



## Affidavit of Gap in Employment

Driver Name: \_\_\_\_\_

Dates of Gap in Employment: \_\_\_\_\_

Reason for Gap in Employment:

- Unemployed without Compensation
- Attending School \_\_\_\_\_  
(Indicate School Name)
- Self-Employed or Employed by Individual \_\_\_\_\_  
(Indicate Individual's Name)
- Employed by: \_\_\_\_\_

Employer Name _____		Telephone # ( ) - _____	Fax # ( ) - _____
Address _____		City _____	State _____ Zip _____
Supervisor's Name _____	Employed From _____ / _____ (month/year)	To _____ / _____ (month/year)	Reason for Leaving _____
		Ending Salary _____	
CDL Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to the FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other \_\_\_\_\_  
(Indicate Reason)

Dates of Gap in Employment: \_\_\_\_\_

Reason for Gap in Employment:

- Unemployed without Compensation
- Attending School \_\_\_\_\_  
(Indicate School Name)
- Self-Employed or Employed by Individual \_\_\_\_\_  
(Indicate Individual's Name)
- Employed by: \_\_\_\_\_

Employer Name _____		Telephone # ( ) - _____	Fax # ( ) - _____
Address _____		City _____	State _____ Zip _____
Supervisor's Name _____	Employed From _____ / _____ (month/year)	To _____ / _____ (month/year)	Reason for Leaving _____
		Ending Salary _____	
CDL Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to the FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other \_\_\_\_\_  
(Indicate Reason)

By signing below, I certify the facts included on this document are true and complete to the best of my knowledge and understand that, if employed, misrepresentations or omission of facts on this application shall be grounds for dismissal.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**DRIVER PAST RECORD**

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes  No

Has any license, permit or privilege ever been suspended or revoked?

Yes  No

Describe: \_\_\_\_\_

**ACCIDENTS (PLEASE COMPLETE ALL QUESTIONS IF APPLICABLE)**

Have you been involved in an accident in the past 3 years? (If yes, please complete the information below)

Yes  No

1) Date of Accident \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Fine (if any) \_\_\_\_\_ \$

Describe the Accident \_\_\_\_\_

No. of Injuries \_\_\_\_\_ No. of Fatalities \_\_\_\_\_ Was HazMat (other than fuel from tanks) released?  Yes  No

Type of Vehicle Operated \_\_\_\_\_ Type Citation Issued (if any) \_\_\_\_\_

2) Date of Accident \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Fine (if any) \_\_\_\_\_ \$

Describe the Accident \_\_\_\_\_

No. of Injuries \_\_\_\_\_ No. of Fatalities \_\_\_\_\_ Was HazMat (other than fuel from tanks) released?  Yes  No

Type of Vehicle Operated \_\_\_\_\_ Type Citation Issued (if any) \_\_\_\_\_

**CITATIONS**

Have you received any citations in the past 3 years? (If yes, please complete the information below)

Yes  No

1) Date of Incident \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Fine (if any) \_\_\_\_\_ \$

Describe the Incident \_\_\_\_\_

Type Citation Issued (if any) \_\_\_\_\_

2) Date of Incident \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Fine (if any) \_\_\_\_\_ \$

Describe the Incident \_\_\_\_\_

Type Citation Issued (if any) \_\_\_\_\_

3) Date of Incident \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Fine (if any) \_\_\_\_\_ \$

Describe the Incident \_\_\_\_\_

Type Citation Issued (if any) \_\_\_\_\_

4) Date of Incident \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Fine (if any) \_\_\_\_\_ \$

Describe the Incident \_\_\_\_\_

Type Citation Issued (if any) \_\_\_\_\_

**EMPLOYMENT INFORMATION**

List all periods of employment and unemployment, starting with the most recent, for the last 3 years employment history. If applying for CDL driver position, 7 years additional employment history will be needed totaling 10 years of previous employment history or to the extent of which the applicant has worked. (If additional space is needed, please attach additional pages.)

Employer Name _____		Phone # ( ) -		Fax # ( ) -	
Address _____			Position _____		
Street _____		City _____		State _____ Zip _____	
Supervisor's Name _____	Employed From _____	To _____	Reason for Leaving _____	Ending Salary _____	
(month/year)		(month/year)			
CDL Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to the FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed (attach 1099)  Other \_\_\_\_\_

**Employer Name** \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_ Fax # ( ) - \_\_\_\_\_

**Address** \_\_\_\_\_ **Position** \_\_\_\_\_

Street City State Zip

**Supervisor's Name** \_\_\_\_\_ **Employed From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Reason for Leaving** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_

(month/year) (month/year)

**CDL Required?** Yes  No  **Were you subject to the FMCSR's while employed?** Yes  No  **Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?** Yes  No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed (attach 1099)  Other \_\_\_\_\_

**Employer Name** \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_ Fax # ( ) - \_\_\_\_\_

**Address** \_\_\_\_\_ **Position** \_\_\_\_\_

Street City State Zip

**Supervisor's Name** \_\_\_\_\_ **Employed From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Reason for Leaving** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_

(month/year) (month/year)

**CDL Required?** Yes  No  **Were you subject to the FMCSR's while employed?** Yes  No  **Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?** Yes  No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed (attach 1099)  Other \_\_\_\_\_

**Employer Name** \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_ Fax # ( ) - \_\_\_\_\_

**Address** \_\_\_\_\_ **Position** \_\_\_\_\_

Street City State Zip

**Supervisor's Name** \_\_\_\_\_ **Employed From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Reason for Leaving** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_

(month/year) (month/year)

**CDL Required?** Yes  No  **Were you subject to the FMCSR's while employed?** Yes  No  **Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?** Yes  No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed (attach 1099)  Other \_\_\_\_\_

**Employer Name** \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_ Fax # ( ) - \_\_\_\_\_

**Address** \_\_\_\_\_ **Position** \_\_\_\_\_

Street City State Zip

**Supervisor's Name** \_\_\_\_\_ **Employed From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Reason for Leaving** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_

(month/year) (month/year)

