

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

				DATE
NAME				SOCIAL SECURITY NUMBER
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE NO.		ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes <input type="checkbox"/> No <input type="checkbox"/>				

LAST

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
REFERRED BY		

FIRST

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

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

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)
 IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A
 CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE
 SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant _____

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S 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 THE FOREGOING."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: Yes No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

EMPLOYMENT MANAGER

2.

DEPT. HEAD

3.

GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
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





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

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 	OR	<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 <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

Joyce Van Lines (the "Company") may request, for lawful employment, motor carrier safety and/or regulatory purposes (e.g. FMCSR Sections 382.413 and 391.23), background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

NTCI, its agents or another consumer reporting agency, will prepare or assemble the background reports for (the "Company"). NTCI is located at 400 Lafayette Rd., Noblesville, IN 46060 and can be contacted by phone (317) 770-0953

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and other information sources. If the "Company" should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES: Please also note additional information on back side of form:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. HireRight has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, HireRight may require additional information concerning your employment and personal or family history to verify your identity.



Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by NTCI, its agents or other consumer reporting agencies, and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any background reports that may be requested by or on behalf of the "Company".

California Applicants:

Please check this box you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name: _____ First Name: _____ Middle: _____

Address : _____ City _____

State _____ Zip Code _____ Phone _____

Driver License Number _____ Issuing State: _____ Expiration Date _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Applicant Signature: _____ Date: _____

Form W-4 (2018)

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

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

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2004 tax return.

1 Enter an estimate of your 2004 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2004, you may have to reduce your itemized deductions if your income is over \$142,700 (\$71,350 if married filing separately). See Worksheet 3 in Pub. 919 for details.) 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$9,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,150 \text{ if head of household} \\ \$4,850 \text{ if single} \\ \$4,850 \text{ if married filing separately} \end{array} \right\}$ 2 \$ _____

3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$ _____

4 Enter an estimate of your 2004 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from Worksheet 7 in Pub. 919) 5 \$ _____

6 Enter an estimate of your 2004 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. Enter the result, but not less than "-0-" 7 \$ _____

8 Divide the amount on line 7 by \$3,000 and enter the result here. Drop any fraction 8 _____

9 Enter the number from the Personal Allowances Worksheet, line H, page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earner/Two-Job Worksheet (See Two earners/two jobs on page 1.)

Note: Use this worksheet only if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1 _____

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here 2 _____

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____

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

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 Subtract line 5 from line 4 6 _____

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here 7 \$ _____

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 2004. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2003. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly			Married Filing Jointly			All Others	
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$40,000	\$0 - \$4,000	0	\$40,001 and over	31,001 - 38,000	6	\$0 - \$6,000	0
	4,001 - 8,000	1		38,001 - 44,000	7	6,001 - 11,000	1
	8,001 - 17,000	2		44,001 - 50,000	8	11,001 - 18,000	2
	17,001 and over	3		50,001 - 55,000	9	18,001 - 25,000	3
\$40,001 and over	\$0 - \$4,000	0		55,001 - 65,000	10	25,001 - 31,000	4
	4,001 - 8,000	1		65,001 - 75,000	11	31,001 - 44,000	5
	8,001 - 15,000	2		75,001 - 85,000	12	44,001 - 55,000	6
	15,001 - 22,000	3		85,001 - 100,000	13	55,001 - 70,000	7
	22,001 - 25,000	4		100,001 - 115,000	14	70,001 - 80,000	8
	25,001 - 31,000	5		115,001 and over	15	80,001 - 100,000	9
						100,001 and over	10

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$60,000	\$470	\$0 - \$30,000	\$470
60,001 - 110,000	780	30,001 - 70,000	780
110,001 - 150,000	870	70,001 - 140,000	870
150,001 - 270,000	1,020	140,001 - 320,000	1,020
270,001 and over	1,090	320,001 and over	1,090

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also 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, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and 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 time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 46 min.; Learning about the law or the form, 13 min.; Preparing the form, 59 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 write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send Form W-4 to this address. Instead, give it to your employer.



Joyce Van Lines, Inc.
195 Christian Street
Oxford, CT 06478

AT WILL EMPLOYMENT POLICY

THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND THE RELATIONSHIP AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR THE EMPLOYEE.

