



Field Employment Application
RIGGS DISTLER & Co., Inc.
4 Esterbrook Lane, Cherry Hill, NJ 08003

A CENTURI COMPANY

THIS APPLICATION WILL REMAIN ACTIVE FOR 6 MONTHS FROM THE DATE OF APPLICATION

**DIRECTIONS: PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY.
PLEASE MAKE SURE TO COMPLETE ALL SECTIONS OF THE FORMS AND
YOUR HANDWRITING IS CLEAR AND LEGIBLE.**

Personal Data

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Employee Phone Number: _____

Employee Email: _____

Employment Eligibility Verification:

Are you legally eligible to work in the United States? YES _____ NO _____

***If No, will you now or in the future require visa sponsorship for employment at

Riggs Distler & Co., Inc? YES _____ NO _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Employer Section: (Hiring Supervisor must complete all items in the section below)

Date of Hire: _____

• Will this be employee be using a CDL License to drive Riggs Distler at any time? YES _____ NO _____

***If yes, Driver's Application for Employment MUST be completed.

• Will this employee be driving a Company Vehicle at any time? YES _____ NO _____

Job Title: _____ Union # _____ Class: _____ Rate: _____

Project Name: _____

Job Number: _____ Department Number: _____

Supervisor's Name: _____ Supervisor's Title: _____

Employed by authority of: _____

(Name)

(Title)

RIGGS DISTLER & Co, Inc. is an Equal Opportunity Employer

Rev 01/05/22

Policy Regarding Drugs, Alcohol, & Prescriptions

A) ILLEGAL DRUGS

- a. The use, sale, or possession of an illegal drug or controlled substance will result in termination
- b. The use, sale, purchase, possession, transfer, trade, or delivery of illegal drugs or controlled substances by an employee while on Company or Customer property or while performing Company business, will result in termination and referral to appropriate law enforcement authorities.
- c. Employees are prohibited from being under the influence of any illegal drugs or controlled substance during work hours. Violators shall be subject to termination.

B) PRESCRIPTION DRUGS

- a. No prescription drug shall be brought on Company premises or customer properties by any person other than the person for whom the drug is prescribed by a licensed medical practitioner. Such drugs shall be used only by the persons for whom they are prescribed and in the manner, combination, and quantity prescribed.

C) ALCOHOL OR ALCOHOLIC BEVERAGES

- a. "Alcohol" means any substance (other than drugs) capable of altering the mood, perception, pain level or judgment of the individual consuming it.
- b. No alcohol or alcoholic beverages will be brought onto or consumed upon Company premises or on customer properties while on duty. Violators shall be subject to termination.
- c. Employees are prohibited from being under the influence of alcohol or alcoholic beverages during working hours. Violators shall be subject to termination.

D) GENERAL DEFINITIONS

- a. "Drug" means any substance (other than alcohol) capable of altering the mood, perception, pain level or judgment of the individual consuming it.
- b. "Prescribed drug" means any substance prescribed by a licensed medical practitioner for the individual consuming it.
- c. "Illegal drug" means any drug or controlled substance, the sale or consumption of which is illegal.

Employment Drug/Alcohol Testing Acknowledgement

RIGGS DISTLER & Co., Inc. is committed to maintaining a drug-free workplace. Therefore, all candidates for employment (applicants to whom a contingent offer of employment has been made) are required to complete a test for drug and alcohol use, by an administrator of the Company's choice. Employment is contingent upon a candidate's submission to and successful completion of test.

Have you been informed of the drug and alcohol policy established by the company, and do you understand them? YES initials NO initials

Hazard Communication Acknowledgement

My signature below acknowledges that I have been informed of the OSHA Hazard Communication Rule 29 CFR 1910.1200 & 1926.59. I understand that under the guidelines of this rule, I have the right to review Safety Data Sheets (SDSs) for any and all hazardous substances that I may be exposed to in the workplace. I have also been informed on the location of SDS's on the jobsite and that I may call toll free 1-877-451-6919 to request a specific Safety Data Sheet or speak to a medical professional for additional information regarding proper personal protective equipment and safety precautions to be taken when the potential for exposure to hazardous substances exists.