**CDL Required?** Yes  No  **Were you subject to the FMCSR's while employed?** Yes  No  **Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?** Yes  No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed (attach 1099)  Other \_\_\_\_\_

**Employer Name** \_\_\_\_\_ Phone # ( ) - \_\_\_\_\_ Fax # ( ) - \_\_\_\_\_

**Address** \_\_\_\_\_ **Position** \_\_\_\_\_

Street City State Zip

**Supervisor's Name** \_\_\_\_\_ **Employed From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Reason for Leaving** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_

(month/year) (month/year)

**CDL Required?** Yes  No  **Were you subject to the FMCSR's while employed?** Yes  No  **Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?** Yes  No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed (attach 1099)  Other \_\_\_\_\_

# Driver Disclosure

Last, First Name: \_\_\_\_\_

Hire Date: \_\_\_\_\_

## CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE (FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services ) and in accordance with applicable laws, the Company, along with any Third Party the Company wishes to engage, may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports" ) which may include information about you related to: previous employment (including employers , dates of employment, salary information, reasons for termination, etc. ), accident history, safety performance history/violation information, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, credit worthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, third party clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in the Company's or Third Parties files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided to other parties; (ii) identification of any Suppliers utilized by the Company in compiling such Reports; (iii) identification of any recipients of Reports furnished by the Company or their Suppliers within the two (2) year period preceding your request.

## AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize the Company and the Third Parties they utilize to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention, or other lawful purpose. If hired or contracted, I authorize the Company and Third Parties to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release Third Parties and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in the Company's possession and my employment history with the Company if I am hired, may be supplied by the Company to other motor carriers for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth in Part II below, unless I have given a separate specific consent for the Company to share such information.

### FMCSA Notification of Driver Rights

*In compliance with 49 CFR Part 391.23 (i) you have certain rights regarding the performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying , or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.*

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize the Company and any person or entity contacted by the

Company to furnish the above-mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

Applicant DOB: \_\_\_\_\_ Applicant Driver License Number: \_\_\_\_\_ Driver License State: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IKON Energy Solutions Inc | PO Box 1816 | Vernal, UT 84078

Tel: (435) 789-2423

# Driver Disclosure

Last, First Name:

Hire Date:

Check this box if you are applying for employment in **CALIFORNIA** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to 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 by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by HireRight.

Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case you wish to receive a copy of your consumer report if one is obtained or assembled by HireRight.

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**MASSACHUSETTS:** If we request an investigative consumer report, you have the right, upon written request, to a copy of the report. Applicants do not have to disclose the following:

Arrests not resulting in a conviction

Sealed records

Crimes committed while a juvenile unless charged as an adult

Convictions for misdemeanors where the date of conviction precedes the question by more than five years

**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Also attached please find additional information under Article 23-A of New York law.

**WASHINGTON STATE:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation requested by us. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

## PRE EMPLOYMENT JOB DUTY QUESTIONAIRRE

Job positions at IKON Energy Solutions, Inc. have a unique set of employment requirements. IKON Energy Solutions, Inc. makes every effort to confirm an employee is capable of performing the job duties asked of him or her. The answers given below will be taken into account when considering prospective individuals for employment, based on the job requirements. *Your answers below do not necessarily disqualify you from employment.*

By signing below, you are verifying your ability to perform these various tasks. Verifying incorrect information could be grounds for termination or job transfer, based on the nature of the related information. If you are hired for a DOT commercial driving position, or if you are hired for a non-DOT driving position, being unable to meet FMCSA/DOT/DPS requirements could also disqualify you from employment.

Are you able to communicate in English in written and verbal form? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to safely:

Climb ladders or onto equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

Lift 50 pounds safely? Yes \_\_\_\_\_ No \_\_\_\_\_

Lift 25 pounds over your head? Yes \_\_\_\_\_ No \_\_\_\_\_

Stand on your feet for extended time? Yes \_\_\_\_\_ No \_\_\_\_\_

Sit for an extended period of time? Yes \_\_\_\_\_ No \_\_\_\_\_

Squat and/or bend over? Yes \_\_\_\_\_ No \_\_\_\_\_

Work in extreme weather conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

Perform job duties during day & night shifts? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanations are not required and not necessary, however, if you want to explain any of your answers, please do so on the back of this page.

Applicant's Full Name: \_\_\_\_\_

PRINT NAME

*By signing below, I certify the facts included on this document are true and complete to the best of my knowledge and understand that, if employed, misrepresentations or omission of facts on this application shall be grounds for dismissal.*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

## APPLICANT CERTIFICATION

By signing this statement I certify that this application for employment was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.

Furthermore, I authorize you (the company or agencies) to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release any and all of; the employers, the schools, the health care providers, (IKON Energy Solutions Inc.) and their subsidiaries, as well as the other persons associated with this application for employment and the subsequent processes and procedures from all liability in response to inquiries and the releasing of information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may be considered fraud and could be construed as criminal, and may be grounds for termination and permanent discharge from this company. I understand that I am required to abide by all rules and regulations of the company as outlined in the company policies and statements.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR § 391.23. I understand that I have the right to:

- a.) Review information provided by previous employers;
- b.) Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- c.) Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*IKON Energy Solutions, Inc. is an equal opportunity employer. IKON Energy Solutions, Inc. does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected status as defined by law.*

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### For Completion by Company Representative

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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# CDL DRIVER APPLICATION FORM ADDENDUM

Only for applicants with a CDL license

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Have you operated a commercial motor vehicle in the last seven days? (If yes, complete the following chart)  Yes  No  If No, answer the questions shown below.

Day	Date (MM/DD/YYYY)	Hours Driving
1		
2		
3		
4		
5		
6		
7		

Have you been compensated for another type of work other than operation of a motor vehicle in the last 7 days?  Yes  No   
Have you been on vacation, medical leave or another type of paid leave of some type for the last 7 days?  Yes  No

**Section 40.25(j):** As the employer, you must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT Agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you until and unless the employee documents successful completion of the return to duty process. See Section 40.25(b)(5) and (e).