SIGNED: _____

DATE: _____

Joyce Van Lines, Inc.
195 Christian Street
Oxford, CT 06478

WORK RULES

Termination of employment may result from, but is not limited to violations of the following:

1. Workers must be in uniform at all times. Black work shoes, black work boots or black sneakers are uniform footwear. No white sneakers.
2. All workers will report to work clean shaven. If you have long hair it must be groomed, pulled back and placed under a JOYCE hat for safety. No other hats are acceptable and brims must be forward.
3. All workers must make daily check in calls when they arrive at job site, before leaving job area and for job assignments (including Saturday morning).
4. No smoking or open flames in warehouses, Joyce buildings, Joyce vehicles' cargo area, or on customer's premises. Cigarettes must not be thrown on the ground.
5. No unauthorized stops between dispatch and job.
6. All claims, theft of any cargo or negligence that results in the loss of a load and/or equipment, must be reported orally and in writing immediately to Will Joyce and Ed Morley.
7. All injuries must be reported immediately orally and in writing to Ed Morley only. Contact telephone number (800) 451-0653 and after hours (203) 452-1693. All reports must be made immediately and directly to Ed.
8. All accidents (defined as any time any vehicle is damaged or causes damage to any other person or property, no matter how small), cargo claims or liability or other claims must be reported orally and in writing to both Will Joyce and Ed Morley immediately.
9. Promptly and fully comply with all reasonable requests by Will Joyce or Ed Morley with regard to the processing, analysis, prosecution or defense of any type of claim.
10. Tampering, removal, sale or negligence of any equipment or parts owned by or under the control of Joyce is prohibited. No unauthorized use of equipment or use of equipment in an improper manner.
11. All helpers must get out of truck and help driver maneuver while backing up, going through gates and doors, etc. Driver will not move until he sees helper in all mirrors and must stop if helper is not visible. Helpers must assist driver when pulling into traffic, making turns, changing lanes, and making other maneuvers, etc.
12. No fighting, profanity, disorderly conduct, poor customer relations, drunkenness, or other conduct that could jeopardize the liability of the company.
13. No jumping off trucks, docks, etc. No jumping anywhere.
14. Use of controlled substances is prohibited unless prescribed by a physician (providing it does not interfere with your work ability). Use of intoxicants or being under the influence thereof, during company time or while on a trip or while in the proximity of company property for any reason or the property of any customer or while being required to be in readiness for dispatch is prohibited. Possession of said controlled substances or alcoholic beverages, either open or unopened, or containers that have contained or containing alcoholic beverages, within a vehicle or on Joyce property or on customer property is prohibited.
15. Possession of any weapon on Joyce premises, or while working is prohibited. This also applies to customer's weapons, unless there has been strict adherence to the laws and Joyce rules regarding their handling as part of a customer shipments.

Date

Signature

EFFECTIVE IMMEDIATELY
JOYCE VAN LINES, INC.

IS A NON-SMOKING
PREMISES.

NO SMOKING IN JOYCE BUILDINGS,
ON GROUNDS OR IN JOYCE
VEHICLES.

(SMOKING IS PERMITTED IN YOUR PERSONAL VEHICLES.)

NO EXCEPTIONS.

ANY EMPLOYEE IN VIOLATION
WILL BE IMMEDIATELY
TERMINATED.

Initial: _____

EMPLOYEE NOTICE

**WHEN AN INJURY
OCCURS**

YOU MUST CONTACT IMMEDIATELY

ED MORLEY

WORK: (800) 451-0653

HOME: (203) 452-1693

**THE EMPLOYEE MUST ADHERE
TO THIS POLICY. ED IS YOUR
IMMEDIATE SUPERVISOR FOR
ALL WORK RELATED INJURIES.**

**THIS OR THESE ARE YOUR OCCUPATIONAL /
URGENT CARE CENTER(S) LISTED BELOW:**

**IN AN EMERGENCY, DIAL 911 OR SEND TO THE NEAREST
HOSPITAL EMERGENCY DEPARTMENT. THE EMPLOYEE
OR HIS IMMEDIATE MANAGER MUST CONTACT ED MORLEY
AS PER NORMAL PROCEDURE.**

Initial: _____

UNIFORM POLICY

**ALL JOYCE CONTRACTORS
and your
HELPERS**

AND

JOYCE EMPLOYEES

The following is our policy for uniforms:

BLACK PANTS OR SHORTS

Absolutely NO BLUE JEANS!!!