Do you understand your rights to have access to or to receive copies of information pertaining to chemical and environmental safety? Have you been made aware of the location of SDSs and how to gain any additional information that you feel may be required in order to help you work in a more safe manner with those materials? YES initials NO initials

Commitment to Safety

Have you been informed of the company's safety rules and regulations as they pertain to the scope of work related to this job and do you believe that you will be able to carry out all the essential functions of the job for which you are being asked to perform in a safe and compliant manner? YES initials NO initials

If no, which functions do you believe that you will be unable to perform, with or without reasonable accommodation? _____

Do you agree to report all injuries, illnesses, and all unsafe or hazardous conditions to your supervisor immediately upon discovery? YES initials NO initials

Applicant EEO 1 Data Sheet

Please complete this Applicant EEO-1/VETS 100A Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name _____			Social Security # (last 4 digits) _____
Last	First	MI	
Position for which you are employed or applied: _____			Date: _____

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Gender: ☐ Male ☐ Female

Please check the EEO Identification Group that **best** applies to you:

- ☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.
- ☐ **I don't wish to answer**

Applicant EEO 1 Data Sheet

Disabled Individuals

Please indicate the category that applies to you:

☐

Individual with a Disability

An "individual with a disability" is defined as a person who:

- Has a physical or mental impairment or a medical condition which substantially limits one or more of your major life activities;
- Has a history or record of such an impairment; or
- Is regarded as having such an impairment.

Disabilities include, but are not limited to:

- | | | | |
|-------------|----------------------|--|--|
| • Blindness | • Autism | • Bipolar disorder | • Post-traumatic stress disorder (PTSD) |
| • Deafness | • Cerebral palsy | • Major depression | • Obsessive compulsive disorder |
| • Cancer | • HIV/AIDS | • Multiple sclerosis (MS) | • Impairments requiring the use of a wheelchair |
| • Diabetes | • Schizophrenia | • Missing limbs or partially missing limbs | • Intellectual disability (previously called mental retardation) |
| • Epilepsy | • Muscular dystrophy | | |

☐

Individual without a disability

☐

I don't wish to answer

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Veterans

Please indicate the category or categories that apply to you:

☐

Disabled Veteran

A —disabled veteran is defined as:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or
- A veteran who was discharged or released from active duty because of a service connected disability.

☐

Recently Separated Veteran

A —recently separated veteran is defined as any veteran who has been discharged or released from active duty in the U.S. military, ground, naval or air service in the past three years.

☐

Armed Forces Services Medal Veteran

An —armed forces service medal veteran is defined as a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an armed services medal was awarded pursuant to executive Order 12985.

☐

Other Protected Veteran

A veteran who served on active duty in the U.S. Military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

☐

Not a Veteran

Do you believe you will be able to carry out all the functions of the job for which you are being asked to perform in a safe and compliant manner?

Yes _____
initials

No _____
initials

If NO, which functions do you believe you will be UNABLE to perform, with or without a reasonable accommodation?

Applicant's Acknowledgement

RIGGS DISTLER & Co., Inc. is an "Employer At Will" and considers all applications without regard to race, religion, color, sex, age, marital status, national origin, disability, Vietnam era or other veteran status.

I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave or be terminated at any time, with or without cause. If terminated, I authorize **RIGGS DISTLER & Co., Inc.** to deduct, to the extent permitted by law, any amount which I may owe to it from any amount which **RIGGS DISTLER & Co., Inc.** may owe me. I understand that no representative of **RIGGS DISTLER & Co., Inc.** has any authority to offer or to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify that I am able to carry out all essential functions of the job for which I am being asked to perform in a safe and compliant manner.

I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. I understand that any false, inaccurate, or omitted statements of a material fact could be a cause for rejection of my application or termination of my employment at any time.

I have read, understand and by my signature consent to these statements.

Signature of Applicant

Print Name of Applicant

Date



A CENTURI COMPANY

New Hire Orientation Program ***Riggs Distler & Company, Inc.***

Signature Page

I, _____ do hereby acknowledge the fact that a duly authorized representative of Riggs Distler & Company, Inc. (whose name appears below) has taken the time to describe and discuss each of the safety and administrative rules, regulations, and procedures appearing in this document, and the manner in which those policies apply to the work that I have been hired to perform on behalf of the Company.