In the past three (3) years, have you tested positive or refused a Pre-Employment Drug or Alcohol Test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Check One: Yes  No

*If you answered yes,* can you provide/obtain proof that you've successfully completed DOT return-to-duty requirements?

Check One: Yes  No

Have you ever been disqualified for violation(s) of the Federal Motor Carrier Safety Regulations?  Yes  No   
Do you have driving experience? (If yes, complete the following chart)  Yes  No

Type of Equipment	Dates From/To

Type of Equipment	Dates From/To

Type of Equipment	Dates From/To

Please list any other relevant experience: \_\_\_\_\_

Please list all states and provinces you have operated a commercial motor vehicle during the past 5 years: \_\_\_\_\_

By signing this statement I certify that this addendum for employment was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.

Furthermore, I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers/companies listed in my employment information for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years: (i) alcohol tests with a result of 0.04 or higher, (ii) verified positive drug testes; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by the DOT. If any carrier/company furnishes information concerning items (i) through (vi) above, I also authorize that carrier/company to release and furnish the dates of my negative drug and/or alcohol tests and/or test with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Applicant and Employee Stipulations

In connection with and in consideration of my past, present or future employment or the continuation of my employment by IKON Energy Solutions Inc. I, the undersigned, hereby understand, acknowledge, and agree to the following:

**I Understand and Acknowledge:** This Application and any and all forms of employment are not a contract between IKON Energy Solutions Inc. and myself. If I receive and accept a job offer my employment will depend upon my satisfactorily passing a pre-employment job specific testing and screening.

**Employment At-Will:** Employment with IKON Energy Solutions Inc. is voluntary, the employee is free to resign at any time, with or without notice or cause. Similarly, IKON Energy Solutions Inc. may terminate the employment relationship at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law. Completing an application or accepting employment IKON Energy Solutions Inc. is not intended to create a contract, nor to be construed to constitute contractual obligations of any kind or a contract of employment between IKON Energy Solutions Inc. and any applicant or employee. I further understand, accept, and agree the at-will provision may be modified only in writing signed by the President and Chief Executive Officer of IKON Energy Solutions Inc.

**Employee Handbooks:** I have received and/or will receive a copy of IKON Energy Solutions Inc.'s Employee Policy Handbook, and all other related materials. I understand it is my responsibility, and I agree to read and comply with the policies contained in the handbook and any revisions made to it and that I should consult my immediate supervisor about any questions I may have that are not answered in the handbook. I also understand that the handbook may be changed and my employment or continuation of employment is my acknowledgement that I accept and agree to comply with such changes. I also agree and understand that the handbook is neither a contract of employment nor a legal document.

**Confidentiality:** I agree to keep confidential and not to disclose during or subsequent to my employment by IKON Energy Solutions Inc. any information of an unpublished, confidential, or proprietary nature, including but not limited to, accounting records, data processing information, creations, inventions, improvements or ideas. I further agree not to use any information of an unpublished, confidential, or proprietary nature, which I have learned during my employment by IKON Energy Solutions Inc. to the benefit of any subsequent employer or myself after termination of my employment with IKON Energy Solutions Inc. I recognize that any breach of the foregoing promises by me is likely to result in irreparable injury to IKON Energy Solutions Inc., and therefore agree that IKON Energy Solutions Inc. will be entitled to injunctive relief, in addition to such other and further relief, including monetary damages, as may be proper. Further, I agree that in the event of any breach, I shall also be liable for any and all costs and expenses of enforcement incurred by IKON Energy Solutions Inc., including, but not limited to, reasonable attorneys' fees.

**Deductions From Pay:** I expressly authorize IKON Energy Solutions Inc. to deduct or withhold from any wages or sums otherwise payable to me with respect to my employment through payroll deductions or other means and forms of compensation and payment: The amount of any indebtedness (money owed) of any kind or nature owing by me to IKON Energy Solutions Inc. The cost of repairing or replacing any equipment or other property damaged by me or as a result of my negligence or fault or taken by me without permission, that is not repaired or replaced by me within the time frame required by IKON Energy Solutions Inc. I understand if there are not enough monies in my final check to cover the expenses due by me I agree to pay the full amount owed within thirty (30) days from my last day of employment. I understand that these deductions are in addition to, and not in place of, any deductions or withholdings required or permitted under applicable federal or state laws or lawful court orders.

**Fair Labor Standards Act:** Hourly/Non-Exempt positions, under the Fair Labor Standards Act regulation (29 CFR 778.419) this is my written advance notice and agreement that IKON Energy Solutions Inc. pays time-and-a-half for the rate established for that job and all overtime hours based on the type of work performed during those hours. No additional overtime pay will be due under this agreement to anyone in an hourly, non-exempt employment status position.

## Substance Abuse Drug/Alcohol Screening/Job Specific Physical Agility Test and Medical Certification

I understand and agree that I must have a negative substance abuse drug and alcohol screening prior to and during my employment. I may also be required to complete and pass a job specific physical agility test and or if applicable medical certification testing if my current Medical Certification Card has expired, as part of a conditional job offer and employment procedures. Such testing can be performed by outside testing source, or a certified-trained professional of IKON Energy Solutions Inc.'s choice and I will be informed of all test results. I further understand that if I refuse to take such tests, I may be denied current or future employment. All employees are required to have a copy of IKON Energy Solution Inc.'s Employee Policy Handbook, which covers the Substance Abuse Policy. Each location will maintain a detailed copy of the programs, additional copies of the handbook may be furnished upon request. By signing this Employment Application I understand that compliance with such policies are a condition of any employment, past, present and future, and, I hereby consent and agree to search and testing, including but not limited to, the search of person and property and submission to testing prior to entry or while on IKON Energy Solution Inc.'s or it's customer's property or property under the care, custody, or control of IKON Energy Solutions Inc. or customer. I further understand and agree that my employment may be immediately terminated or I may be subject to other disciplinary action if I violate any provisions of the policies, including but not limited to, my refusal to submit to searches of my person and property and or to testing for prohibited substances, or job specific physical agility or medical certification testing.