JOYCE TEE SHIRT

BLACK SNEAKERS OR WORK SHOES

JOYCE HAT

NO EXCEPTIONS!!!

Please see Don Panapada for uniform orders

We always stock Tee shirts, shorts and sweatshirts

Delivery for long pants - 2 weeks

Initial: _____

JOYCE COMCHECK POLICY

The Joyce Policy for comchecks issued to Joyce employees is as follows:

- **Expense reports are to be turned in immediately at the end of each and every trip in the Expense Envelope provided.**
- **If a trip extends to more than one week, expense reports are to be turned in on Friday.**
- **Expense reports are to be turned into your direct supervisor.**
- **Any monies due Joyce are to be put in the Expense Envelope.**
- **Any monies due the Joyce employee will be paid to the employee within five (5) business days.**
- **Any monies due Joyce that are not turned in will be debited from the employee's paycheck.**
- **The inability to turn in receipts for monies advanced by Joyce will be viewed as theft.**

I understand the above policy.

Employee Signature

Date

JOYCE VAN LINES, INC.

195 Christian Street
Oxford, CT 06478
(203) 881-1687

Dear Employee:

As your employer, we are committed to providing quality medical care for all employees injured in the course of their employment. Accordingly, we have secured the services of Concentra Managed Care Services, Inc. to provide managed care services for all Workers' Compensation claims.

A Medical Care Plan/Preferred Provider Network has been filed with and approved by the Workers Compensation Commission. A Preferred Provider Network (P.P.N.) is a network of quality medical providers that includes physicians, podiatrists, chiropractors, dentists, optometrists and physical/occupational therapists, all of whom are committed to providing prompt, efficient care.

Participation in the plan will be mandatory for all new injuries occurring on or after the effective date of the Medical Care Plan. Please note that for any reoccurrence of prior injuries, or for continuing treatment for injuries that occurred prior to the initiation of the Medical Care Plan, there will be no change. The effective date of the Medical Care Plan is July 15, 2001.

Injured employees will be required to treat only with providers listed in the P.P.N. If treatment occurs outside the P.P.N., Workers' Compensation benefits shall be suspended (subject to the order of a Workers' Compensation Commissioner). However, the employee can select any provider on the list of approved Workers' Compensation providers in a specialty not covered by the Medical Care Plan. Please refer to our Workers' Compensation Department to see the network for a list of covered specialties.

Supervisors, departmental claim coordinators, and Urgent Care providers will be furnished with a Network directory of providers, which will be available for your review. In addition, your supervisor will have an information pamphlet regarding treatment procedures for your work related injury. *As in the past, you must immediately report all work related injuries to your supervisor* the personnel department (Ed Morley)

Your cooperation with this new program will ensure compliance with Workers' Compensation regulations and reduce excessive costs, while at the same time ensuring that employees continue to receive quality medical care.

PRECERTIFICATION APPEALS PROCESS

In the event that either the employee or medical provider wishes to appeal a decision made by the Utilization Review department, either party may write to:

Concentra Managed Care Services, Inc.
Utilization Management Program
130 Second Avenue
Waltham, MA 02154
Attention: Appeals Department

To initiate an expedited appeal, please call (800) 272-1255 or submit the request via facsimile to (781) 290-5341.

The provider, employer or the employee may, within fifteen (15) days of the written notice of non-certification, notify the plan of his intent to appeal a determination to deny payment for the recommended treatment. Upon such appeal, the plan shall provide, at the request of the employee, employer or provider, a practitioner in a specialty relating to the employee's condition for the purpose of reviewing the plan's initial decision.

Within fifteen (15) days of the request for such review and submission of any further documentation regarding the review, the reviewing practitioner shall submit his opinion regarding such recommended treatment to the physician advisor of the medical care plan who shall, within fifteen (15) days thereafter, render a written decision regarding such treatment.

At any time during the appeals process at the request of any affected party, if the reviewing physician and physician advisor determine that the proposed treatment falls outside the boundaries of acceptable care, and if an agreement cannot be reached with the treating physician, the employee may be referred for an Independent Medical Examination (I.M.E.). This examination will be scheduled with a provider of the same specialty within the network. The I.M.E. will provide the employee and physicians the benefit of a physical assessment, expediting a resolution.