By signing this document, I am confirming that I understand that which has been explained to me, and that I will agree to abide by these, and all other occupational health and safety rules applicable to my duties and responsibilities.

By signing this document, I further understand that I will be subject to disciplinary actions (up to and including termination) when it has been determined that my disregard for established procedures, or carelessness has resulted in damages to equipment or apparatus owned by the Company.

I am also acknowledging my awareness and understanding of the Company's Progressive Discipline Policy, and what actions might be taken against me should I be unwilling to abide by the rules described therein.

I have also been made aware of, and agree to abide by, the Harassment, Sexual Harassment, and Alcohol & Substance Abuse Testing Policies, a copy of which has also been given to me as a part of this orientation.

I will also agree to immediately report all personal injury or property damage incidents to my immediate supervisor, and to follow whatever instructions I might be given in order to bring those matters to closure.

Orientation Supervisor Name (print)

Employee Name (print)

Orientation Supervisor signature

Employee signature

Position & Location where employee assigned

Date of Orientation

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.

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Please Check 1 box here

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, when to use the estimator at www.irs.gov/W4App, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .	4(c)	\$

Step 5:
Sign Here

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

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

Date

Employers Only	Employer's name and address	First date of employment	Employer 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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead 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 2022 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.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



- A CENTURI COMPANY

SECTION 1 – Employee Information and Attestation

1. Only the employee can complete Section 1. Any employee information that is not applicable, such as Middle Name, Apt. # or Other Last Names Used should be marked N/A.
2. In the Attestation section the employee indicates their citizenship status by checking one of the four boxes. Only one box may be checked. The employee is required to complete this section but the employer must ensure it is completed correctly.
3. The employee must sign and date the form.
4. If an employee is not using a preparer or translator they must check the box that says I did not use a preparer or translator. If a preparer and/or translator is used they must check the box that indicates they are assisting the employee with the form.
5. The Preparer or Translator is required to complete the information at the bottom of section one. Even if a preparer or translator is used, the employee is still required to sign the I-9 in the Employee Signature section.

SECTION 2 – Employer or Authorized Representative Review & Verification

1. Every employee from Section 1 – Complete Last Name, First Name and Middle Initial as it appears in Section 1. If the employee does not have a middle initial use N/A. For Citizenship/Immigration Status write in the number of the box selected in Section 1 (Example: Write 1 if the employee selected **is a Citizen of the United States**).
2. Every employee is required to present acceptable **original** documents within **3 business days** of the date employment begins. That means, if an employee begins work on Monday, they must provide original documents on or before Thursday of that same week. If you are hiring someone for less than 3 days, you must complete Section 2 on the first day of employment.
 - o All documents must be unexpired and **photo copies are not acceptable**.
 - o You may not tell the employee which documents to present. A list of acceptable document is found on page 3 or 3 of Form I-9 and should be given to the employee.
 - o You must inspect the original document(s) and a photo-copy should be made and attached to the Form I-9.
 - o Don't attach voided checks to the Form I-9.



COMPLETING FORM I-9

SECTION 2 (Continued)

To satisfy the requirement, an employee may present (1) document from List A or a combination of (1) document from List B and (1) document from List C.

3. Employees first day of employment.
4. The employer must complete the Certification section by providing:
 - o Signature of employer or authorized representative
 - o Today's date
 - o Title of Employer or Authorized Representative, Printed First Name and Last Name
 - o Business Name and Address

SECTION 3 – Reverification and Rehires

5. Riggs Distler will have all rehires complete a new I-9. Reverification is necessary when an employee has an expiring immigration document that must be verified.

Correcting Errors

If you need to correct an error on the Form I-9, draw a line through the mistake and write in the correct information. Initial and date the correction. Do not use white out.

**If you have any question regarding completion of this form,
please contact the Human Resources Department.**

Email: HR@riggsdistler.com

Phone: (856) 479-9188



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

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

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name Riggs Distler and Co., Inc.	
Employer's Business or Organization Address (Street Number and Name) 4 Esterbrook Lane	City or Town Cherry Hill	State NJ	ZIP Code 08003

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)		
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.				
Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative Riggs Distler and Co., Inc.		