## Consent and Authorization to Request and Release Information

I understand that in connection with the application process, IKON Energy Solutions Inc. may request information from my past employers and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of my criminal history, if any. I have provided complete and truthful information to IKON Energy Solutions Inc. regarding my past employment, license, certification, and criminal history, as well as any other information requested in the employment application, and I AM BEING FULLY INFORMED THAT ANY MISREPRESENTATIONS OR MATERIAL OMISSIONS CONCERNING SUCH INFORMATION WILL BE GROUNDS FOR DENYING MY APPLICATION, WITHDRAWING ANY OFFER OF EMPLOYMENT, OR IMMEDIATE DISCHARGE OF MY EMPLOYMENT. More specifically, I agree to allow IKON Energy Solutions Inc. to confirm my background by requesting and/or obtaining the following documents and information described below as well as any and all other documents needed to determine my eligibility for employment.

**Past or Present Employers:** I authorize and consent to IKON Energy Solutions Inc. obtaining any and all documents and information regarding my previous employment from my present and past employers, or agents these employers may designate, regarding my employment, including, but not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, incidents of dishonesty, failed substance abuse drugs or alcohol test, insubordination, violence, criminal history, and/or unsafe, harmful or threatening behavior, including information based upon any and all materials in and out of my personnel files and records. I consent and authorize IKON Energy Solutions Inc. to obtain these documents and information with full knowledge and understanding that the documents and information obtained may include positive or negative facts and opinions that I may believe are true or false. These records are to be obtained and considered by IKON Energy Solutions Inc. in connection with any and all background information pertaining to my past, present or future employment.

**Licensing or Certification Information:** I consent and authorize IKON Energy Solutions Inc. to obtain documentation or information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including, but not limited to, documentation or information concerning whether such license or certification is in good standing, and any disciplinary or other proceedings concerning such license or certification. I further understand and agree that if I am employed for a position requiring DOT regulations (truck driver, etc.) that in the event I am excluded from insurance coverage by IKON Energy Solution Inc.'s vehicle insurance carrier, my exclusion no longer qualifies me for continued employment if my position at the time of exclusion requires DOT regulations.

**Application and Employee Stipulations**

**Motor Vehicle Records:** If I am applying for a position with IKON Energy Solutions Inc. that involves the operation of a motor vehicle, I authorize and consent to IKON Energy Solutions Inc., its insurance broker or agent to obtain a copy of my Motor Vehicle Record (MVR). A copy of the MVR will be obtained as part of the employment process and evaluation and, at least one time each year thereafter. The MVR will be used as an aid in determining my insurability under IKON Energy Solutions Inc.'s insurance coverage. Any MVR that is unacceptable to the auto insurance carrier or indicates a poor driving record may cause me not to be allowed to drive any IKON Energy Solutions Inc. vehicles at any time and I will not be allowed to drive my own personal vehicle for the purpose of conducting business activities until written notice is issued from IKON Energy Solutions Inc.'s corporate office. IKON Energy Solutions Inc. at sole discretion may deny my application or terminate my employment with or without notice at any time as it is deemed appropriate based on my driving history.

**Investigation Of Criminal Records:** I authorize and consent to IKON Energy Solutions Inc. investigating and obtaining information regarding any record of criminal convictions, deferred adjudication, or probation, and if so, the nature of such criminal convictions; deferred adjudication, and probation, and all surrounding circumstances available through lawful means. I also understand that the criminal background check performed will focus on convictions, deferred adjudication, and probation which relied a business necessity of hiring and retaining employees who are reliable, honest and do not engage in any form of violence or other harmful, unsafe or threatening behavior, and that a criminal record will not necessarily disqualify me from employment.

**Special Concerns Regarding References and Background Investigation From Disclosed Information:** I will provide any and all information in writing to IKON Energy Solutions Inc. regarding any special concerns and/or comments about potentially negative references or information that may be revealed through the reference and background investigation process.

**Consent and Authorization to Request Information and Release From Liability For Disclosure of Information**

**Disclosure of Information:** I hereby release and hold harmless IKON Energy Solutions Inc. its officers, employees, servants, agents and all its affiliates inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information any and all medical and personal information or documents pursuant to the Consent and Authorization to Request information or, making any written or verbal communications for such purposes. Also, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent infliction of emotional distress, employment discrimination, violation of public or privacy policies, and any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently or that I may have now or in the future. I have carefully read and voluntarily agree to all terms and conditions in order to assist IKON Energy Solutions Inc. in evaluating my employment qualifications and in meeting the business necessity of hiring honest, trustworthy, reliable and nonviolent employees who do not pose a risk of serious harm in the workplace. I also agree to fully cooperate in permitting the release of the above stated documentation and information and any and all other information needed to evaluate my employment. I understand that all information and documentation generated, received or maintained during, or as a result of, its evaluation will be maintained as confidential business information and that IKON Energy Solutions Inc. has the sole discretion of its own will to release such information or documentation to me or others who might inquire about my background or working history.

**Release From Liability:** As the applicant and or employee I hereby release, and hold harmless IKON Energy Solutions Inc., its owners, officers, predecessors, employees, former employees, shareholder, directors, partners, agents and assigns, servants, and all other persons, firms, partnerships, corporations, trusts or other entities under the direction or control of, under common control with or in any way presently or formerly associated with IKON Energy Solutions Inc., of and from all claims, charges, complaints, liabilities, obligations, promises, agreements, contracts, damages, actions, causes of action, suits, accrued benefits or other liabilities of any kind or character, whether known or hereafter discovered, arising from or in any way connected with or related to applicants or employees employment with IKON Energy Solutions Inc., and/or voluntary or involuntary employment with IKON Energy Solutions Inc., including, but not limited to, allegations of wrongful termination, discrimination, retaliation, breach of contract, promissory estoppels, retaliatory discharge, discharge in violation of public policy, intentional infliction of emotional distress, negligent infliction of emotional distress, defamation, harassment, sexual harassment, discrimination, invasion of privacy, any action in tort or contract, any violation of any federal, state, or local law, including, but not limited to any other employment violation, and any and all claims for severance pay or benefits under any compensation or employee-benefit plan, program, policy, contract or other arrangement of IKON Energy Solutions Inc., but excluding any benefits which the applicant and/or employee is entitled to receive under any plan that is qualified plan under IRC 401 Plans or is a group health plan subject to COBRA, to the extent employee properly elects and pays for such COBRA continuation coverage. Applicant and/or employee agree not to commence any legal proceeding or lawsuit against IKON Energy Solutions Inc., or any affiliate arising out of or based upon employment with IKON Energy Solutions Inc. or the voluntary or involuntary termination of employment with IKON Energy Solutions Inc.