The employee, the provider or the employer may request a further review of the physician advisor's written decision; such request for further review shall be in writing and shall be submitted to the chief executive officer of the medical care plan, Bonnie Bach, within fifteen (15) days of the physician advisor's written decision. The party requesting further review shall have an opportunity for a hearing if such party requests it in writing and may, at such party's expense, produce whatever written support or oral testimony it wishes at any such hearing. Such hearing shall be conducted within fifteen (15) days of the written request therefor. The chief executive officer of the medical care plan shall make any final determination of such request for further review and may utilize an advisory committee to assist him in his determination. The chief executive officer shall issue a final written decision on the request for further review as soon as practical but, in any event, within thirty (30) days of the later of the date of submission of the written request for such review or the date of conclusions of the hearing requested as part of such review.

In the case of an emergency condition, an employee or his representative shall be provided a minimum of 48 hours following an admission, service or procedure to request certification and continuing treatment for that emergency condition before a utilization determination is made. If a determination is made not to provide such continuing treatment and the employee or his representative, the provider, or the employer requests a review of such determination, an expedited review shall be conducted by the physician advisor and a final decision rendered within two (2) days of the request for review.

The necessity and appropriateness of medical and health care services recommended by providers of a medical care plan shall not be subject to review by a Workers' Compensation Commissioner until the plan's utilization review and dispute resolution review and appeal procedures, as described above have been exhausted. The decision of the chief executive officer of the plan relating to payment for such medical and health care services shall be subject to modification only upon showing that it was unreasonable, arbitrary or capricious.

EMPLOYEE TRAINING ACKNOWLEDGEMENT FORM

EMPLOYEE NAME _____

EMPLOYEE NAME _____
LAST FIRST MI

I acknowledge that I have received employee information material regarding the Workers' Compensation Managed Care Medical Plan, and that I risk losing my benefits if I do not treat within the designated network.

EMPLOYEE SIGNATURE _____ DATE _____

JOYCE VAN LINES, INC.

To: All Joyce Employees
From: Edward B. Morley
Date: May 3, 2002
Re: Request For Vacation, Personal Days, Leave

Please be reminded that all requests for vacation or personal days are to be submitted by you, the employee, in advance and in writing on the attached form. The written request is to be submitted in advance to your supervisor for your supervisor's approval signature and then to the Personnel Department for confirmation of compliance with company policy, etc. The written request is to be prepared by the employee and not by the supervisor. Keep your own supply of these forms which may be photocopied. Failure to follow this procedure can result in an unauthorized absence.

Requests for leave, whether medical, family, workers' compensation, military, etc. must be made directly to the Personnel Department. A written request and other documentation will be required.

Thank you.

**REQUEST
VACATION/PERSONAL
EARLY LEAVE/LATE ARRIVAL**

THIS SECTION TO BE COMPLETED BY EMPLOYEE

NAME: _____

DATE/DATES: _____

Vacation

Personal

Early Leave

Time: _____

Late Arrival

Time: _____

Signature/Employee

Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

SICK TIME: _____

Signature/Supervisor

Date

JOYCE VAN LINES, INC.

**195 CHRISTIAN STREET
OXFORD, CONNECTICUT 06478
203-324-MOVE
800-451-0653
FAX: 203-881-0518**

**The PROFESSIONALS
Joyce
CORPORATE HEADQUARTERS
INDIANAPOLIS, IN 46227**

ATTORNEY-CLIENT PRIVILEGED COMMUNICATION

To: All Joyce Office Personnel

From: Edward B. Morley, Attorney

Date: July 14, 1999

Re: Law Department

Please be reminded that when a matter is referred to the Law Department regarding a lawsuit or some other matter, it is because there are circumstances that take the matter out of the normal course of business. This basically means that once a matter is referred to the Law Department, it is to be handled by the Law Department and no one else. Any further activity involving that matter must be coordinated through the Law Department or handled exclusively by Law Department. If the matter involves a move file or a storage file, then I am to be given the original of said file. Steps are to be taken to ensure that all future correspondence, documents and other activity is referred to the Law Department. These steps shall include the entry by the earlier custodian of the file in the computer notes, that the matter is in legal and therefore, all future activity is to be referred to or coordinated by the Law Department. The prior custodian of the file shall also put in the place where the original file used to be filed, a note or a record that the matter is now in legal, etc. For the past couple of years, we have also been creating dummy files containing photocopies of the file to be placed in the location where the original file containing the original documents used to be filed. And for the past couple of years, these dummy files have been housed in gray colored move or storage files. The gray files are to be used by the Law Department only and not for any other purpose. This has been lost sight of in the recent past in some instances. If you have unused gray files they should be sent to Ed Morley because they are to be used for no other purpose. If a gray file has been used for another purpose then a new file folder in the correct color code should be used to replace it. The gray files are to be used for no other purpose, and the mere existence of a gray file should signify that the matter is in legal. In line with this, newly received documents regarding a matter in legal must not be filed in the gray file which I have discovered by accident has occurred in some instances. The original document must be sent to legal and a copy put in the gray file.

