORARY	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DATE YOU CAN START	9/5/23	SALARY DESIRED	
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER					
EVER APPLIED TO THIS COMPANY BEFORE?	NO		WHERE?		WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE?	NO		WHERE?		WHEN?	

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY?

WHO REFERRED YOU TO THIS COMPANY?

☐ 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	Sinton high school	4	yes		
COLLEGE	Delmar college	2	Not yet		Diesel mechanics
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:	
IF YOU DID NOT GRADUATE HIGH SCHOOL OR COLLEGE EXPLAIN:	
SEPCIAL SKILLS:	
CAN YOU TYPE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO; IF YES <u>45</u> W.P.M.	
DESCRIBE COMPUTER SKILLS & EXPERIENCE:	Auto cad Certification, Good Experience
ARE YOU WILL TO RELOCATE?	Willing to relocate

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

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER Bay Area Diesel 1826 16th St Houlport 78382
 STARTING DATE 4 2023 LEAVING DATE 9 2023
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY \$600
 JOB TITLE Technician
 NAME AND TITLE OF SUPERVISOR Michael (Supervisor)
 DESCRIPTION OF WORK Mechanic work REASON FOR LEAVING Didn't work out
 WERE YOU EVER DISCIPLINED OR WARNED FOR ABSENTEEISM OR TARDINESS ☐ YES ☒ NO; IF YES EXPLAIN

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER Auto Nation Chevy 6650 S Padre Island DR
 STARTING DATE 2 2023 LEAVING DATE 4 2023
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY \$475
 JOB TITLE Lube Tech
 NAME AND TITLE OF SUPERVISOR Randy (Boss)
 DESCRIPTION OF WORK Mechanic work REASON FOR LEAVING Left for diesel experience
 WERE YOU EVER DISCIPLINED OR WARNED FOR ABSENTEEISM OR TARDINESS ☐ YES ☒ NO; IF YES EXPLAIN

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER Home Depot 5041 S Padre Island Dr
 STARTING DATE 1 2022 LEAVING DATE 4 2023
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY \$300
 JOB TITLE Lumber associate
 NAME AND TITLE OF SUPERVISOR Jeff (Supervisor)
 DESCRIPTION OF WORK Customer service REASON FOR LEAVING Left for shop experience
 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? 5

How many times have you been late for work (or school) in the last two years? 2

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
Glen Davis	N/A	361-774-5192			2
Michael	N/A	361-332-9360			1
Joy Steckler	N/A	361-945-5860			1
Robert Graham	N/A	361-445-6191			3

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.

- ☒ HEIGHT FEET 5 INCHES 8
- ☒ 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?

-
-
-

- ☒ WHAT FOREIGN LANGUAGES TO YOU SPEAK FLUENTLY? _____ READ FLUENTLY? _____ WRITE FLUENTLY? _____
- ☒ 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

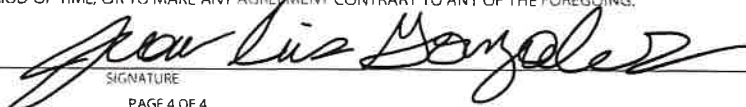
AUTHORIZATIONS

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.

9/5/23

DATE



SIGNATURE

PAGE 4 OF 4

NEW HIRE CHECKLIST

Juan Luis Gonzales
Name

Service Department
Location/Department/Title

645-84-6354
Social Security Number

9/19/23
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 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
<u>N/A</u>	Attendance Calendar made and copy issued to a Supervisor
<u>N/A</u>	Keys to be issued: _____
<u>N/A</u>	Long Distance Code to be issued? Y _____ N _____
<u>N/A</u>	Business Cards to be printed? Y _____ N _____
<u>N/A</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