I voluntarily grant this "Release From Liability" for purposes of supporting my employment and based upon my desire to encourage IKON Energy Solutions Inc.'s consideration of my employment. If I have any concerns about the information that may be provided to IKON Energy Solutions Inc. during its investigation concerning issues relevant to their consideration of my employment, I have voluntarily explained such concerns in writing as instructed in the appropriate section of this Application and will provide them with any and all future information as to comply with all policies and procedures.

**Acknowledgement**

I HEREBY UNDERSTAND, AGREE TO, AND ACCEPT THE TERMS AND CONDITIONS SET FORTH, I FURTHER CERTIFY THE INFORMATION GIVEN BY ME ON THE APPLICATION AND IN THE EMPLOYMENT PROCESS IS TRUE AND CORRECT. I UNDERSTAND ANY MISREPRESENTATION OR OMISSION OF FACTS MAY RESULT IN REFUSAL TO OFFER ME EMPLOYMENT OR IF I AM EMPLOYED, TERMINATION OF MY EMPLOYMENT.

I CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

IKON ENERGY SOLUTIONS, INC IS AN EQUAL EMPLOYMENT OPPORTUNITY AND DRUG-FREE EMPLOYER

## Applicant/Employee Notification

**HIPAA - Health Insurance Portability and Accountability Act of 1996:** Contains many provisions aimed at increasing access to health care coverage. A primary goal of this legislation is to expand access to health care benefits. The Act includes portability provisions that make it easier for individuals who change jobs to get coverage with a new employer, it limits the ability of an employers health insurer to deny coverage based on an individual's pre-existing medical conditions. Your health care provider will furnish you additional information regarding HIPAA and the HIPAA Privacy Act.

**COBRA - Consolidated Omnibus Budget Reconciliation Act:** If you are insured by a group health plan (medical, dental or vision) and must leave your job or have working hours reduced, you and your covered family members may qualify for extended coverage under COBRA. This is a Federal Law that requires certain group health plans to allow participating employees and their covered dependents to extend their health coverage. While you receive extended coverage under COBRA you will be fully responsible for all payments to the group health insurance plan to continue your participation. Contact your health care provider if you require additional information regarding your benefits and rights under COBRA.

**Harassment Awareness:** Harassment can take many forms. It may include, but is not limited to words, gestures, pictures, jokes, pranks, physical contact or violent conduct. Sexual harassment may be either implicit or explicit. It may include unwelcome sexual advances, requests for sexual favors, verbal or physical contact of a sexual nature, or conduct that prevents individuals from effectively performing their duties by creating an intimidating, hostile or offensive working environment. IKON Energy Solutions Inc., is committed to taking all steps necessary to maintain a workplace free of harassment and intimidation of any type. Harassment of any sort - verbal, physical or visual will not be tolerated and will be considered grounds for immediate disciplinary action up to and including termination.

## Deductions From Pay

I expressly authorize IKON Energy Solutions Inc. to deduct or withhold the following amount/s from any wages or sums otherwise payable to me with respect to my employment through payroll deductions or other means and forms of compensation and payment:

- (1) The amount of any indebtedness (money owed) of any kind or nature owing by me to IKON Energy Solutions Inc.
- (2) The cost of repairing or replacing any equipment or other property damaged by me or as a result of my negligence or fault or taken by me without permission that is not repaired or replaced by me within the time frame required by IKON Energy Solutions Inc.
- (3) I understand that it is my responsibility to return all Company issued uniforms to the appropriate yard location if I leave my employment voluntarily or involuntarily. The cost of repairing, replacing, and rental fees will be deducted from my final paycheck if uniforms are not returned in usable condition within fourteen (14) days of termination.
- (4) If there is not enough monies in my final check to cover the expenses due by me I agree to pay the full amount owed within thirty (30) days from my last day of employment. I understand that these deductions are in addition to, and not in place of, any deductions or withholdings required or permitted under applicable federal or state laws or lawful court orders.

**Discretionary Bonus Program:** The purpose of IKON Energy Solutions Inc.'s Discretionary Bonus Program is to share the success achieved by the Company with its employees who demonstrate exemplary performance. If made, the discretionary bonus may be in addition to current compensation and an employee's participation in any other benefits offered by IKON Energy Solutions, Inc. Any and all bonuses to eligible employees are discretionary by the Chief Executive Officer (CEO). Payment of bonuses made to eligible employees will be made at the discretion of the CEO and the eligible employee's immediate supervisor. Loss of bonuses are at the discretion of management and can be reduced or lost due to poor job performance, disclosure of confidential information, violation of Company policy, or any other misconduct. If an employee is not an active employee of IKON Energy Solutions Inc. at the time the bonus check is issued, the eligible employee will cease to participate in the Discretionary Bonus Program and will forfeit any right to current or future distributions.

Applicant/Employee Print Name: \_\_\_\_\_

Applicant/Employee Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**IKON ENERGY SOLUTIONS, INC.  
EMPLOYEE STIPULATIONS**

In connection with and in consideration of my employment or the continuation of my employment by IKON Energy Solutions, Inc. (the "Company"), I, the undersigned, hereby covenant, acknowledge, and agree to and with the company as follows:

**NATURE AND DURATION OF EMPLOYMENT:**

I have entered into my employment relationship with this organization voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or the Company can terminate the relationship at will, with or without cause at any time.