While I am on this subject, I would also like to remind everyone that although there are no guarantees, to the extent possible we would like to preserve attorney-client privilege and confidentiality, and we would like to rely on that privilege to the extent possible. Therefore, if you are

Company operated terminals in

**CONNECTICUT
INDIANA**

**MASSACHUSETTS
CALIFORNIA**

**NEW YORK CITY
TEXAS**

All Joyce Office Personnel
July 14, 1999
Page 2

requested to prepare a memo or some other writing relating to a lawsuit or some other legal or sensitive situation, the written communication should be addressed to "Edward B. Morley, Attorney" and not anyone else. For example, I have asked from time to time people to assist me in obtaining information or investigating what happened on a certain matter but the writer of the memo writes it to the attention of a non-lawyer within the company instead of to Edward B. Morley, Attorney. Communications to non-lawyers are not protected by the attorney-client privilege. We may then someday have to provide them to third parties. Therefore, these types of documents or communications should be written to the attention of the lawyer, namely, Edward B. Morley, Attorney. In addition, on such communications one should also write, preferably at the top and in bold letters, "Attorney-Client Privileged Communication". You have a duty to keep this information confidential.

A related observation is always be very careful about what you write, input into a computer, say or record while on the job or about work. Someday it may be in the hands of a third person or someone suing us. We may even have to provide it to someone suing us in which case it can be twisted, taken out of context and used against us. As so well stated by someone else, never write, record, or say, etc., anything that you could not explain comfortably to a judge and jury, especially if it is displayed on a fancy 10-foot enlargement. Prevent any risk of legal liability.

If there are any questions, please discuss them with me.

Thank you.

Nothing contained herein shall be construed as a guarantee of continued employment.

Memo

Date: August 12, 2002
To: ALL JOYCE EMPLOYEES
From: Gay Thomas,
Vice President Operations
cc: Will Joyce
Randall Davis
Ed Morley
Art Gronbach

Effective immediately NO Joyce files are to removed from the office. This includes but not limited to the following:

- ALL Move related documents
- Copies of files
- Paperwork
- Computer print outs
- Memos – received or sent
- Joyce literature (unless salesperson)
- Personal reference notes, instructions etc.

Confirmation receipt of this memo is to be placed on my desk by 5:00 p.m., Monday, August 12, 2002

Employee Signature

Print Name

Direct Deposit

Your Pay Goes into the Bank. You Don't.

Don't stand in line at the bank. Direct Deposit automatically puts your pay into the account (or accounts) you specify. So your money's in the bank every payday, ready to use — even if you don't get to the bank. You don't lift a finger.

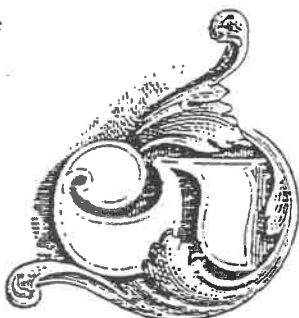
Direct Deposit Is...

Convenient. No standing in teller lines. No wasting lunch hours at the bank. No waiting days for your paycheck to clear.



Flexible. You do it specifically where you want deposit your pay, and Direct Deposit is in the care of the rest. Have it all go into one account, or divide your pay among several accounts at more than one bank. And best of all, your money's instantly available for your use on payday.

Safe. No more misplaced, stolen or damaged paychecks. Direct Deposit electronically deposits your pay straight into your designated accounts, safe and sound.



▼ **Confidential.** Traditional paychecks can be handled by as many as twelve people before reaching your account. Since Direct Deposit is an electronic transaction, the number of people involved is greatly reduced.

▼ **Reliable.** When you have Direct Deposit, you're assured of getting your pay promptly every time, payday after payday. A confirmation of deposit verifies that your pay's in the bank. This highly reliable system is the same that's used to deposit millions of Social Security payments every month.

▼ **Free.** All these benefits are offered to you free.