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



PA RESIDENTS ONLY

RESIDENCY CERTIFICATION FORM Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER			
STREET ADDRESS (No PO Box, RD or RR)						
SECOND LINE OF ADDRESS						
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER			
MUNICIPALITY (City, Borough or Township)						
COUNTY	RESIDENT PSD CODE		TOTAL RESIDENT EIT RATE			

EMPLOYER INFORMATION - EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN			
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)						
SECOND LINE OF ADDRESS						
CITY	STATE	ZIP CODE	PHONE NUMBER			
MUNICIPALITY (City, Borough or Township)						
COUNTY	WORK LOCATION PSD CODE		WORK LOCATION NON-RESIDENT EIT RATE			

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

SIGNATURE OF EMPLOYEE			DATE (MM/DD/YYYY)		
PHONE NUMBER		EMAIL ADDRESS			

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com



A CENTURI COMPANY

PROGRESSIVE DISCIPLINE POLICY

Riggs Distler & Company, Inc.
Revised December, 2019

Acknowledgement

I have read and understand the Riggs Distler & Company, Inc. Progressive Discipline Policy.
I further understand that not following the Company or client's rules and regulations will
result in disciplinary action up to and including discharge.

Print Name

Signature Date

Witness Date

Driver Acknowledgement of Policies - Vehicle Agreement II for Non-Take Home Vehicle

1. The company has provided me with a copy of the policies defining use of company vehicles, and a company official has reviewed these policies with me. I understand the policies and agree to comply with them.
2. I have received an accident reporting kit and have been trained on its use in the event of an accident. I agree to comply with its instructions and understand it is my responsibility to inform my direct supervisor as soon as possible following any accident or incident. I further understand that it is my responsibility to notify proper law enforcement agencies as soon as possible and to prepare a written report describing the accident events.
3. I agree not to operate any company vehicle while under the influence of alcohol or drugs. I fully understand that, should I be found operating a company vehicle while under the influence of alcohol or drugs, it shall constitute grounds for immediate revocation of driving privileges.
4. I agree to abide by all federal, state, and local laws and ordinances regarding the operation and storage of the company-assigned vehicle. I understand it is my responsibility, as a holder of a driver's license, to remain informed of, and to fully comply with, current and future laws and ordinances governing the operation and storage of motor vehicles.
5. I understand that I must report to the company any suspension, revocation, or cancellation of my driver's license at the beginning of the business day following the day I received notice of the suspension, revocation, or cancellation.
6. I agree to allow the company to request copies of my Motor Vehicle Report as often as the company sees fit.
7. I understand that my use of any company vehicle may be revoked or restricted in accordance with the provisions outlined by the company policies, which I have read and reviewed.
8. Should the revocation or suspension of these privileges affect the performance of my assigned job responsibilities, I understand that this will constitute grounds for suspension without pay or dismissal from my position.

CERTIFICATION:

Employee Name (Print)

Employee Signature

Date

Supervisor/Witness Signature

Date

IMPACT FUEL CARD POLICY

This document sets forth Riggs Distler & Company's (the "Company") policy regarding the use of IMPAC Fuel Cards. Execution and acknowledgment of this policy by employees is a prerequisite to being provided a personal information number (PIN) and the use of any Company issued IMPAC Fuel Card.

The following policies and statements are acknowledged and agreed as is evidenced by the employee's signature below:

1. The Company's IMPAC Fuel Card is to be used strictly for the purchase of **REG Unleaded or Diesel Fuels.**
2. I understand that each IMPAC Fuel Card is assigned to an individual Company vehicle or a specific fueling purpose and it is prohibited to use an IMPAC Fuel Card other than for its intended purpose. Using the IMPAC Fuel Card for any purpose other than the purchase of fuel for the Company or for a Company vehicle shall be considered theft of Company property and may result in my employment being terminated for cause.
3. My PIN will work with any IMPAC Fuel Card issued by the Company. My PIN identifies me by name on a weekly fuel report and that I am accountable for all transactions made using an IMPAC Fuel Card. I will not share my PIN with anyone and if I believe someone else knows my PIN, I will immediately notify my supervisor and the Company's fleet manager.
4. When an IMPAC Fuel Card is used I am required to completely fill the vehicle's fuel tank and enter an accurate odometer reading to permit the Company to monitor fuel usage and track required maintenance intervals of Company vehicles.
5. IMPAC Fuel Cards will be kept in either the glove box or console of the Company vehicle at all times.