**CONFIDENTIALITY:**

I understand that, as part of my employment, I have had and/or will have access to confidential information of the Company, including, but not limited to, accounting records, data processing information, creations, inventions, improvements or ideas with respect thereto.

I agree to keep confidential and not to disclose, during or subsequent to my employment with the Company, any information of an unpublished, confidential, or proprietary nature. I further agree not to use any information of an unpublished, or confidential, or proprietary nature, which I have learned during my employment, for any subsequent employer or for my own benefit after termination of my employment with the Company.

I recognize that any breach of the foregoing promises by me is likely to result in irreparable injury to the Company and therefore agree that the company shall be entitled to injunctive relief, in addition to such other and further relief, including monetary damages, as may be proper. Furthermore, I agree that in the event of any breach, I shall also be liable for all costs and expenses of enforcement incurred by the Company, including, but not limited to reasonable attorneys' fees.

**DEDUCTIONS FROM PAYCHECK:**

I hereby expressly authorize the Company to deduct or withhold the following amounts from any wages or sum otherwise payable by the Company to me with respect to my employment:

- (1) The amount of any indebtedness of any kind or nature owing by me to the Company at the scheduled time for payment of such wages or other sums to me; and
- (2) The cost of repairing or replacing any equipment or other property of the Company that is intentionally damaged or taken by me, and that is not repaired or replaced by me within the time required by the Company.

The foregoing deductions are in addition to, and not in lieu of, any deductions or withholdings required or permitted under applicable federal or state laws.

**DISCRETIONARY BONUS PROGRAM:**

The purpose of IKON Energy Solutions Inc.'s Discretionary Bonus Program is to share the success achieved by the Company with its employees who demonstrate exemplary performance. If made, the discretionary bonus may be in addition to current compensation and an employee's participation in any other benefits offered by IKON Energy Solutions, Inc. Any and all bonuses to eligible employees are discretionary by the Chief Executive Officer (CEO). Payment of bonuses made to eligible employees will be made at the discretion of the CEO and the eligible employee's immediate supervisor. Loss of bonuses are at the discretion of management and can be reduced or lost due to poor job performance, disclosure of confidential information, violation of Company policy, or any other misconduct. If an employee is not an active employee of IKON Energy Solutions Inc. at the time the bonus check is issued, the eligible employee will cease to participate in the Discretionary Bonus Program and will forfeit any right to current or future distributions.

**Accepted:**

IKON ENERGY SOLUTIONS, INC

By: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Associate's signature  
(Applicant)

\_\_\_\_\_  
Associate/Applicant's Name (typed or printed)

\_\_\_\_\_  
Date



*IKON Energy Solutions, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.*

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

*Please complete the information requested below. Thank you for your cooperation.*

**Section 1: General Applicant Information**

Name: _____	Date: ____/____/____
Position Applied For: _____	

**Section 2: Please check all that apply**

Race of Ethnic Identity
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White <i>(not Hispanic or Latino)</i>
<input type="checkbox"/> Black or African American <i>(not Hispanic or Latino)</i>
<input type="checkbox"/> Native Hawaiian or Pacific Islander <i>(not Hispanic or Latino)</i>
<input type="checkbox"/> Asian <i>(not Hispanic or Latino)</i>
<input type="checkbox"/> American Indian or Alaskan Native <i>(not Hispanic or Latino)</i>
<input type="checkbox"/> Two or More Races <i>(not Hispanic or Latino)</i>

Gender
<input type="checkbox"/> Male
<input type="checkbox"/> Female

**Veteran Status
<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Other Eligible Veteran
**Other
<input type="checkbox"/> Individual with Disabilities

<input type="checkbox"/> I do not wish to Self-Identify Signature
_____

<p>How did you hear of our opening?</p> <p><input type="checkbox"/> Current Employee <i>If Yes, please list the name(s)</i> _____</p> <p><input type="checkbox"/> Newspaper Ad <i>If Yes, please list which one</i> _____</p> <p><input type="checkbox"/> Radio Ad <i>If Yes, please list which one(s)</i> _____</p> <p><input type="checkbox"/> Recruiter <i>If Yes, please list which one</i> _____</p> <p><input type="checkbox"/> Other - Please Explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
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IKON ENERGY SOLUTIONS, INC.

IKON ENERGY SOLUTIONS, INC.  
DRUG AND ALCOHOL MISUSE PREVENTION PROGRAM  
EMPLOYEE ACKNOWLEDGEMENT  
RECEIPT OF UNDERSTANDING

I, (print name) \_\_\_\_\_, completely read the Prohibited Drug and Alcohol Policy of IKON Energy Solutions, Inc. I understand all of the provisions of the policy and I agree to comply with the policy. I AGREE TO SUBMIT TO RANDOM SEARCHES, TESTING AND INSPECTIONS, INCLUDING BUT NOT LIMITED TO URINE DRUG SCREENING, BREATH ALCOHOL TESTING AND BLOOD PLASMA SAMPLINGS, WHENEVER THE MANAGEMENT OF IKON ENERGY SOLUTIONS, INC., SO REQUESTS. I understand that compliance with this policy is a condition of my employment and that refusal to submit to a search, urine drug screening, blood plasma sampling, or other inspections will result in my immediate termination from employment at IKON Energy Solutions, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Adopted September 1, 2018

**IKON ENERGY SOLUTIONS, INC.**

**IKON ENERGY SOLUTIONS, INC.  
VOLUNTARY SUBMISSION FOR PHYSICAL EXAMINATION  
OF DRUG/ALCOHOL TESTING  
AND THE RELEASE OF FINDINGS AND INFORMATION**

I, (print name) \_\_\_\_\_, voluntarily agree to take a physical examination, which may include blood, breath, saliva and/or urine analysis by a physician, medical center, hospital, or medically qualified personnel. Furthermore, I authorize the release of these tests and examination results to IKON Energy Solutions, Inc. By this authorization, I do hereby release any physician, medical personnel, hospital, medical center, clinic and IKON Energy Solutions, Inc. from any and all liabilities arising from the release or use of the information derived from or contained in my physical examination and test results.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
(Name Typed or Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

IKON ENERGY SOLUTIONS, INC.  
DRUG AND ALCOHOL POLICY

IKON Energy Solutions, Inc. has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Being under the influence of a drug or alcohol on the job may pose serious safety and health risks not only to the user but to all those who work with the user. The possession, use or sale of an illegal drug or alcohol in the workplace may also pose unacceptable risks for safe, healthful and efficient operations.