Save Yourself Time and Effort — Enroll in Direct Deposit Today

You work hard to earn your pay. You shouldn't have to work hard getting it into your bank account. Sign up today for Direct Deposit and hassle-free paydays. Simply fill out the attached form, and give it to your payroll manager.

* ATTACH A VOIDED CHECK FROM CURRENT ACCOUNT. *****



▲▲▲▲▲▲▲▲▲▲
D I R E C T • D E P O S I T
S I G N - U P • F O R M
▼▼▼▼▼▼▼▼▼▼

ACCOUNT INFORMATION

You may choose up to three accounts — your last account must be for the remaining amount owed to you.

A. _____ Bank Name/City/State
 Checking Savings Account Number _____

I wish to deposit: \$ _____ or Entire Net Amount

B. _____ Bank Name/City/State
 Checking Savings Account Number _____

I wish to deposit: \$ _____ or Remaining Net Amount

C. _____ Bank Name/City/State
 Checking Savings Account Number _____

Attach a voided check for each checking account, and/or a deposit slip for each savings account designated above, and return to your payroll manager.

Check below, as applicable:

Begin deposit Change information

Cancel my direct deposit

I would like a copy of this form.

For internal ADP use only:

Company Name: _____
 Company Code: _____

A. Routing Number: _____
 B. Routing Number: _____
 C. Routing Number: _____

▲▲▲▲▲▲▲▲▲▲▲▲▲▲▲▲
 DIRECT • DEPOSIT
 SIGN - UP • FORM
 ▼▼▼▼▼▼▼▼▼▼▼▼▼▼▼▼

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on the reverse side of this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

_____ Employee Name
_____ Social Security #
_____ Signature
_____ Date
_____ Company Name

continued on other side

Direct
Deposit

*Direct Deposit
 Takes the Hassle
 Out of Your Payday*



Joyce Companies General Notice of COBRA Continuation Coverage Rights
**** Continuation Coverage Rights Under COBRA****

Introduction

You are receiving this notice because you have recently become covered under Joyce Van Lines, Inc. group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

The Plan Administrator is **Joyce Van Lines, Inc., Attn: Ed Morley, 195 Christian Street, Oxford, CT 06478, (203) 881-1687.** The Plan Administrator is responsible for administering COBRA continuation coverage.

COBRA Continuation Coverage

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

1. Your hours of employment are reduced, or
2. Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment ends for any reason other than his or her gross misconduct;
4. Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
5. You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;
3. The parent-employee's employment ends for any reason other than his or her gross misconduct;
4. The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
5. The parents become divorced or legally separated; or
6. The child stops being eligible for coverage under the plan as a "dependent child."

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event within 30 days following the date coverage ends.

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs. You must send this notice to: Joyce Van Lines, Inc., Attn: Ed Morley, 195 Christian Street, Oxford, CT 06478. A copy of any divorce decree or legal separation will be required.

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that Plan coverage would otherwise have been lost.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify the Plan Administrator in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that the Plan Administrator is notified of the Social Security Administration's determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to: Joyce Van Lines, Inc., Attn: Ed Morley, 195 Christian Street, Oxford, CT 06478. A copy of the Social Security Administration determination notice and health insurance identification card, if available, will be required.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, enrolls in Medicare (Part A, Part B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. **In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to: Joyce Van Lines, Inc., Attn: Ed Morley, 195 Christian Street, Oxford, CT, 06478. A copy of any applicable death certificate, divorce decree or legal separation, notification from carrier of ineligible student status or medicare card will be required.**

If You Have Questions

If you have questions about your COBRA continuation coverage, you should contact **Joyce Van Lines, Inc., Attn: Ed Morley, 195 Christian Street, Oxford, CT 06478**, or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's web site at www.dol.gov/ebsa.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

This will acknowledge my receipt of the Joyce Companies General Notice of COBRA Continuation Rights.

Signature of Employee/Applicant

Date

Joyce Van Lines, Inc.
195 Christian Street
Oxford, CT 06478

HOURLY EMPLOYEE

1. **Uniform Pricing:**
Joyce pays cost of the first uniform.
Employee pays any additional uniform cost.
This amount will be debited from paycheck.

2. **Payroll Work Week:**
Workweek begins on Wednesday and ends on Tuesday.
Payroll is done every other week.

3. **Compensation:**

Driver

Ticket time plus \$.25 per mile - travel time based on mileage with a minimum of 25 miles.