Employee Name: (Print) _____ PIN: _____

Signature: _____ Date ____ / ____ / ____



A CENTURI COMPANY

Covered Employee Acknowledgement

I, the undersigned employee of Riggs Distler & Company, Inc. do hereby acknowledge that I have been provided a copy of this Alcohol, Drug, and Contraband Policy, and I further acknowledge that the intent of this policy has also been explained to me as a part of my New Hire Orientation on the date indicated below.

I understand that disciplinary actions – up to, and including my termination of employment – will result if I violate this policy, or any provision therein.

I further understand that my violating this policy will prohibit me from gaining access to specific job locations as well.

Employee Name – Print

Last 4 Digits of Social Security Number

Employee Signature

Date Signed

Employer Representative Name

Title/Position

Employer Representative Signature

Date Signed

Consent & Authorization for Disclosure to Clients of Riggs Distler & Company, Inc. of Alcohol and Drug Test Results and Related Information

I, the undersigned do hereby consent to the disclosure by Riggs Distler & Company, Inc. (and its agents), including, but not limited to, any collection and testing agencies of the test results identified above and any related information to the Clients of Riggs Distler & Company, Inc. and its authorized agents, assigns, or representatives.

Employee Name – Print

Last 4 Digits of Social Security Number

Employee Signature

Date Signed



New Hire Video Acknowledgement

A CENTURI COMPANY

I verify that I have watched Riggs Distler's new hire videos, have asked questions about any piece of information I do not understand, and have had those questions answered to my satisfaction.

I have watched:

_____ The human resources video

_____ The general safety video

_____ The video for my specific discipline

Circle one: Overhead Lines Underground Lines Mechanical Electrical

In addition, I understand that some information in the video has changed. In particular, I understand:

_____ I will be informed if the host utility for my project does not require insulated buckets to be grounded

_____ Because of a change to OSHA language effective July 10, 2014, employees working on or near energized electrical equipment must wear work boots with an electrical hazard rating

_____ Because of a change to OSHA language effective April 15, 2015, the height at which fall protection is required during construction work has changed from six feet to four feet

Print name

Signature

Date



A CENTURI COMPANY

ANTI-HARASSMENT AND DISCRIMINATION POLICY ACKNOWLEDGMENT FORM

I acknowledge that I have received a copy of, and have read and understand, the Company's Anti-Harassment and Discrimination Policy.

Signature

Please Print or Type Name of Employee

Date



Riggs Distler & Company, Inc.
4 Esterbrook Ln
Cherry Hill, NJ 08003
Phone (856) 433-6000 FAX (856) 433-6035

A CENTURI COMPANY

MANDATORY DIRECT DEPOSIT FORM

All employees are required to complete the form and provide a voided check and/or a bank letter stating their account and ABA routing numbers.

Employee Authorization for Electronic Direct Deposit of Payroll Wages

- ☐ New direct deposit
☐ Change to an existing direct deposit
☐ Cancellation of deposit

I authorize Riggs Distler & Company, Inc. to deposit my wages to my account(s) indicated below.

Employee Name: _____ Social Security Number: _____

Bank #1 ☐ Checking ☐ Savings Amount \$/or Entire

Bank Name:			
State:			
Routing Number:	Account Number:		

Bank #2 ☐ Checking ☐ Savings Amount \$/or Entire

Bank Name:			
State:			
Routing Number:	Account Number:		

It is agreed that any corrections that need to be made to your paycheck will occur in the following week's pay period. Any over payments will be refunded to Riggs Distler & Company, Inc immediately or will be deducted from your pay in the following pay period.

Please return to the Payroll Department.

Signature _____ Date _____

Work phone: _____ Home phone: _____

Under One Hat One Contract-One Responsibility

PENNSYLVANIA RIGHTS & DUTIES

NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS

Your employer has selected a list of 6 or more physicians and other health care providers who are able to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted at the JOB SITE OFFICE for you to view. Also, you may get a copy of this list from your JOB FOREMAN.