The Company recognizes that its own future is dependent upon the physical and psychological health of its employees. Accordingly, it is the right, obligation and intent of the Company to maintain a safe, healthful and efficient working environment for all of its employees and to protect the Company's property, equipment and operations.

The Company's Drug and Alcohol Policy is applicable to employees, guests and invitees of IKON Energy Solutions, Inc. while on Company premises. The Drug and Alcohol Policy does not constitute a contract, and IKON Energy Solutions, Inc. reserves the right to amend or rescind it at any time without notice, except that for employees in Oklahoma, at least (30) days notice will be given as required by Oklahoma law. For employees in Oklahoma, to the extent any provision of this Policy conflicts with Oklahoma law, Oklahoma law shall control.

With these basic objectives in mind, the Company has established the following policy.

**POLICY STATEMENT**

It is the policy of IKON Energy Solutions Inc. to provide a workplace free of drugs and alcohol. IKON Energy Solutions, Inc. has ZERO TOLERANCE for drugs and alcohol. This policy applies to all employees. The illegal or unauthorized possession or use of drugs, alcohol, and weapons is prohibited on Company time, on Company premises, at the sites where we work, on customers' premises, while operating a company vehicle, or while otherwise working for IKON Energy Solutions, Inc.

**COMPLIANCE**

All employees shall receive a copy of the Drug and Alcohol Policy and read and sign an "Employee Acknowledgement And Receipt Of Understanding" form along with the "Voluntary Submission For Physical Examination Of Drug/Alcohol Testing" form. Employees in Oklahoma will receive, read, and sign a copy of the Drug and Alcohol Policy, as required by Oklahoma law. A signed copy of the Policy shall be placed in each employee's personnel file. If an employee would like a copy of the Drug and Alcohol Policy, he/she may obtain one by requesting it from his/her supervisor or by contacting the Corporate Safety department of IKON Energy Solutions, Inc. A copy of the Drug and Alcohol Policy is available in each office.

**RESPONSIBILITY**

All employees are encouraged to come forward with any information regarding compliance with this policy. It is the responsibility of all managers, supervisors, and employees to ensure that this policy is enforced.

**PROHIBITIONS**

A violation of this policy will result in disciplinary action up to and including immediate termination, even on a first offense. The following are strictly prohibited on the job and/or on Company premises:

1. **Alcohol.** Possessing, consuming, selling, attempting or offering to sell, buy or distribute, soliciting or negotiating a purchase or sale of alcohol. Being under the influence of alcohol, or having a blood/alcohol (or urine equivalent) level of .02 or greater while in a Company facility is prohibited to the extent that such use or influence may affect the safety of co-workers or members of the public, the employee's job performance, or the safe and/or efficient operation of a Company facility.

No employee shall:

1. Consume an intoxicating beverage, regardless of alcoholic content; or be under the influence of an intoxicating beverage, within four hours before going on duty or operating a Company owned vehicle; or
2. Consume an intoxicating beverage, regardless of alcoholic content, or be under the influence of an intoxicating beverage, while on duty, or operating, or in physical control of, a Company owned vehicle.

2. Controlled Substances. Possessing, consuming, selling, attempting or offering to sell, buy or distribute, soliciting or negotiating a purchase or sale of controlled substance(s). Testing positive for, purchasing, manufacturing, or dispensing a controlled substance is strictly prohibited. Possessing and/or using a prescription medication is permitted when such use: 1) is in strict accordance with a physician's direction; 2) will not adversely affect the employee's ability to safely and/or efficiently perform his/her job; and 3) has been approved by the employee's supervisor or manager in advance.

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1. "Under the influence" means, for the purposes of this policy, that the employee is affected by a drug or alcohol or the combination of a drug and alcohol in any detectable manner. The symptoms of influence are not confined to those consistent with misbehavior, or to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance. A determination of influence can be established by a professional opinion, a scientifically valid test, or, in some cases such as alcohol, by a layperson's opinion.

3. Prescription and Over-the-Counter Drugs. When a physician prescribes the use of prescription or over-the-counter drugs, or when over-the-counter drugs bear warnings about side effects that may affect job performance, the employee is required to ask the physician whether such drugs may adversely affect his/her ability to safely and/or efficiently perform assigned duties. Using or being under the influence of such drugs is prohibited where such use may affect the employee's ability to safely and/or efficiently perform his/her job. Before commencing work, an employee is required to advise his/her immediate supervisor or manager that he/she is taking a medication that may adversely affect the employee's ability to safely and/or efficiently, perform, assigned duties. The employee should not reveal the name or type of medication he/she is taking, nor should the employee reveal why he/she is taking the medication. The ONLY information sought by the Company is whether the medication may adversely affect the employee's ability to safely perform his/her job. If there is any question concerning the employee's ability to perform safely and/or efficiently, the employee will be assigned to other duties if, as determined in the sole discretion of management, such duties are appropriate and available, or the employee will be sent home on paid time off, if available, or otherwise unpaid leave if the employee is an hourly employee. (As required by federal law, salaried exempt employees will not be placed on unpaid leave unless the period of unpaid leave includes only workweeks in which the employee performed no work). An employee who violates this provision is subject to disciplinary action up to and including immediate termination. Employees using prescription and over-the-counter drugs are still subject to the Company's Drug and Alcohol Policy.

#### TESTING

IKON Energy Solutions, Inc. is determined to eliminate the use of illegal drugs, alcohol, and controlled substances at our work sites. The purpose of this program is to improve job safety on all our projects. This program is designed solely for the benefit of our employees to provide reasonable safety on the job and protection from offending individuals. In addition, this program attempts to meet our responsibility to the public, whom we serve.