Helper

Ticket time plus \$.10 per mile - travel time based on mileage with a minimum of 25 miles.

4. Hourly employees are paid only for above time and above mileage on days that they actually work. Therefore, there is no pay for sick days (medical excuse must be supported by a medical report), vacation days, holidays, personal days, etc.
5. Any unexcused absence may result in termination of employment.

I accept this position under these guidelines

Date

Witness

JOYCE VAN LINES, INC.

To: All Hourly Employees
From: Edward B. Morley, Counsel
Date: June 26, 2002
Re: Hourly Employee Time Cards

Please be reminded that you will only be paid for the working time reported on your time card and that time must be recorded ("punched") on the time clock. You must punch in at the start of your work day, punch out at the end of your work day, and punch out and punch in for lunch or any other off time. It is your responsibility to punch your time card each day and make sure each day that your time card is accurate. Any time that is not punched on the time clock will not be paid.

Employees who are performing a job away from the office still need to report to the office to punch in and return to the office at the end of the day to punch out. There has been particular failure in this area as employees have often not punched out despite someone almost always being in the office until late at night. In those rare instances where no one is in the office to allow access to the time clock, then you will be approved for a write in time when signed off by the warehouse supervisor by the next morning. It is your responsibility to timely contact the warehouse supervisor with your need for this approval. It is your responsibility each day to keep your time card current. Otherwise you will not be paid.

Employee drivers who are out on a multi-day trip must call in their miles and/or hours each and every day to dispatch for recording and approval. Once again it is your responsibility each day to keep your time card current. Otherwise you will not be paid.

Cc: VP of Operations
Local Dispatch
Long Haul Dispatch
Warehouse Supervisor

Signature _____

Date _____

EMPLOYEE DRIVERS:

DRIVER QUALIFICATION:

Prior to assignment, all employee drivers are required to be driver qualified through Quality Assurance, Indianapolis.

DRIVER RESPONSIBILITY:

All employee drivers who operate vehicles owned by, titled to or otherwise controlled by the company are responsible for proper care, use and safety of the company property.

Employee Drivers must adhere to the following minimum responsibilities:

1. Possess and maintain valid state drivers license approved for the class appropriate for the vehicle.
2. Practice safe driving by observing all public safety traffic laws and driving courtesy.
3. Wear seat belts (driver should not turn on the ignition until all passengers, including the driver, have their seat belts properly latched).
4. Ensure that vehicles are used for authorized purposes only.
5. Proper uniforms must be worn when operating a company vehicle.
6. Maintain vehicles within manufacturer's safe operating standards.
7. When required, use company contracted facilities for fuel, oil and related services where designated.
8. Immediately report any damage or breakdown of vehicular equipment.
9. Follow company established accident reporting procedures.
10. Accept legal responsibility for violations and fines resulting from actions of driver.
11. Adhere to all vehicle operation and control procedures.
12. Adhere to the job rules, petty cash and cash advance reimbursement procedures.

13. Refrain from transporting excessive loads or unsecured equipment or other moveable items.
14. Pay for all parking violations in situations where free parking is not provided. Parking charges is a pass through charge where applicable if conducting official business. Violators are responsible for tickets and other fines resulting from illegal parking or storage of vehicle.
15. All company vehicles shall be locked and keys removed from vehicle when left unattended. Any other valuable company property left in an unattended vehicle shall be secured, as is most reasonable possible.
16. Employee drivers are expected to know and comply with all city, county, state and federal regulations as to the proper radio use (excessive noise violations).

VEHCILE DAMAGE CHARGE BACKS:

For each accident, after reviewing all appropriate and available information, the management shall determine the following:

- Was the accident chargeable or non-chargeable?
- Was the accident preventable or non-preventable?

If management determines that the accident was chargeable – preventable, it shall recommend that the responsible employee driver be levied an assessment for not more than Ten percent (10.0%) of the repair cost. Such an assessment shall not exceed Ten percent (10.0%) of the employee driver's annual salary and shall be deducted from the employee's paycheck on a monthly basis.

When the employee drivers is found to be negligent in the performance of his duties affecting the accident, payment for damages shall not preclude disciplinary actions in accordance with the applicable provisions of Joyce Van Lines company policy.

I consent and agree to the above responsibilities and charge backs.

Employee

Date: _____

Supervisor

Date: _____