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f.1)(1)(i) of the Pennsylvania Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

MEDICAL TREATMENT: DURING THE FIRST 90 DAYS

- You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.
- You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.
- You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.
- You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.
- If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow.
If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.

IMPORTANT: The requirements your employer must meet to have a valid list of at least 6 providers are shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

MEDICAL TREATMENT: AFTER THE FIRST 90 DAYS

- You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.
- You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given this notice.

Your signature on this form indicates that you have been informed of and you understand these rights and duties. **If you have questions, be sure you have your rights and duties explained to you before signing this form.**

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESS. THIS NOTICE WAS PRESENTED TO ME AT (check one):

() TIME OF HIRE

() WHEN I WAS INJURED

() OTHER

Print Name – Employee

Print Name – Employer Representative

Employee Signature

Employer Representative Signature

Riggs Distler & Co, Inc. 4 Esterbrook Lane, Cherry Hill, NJ 08003 (856) 433-6000



— A CENTURI COMPANY

Pennsylvania Workers' Compensation Information

Dear Employee:

The Pennsylvania Department of Labor and industry requires that employers provide the following workers' compensation notice to every employee at the time of hire and the time of injury. This notice is meant to provide employees with the opportunity to learn basic workers' compensation information that otherwise may be difficult to obtain.

Workers' Compensation Information

1. The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.
2. Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.
3. You must report immediately, any injury or work-related illness to your employer.
4. Your benefits could be delayed or denied if you do not notify your employer immediately.
5. If your claim is denied by your employer, you have the right to request a hearing before a Workers' Compensation Judge.
6. The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at: Bureau of Workers Compensation, 1171 South Cameron Street, room 103, Harrisburg, Pa 17194-2501; telephone within Pennsylvania (800)482- 2383; telephone outside of this Commonwealth (717-772-4447); TTY (800) 362-4228 (for hearing and speech impaired only); www.state.pa.us PA keyword: workers comp.



BACKGROUND CHECK APPLICANT INFORMATION

A CENTURI COMPANY

In order for Riggs Distler & Co., Inc. to conduct background checks on its applicants, each applicant must provide the following information. Failure to answer these questions fully and truthfully may result in the rejection of your application or, if discovered subsequent to your hire, termination of your employment.

1. **Name** _____
First Middle (Full) Last Maiden

Social Security Number: _____ ***Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Since (date): _____

* Date of birth is necessary to verify accuracy of background information. The Federal Age Discrimination in Employment Act of 1967 and the New Jersey Law against Discrimination prohibits discrimination on the basis of age.

2. **Employee's Previous Residences:** Please set forth below the address of each of your residences for the past five (5) years.

Address	from mo/yr.	to mo/yr.	Type of Residence (Apt./Hotel/Home)

3. **Driver's license number:** _____ **State issuing license:** _____ **License Class:** _____

Signature: _____

Date: _____



A CENTURI COMPANY

BACKGROUND CHECK DISCLOSURE

and

AUTHORIZATION AND RELEASE FOR RELEASE OF RECORDS

IMPORTANT - PLEASE READ AND SIGN THE FOLLOWING:

I am applying for employment with Riggs Distler & Co., Inc. I acknowledge that I have been notified by Riggs Distler & Co., Inc. that it will obtain my consumer report in connection with this application and, if I am offered employment, may obtain reports during employment. I understand that the report generated may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that Riggs Distler & Co., Inc. or its authorized agents may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with Riggs Distler & Co., Inc.'s consideration of me for employment or continued employment with Riggs Distler & Co., Inc., and give my full consent for this information to be obtained. I understand that this information will be used to evaluate me for possible or continued employment.

The Fair Credit Reporting Act entitles me to know if an adverse employment decision is made based on this information obtained from a Consumer Reporting Agency. If any adverse employment decision is made based on this information, I will be advised. I will also be given the name of the agency or source which provided the information, a copy of the information and a summary of my rights under the Fair Credit Reporting Act.

By my signature below, I authorize Riggs Distler & Co., Inc. to obtain a consumer report from any consumer reporting agency in order to obtain the information described above for purposes of considering me for possible or continued employment.

Signature: _____

Date: _____



pennsylvania
DEPARTMENT OF TRANSPORTATION

REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

☐ BASIC INFORMATION: \$11.00 FEE (Driver history is not included)

☐ 3 YEAR DRIVER RECORD: \$11.00 FEE

☒ 10 YEAR DRIVER RECORD: \$11.00 FEE (Employment Purposes Only)

☐ FULL HISTORY: \$11.00 FEE

☐ CERTIFIED DRIVER RECORD: \$36.00 FEE

☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$11.00 FEE

☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$36.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.dmv.pa.gov

A REQUESTER INFORMATION

NAME/COMPANY

Datalink Services, Inc.

ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.

2081 Arena Blvd. ST. 190

CITY STATE ZIP CODE

Sacramento CA 95834

DAYTIME TELEPHONE NUMBER (REQUIRED) **(866) 454-3238**

RELATIONSHIP TO DRIVER (REQUIRED) **Vendor**

SIGNATURE **X**

NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD

C DRIVER INFORMATION

NAME: LAST FIRST INITIAL

ADDRESS

CITY

STATE ZIP CODE

PHONE NUMBER

DATE OF BIRTH

DRIVER NUMBER

MONTH DAY YEAR

E DRIVER RELEASE

I _____ hereby request

NAME OF DRIVER

the Department of Transportation to furnish a copy of my PA Driver's Record to **Datalink Services, Inc.**

NAME OF PERSON/COMPANY

X

SIGNATURE OF DRIVER

DATE

F MICROFILM

TYPE OF DOCUMENT

DATE OF VIOLATION

(see list of available documents below)

Documents Available:

- Citations
- Court Certifications
- Applications
- License Renewals
- Judgments
- Suspension Credit Affidavits
- Ignition Interlock Removal Letter
- Suspension/Revocation Letters
- Restoration Letters
- Rescind Letters
- Department Hearing or Exam Notice

MESSENGER NO.

B END USER OF INFORMATION BEING REQUESTED

NAME/COMPANY

Riggs Distler & Co, INC

ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence

4 Esterbrook Lane

CITY STATE ZIP CODE

Cherry Hill NJ 08003

DAYTIME TELEPHONE NUMBER (REQUIRED) **(856) 433-6000**

RELATIONSHIP TO DRIVER (REQUIRED) **Employer**

D AFFIDAVIT OF INTENDED USE

Intended Use of the Information Requested: CHECK ONLY ONE

- ☐ **B = Driver Release** (Driver must complete Section E.)
- ☐ **C = Credit Business** (Legitimate Business need in connection with a business transaction initiated by the driver.)
- ☐ **C = Credit Potential Investor, Server or Current Insurer** (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)
- ☒ **E = Employment** (To support the hiring or the continuation of employment. Driver must complete Section E.)
- ☐ **R = Insurance Company** requesting record of person it intends to insure, now insures, or has rejected for insurance.
- ☐ **K = Court Order** must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order).
- ☐ **L = Attorney** representing driver identified in Section C (Driver must complete Section E.)

I hereby Certify that _____

PRINTED NAME OF REQUESTER

will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.

X

SIGNATURE OF REQUESTER

Title _____

SUBSCRIBED AND SWORN

TO BEFORE ME: MONTH DAY YEAR

X

SIGNATURE OF PERSON ADMINISTERING OATH

NOTARIZATION

S
E
A
L

SIGN IN PRESENCE OF NOTARY

Voluntary CONFIDENTIAL Survey

This page MUST be kept on the jobsite in a LOCKED location. It MUST also be destroyed upon job completion.

Do not copy or send this form to the home office.

Emergency Personal Information

Employee Name _____

Do you wear Contact Lenses? ☐ Y ☐ N

Do you currently take Prescription Drugs? ☐ Y ☐ N
If Yes, which one(s)?

Are you allergic to any drugs? ☐ Y ☐ N
If Yes, which one(s)?

If you require medical attention, are there
any medical conditions that emergency
personnel should be made aware of? ☐ Y ☐ N
If Yes, which one(s)?

Personal Physician:

Dr. _____ Phone #: _____

Address: _____

In the event of emergency notify:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Refuse to Complete: _____ Date: _____
(Signed by Employee or Supervisor)