All employees are subject to pre-employment, random, post accident, reasonable suspicion, probable cause, and pre-access drug and alcohol testing. An employee refusing to test is a violation of policy and procedures. All refusals to test are considered a positive result and the employee will be terminated immediately. Off-the-job illegal activity, including drug and alcohol use which could adversely affect customers' or the public's trust in the ability of IKON Energy Solutions, Inc. to carry out its responsibilities will not be tolerated. Off-the-job drug and alcohol use which could adversely affect an employee's job performance or which could jeopardize the safety of other employees, the public, or IKON Energy Solution Inc.'s Company facilities, or where such usage could jeopardize the security of IKON Energy Solutions Inc.'s finances or business records, also will not be tolerated.

To help ensure a safe and healthful working environment, IKON Energy Solutions, Inc. requires post-offer drug and/or alcohol testing of new hires after an offer of employment has been extended but before the new employee commences work. Testing positive, attempting to alter or tamper with the sample, engaging in behavior which causes suspicion of adulterating or tampering with the sample or with the collection or testing process, or failing to cooperate or refusal to submit to drug and/or alcohol testing process will result in the immediate denial of employment and the termination of the employee. The Company requires testing of current employees under the following circumstances:

- When a reasonable suspicion exists that an employee is under the influence of any controlled substance, drug or alcohol while on the job, or is otherwise in violation of this policy
- When an employee is found in possession of any controlled substance, drug or alcohol in violation of company policy, or when such items are found in an area controlled or used by the employee, such as an employee's desk, vehicle, locker, etc.
- During and/or after an employee has participated in a rehabilitation program;
- When required by state, federal, or local law or regulation (e.g., (i) persons driving commercial motor vehicles with a gross vehicle weight of 26,001 pounds or more or carrying hazardous materials as in DOT testing; or (ii) for other reasons required by law);
- Following a work-related incident. Outside of Oklahoma, all IKON Energy Solutions, Inc. employees on site at the time of the occurrence will be tested. In Oklahoma, in accordance with state law, employees will only be tested following a work related accident if the Company has reasonable suspicion that the accident is a direct result of the employee's drug use.
- As required by contracts with IKON Energy Solutions Inc.'s customers, except in Oklahoma to the extent state law prohibits such testing.

#### PROCEDURES

Consent to drug and alcohol testing is a condition of employment with IKON Energy Solutions, Inc. Applicants must provide written consent to the Company Drug and alcohol testing policy before a job offer is made or employment can commence. Any hourly employee who is asked to submit to drug and alcohol testing on the basis of reasonable suspicion will be placed on unpaid suspension, pending further investigation. If test results are negative employee will be paid for time off. (As required by federal law, salaried exempt employees will not be placed on unpaid leave unless the period of unpaid leave includes only workweeks in which the employee performed no work). Drug testing will involve collecting urine samples, which will be subjected to an initial screening test or laboratory. If that test result is positive, the positive result will be confirmed using the gas chromatography/mass spectrometry (GC/MS) methodology. A Medical Review Officer will review any positive result collected in accordance with 49 C.F.R. Part 40. Alcohol testing involves an initial test which, if positive will be confirmed using an Evidential Breath Testing device. The employee has the opportunity to access any records relating to his/her results or disciplinary proceedings within sixty workdays of being notified of the positive result by requesting the results in writing to IKON Energy Solutions Inc. Because the test results are confidential, one or more persons will be designated to receive test results and will notify the appropriate Company manager or officials on a need-to-know basis.

#### SEARCHES

Tool boxes, desks, storage areas, work areas, lockers, file cabinets, and Company vehicles are Company property and must be maintained according to this policy. All such areas must be kept clean and are to be used for work purposes only. The Company reserves the right, at all times, and without prior notice, to inspect any and all Company property for the purpose of determining if this policy or any other Company policy has been violated. Searches of Company facilities and property can be conducted at any time and do not have to be based on reasonable suspicion. Employees are expected to cooperate in the conducting of such searches. Such inspections may be conducted during or after business hours and in presence or the absence of the employee. All vehicles and containers including, but not limited to, bags, boxes, purses, briefcases, lunch containers, etc., brought onto Company premises are subject to inspection at any time a company representative has a reasonable suspicion that this policy has been violated and such an inspection is reasonably necessary in the investigation of such violation(s). An employee's consent to a search is required as a condition of employment and the employee's refusal to consent to a search, or an inspection when requested constitutes insubordination, and the Company may take disciplinary action up to and including immediate termination, even for a first refusal.

#### DWI OR DUI

Except in limited circumstances as determined by the President of the Company, any employee who is charged with driving while intoxicated (DWI) or driving under the influence (DUI) in a Company vehicle shall be immediately suspended without pay (subject to the requirements of federal law relating to salaried exempt employees discussed above) pending the final determination of such charge. If upon final adjudication of such charge of a suspended employee, such employee is found not guilty, such employee shall be reinstated at that time in his/her original position. If upon final adjudication of such charge, employee is found guilty or pleads no contest (or the equivalent), such employee may be terminated. Any employee whose job requires the operation of a company owned vehicle, who is convicted of DWI or DUI during non-working hours, or whose driver's license has been suspended, will be

subject to immediate disciplinary action, up to and including termination. The Company shall check no less than twice a year the applicable state department of motor vehicle's records for the previous three years for all employees that have job functions that require driving a motor vehicle. Any employee who has a recorded violation for DWI or DUI on such report for the previous three years shall be prohibited from driving a Company vehicle.

#### VOLUNTARY ADMISSION OF A DRUG AND/OR ALCOHOL PROBLEM

The Company encourages employees with drug and/or alcohol abuse problems to seek needed counseling and treatment. The Company encourages employees to contact a supervisor to receive information about finding help. Any communications with a supervisor initiated by the employee and not as a result of a violation or suspected violation of this policy will be treated as confidentially as possible. However, requesting assistance for substance abuse does not relieve the employee of his/her responsibility to meet performance, safety, and attendance expectations and to comply with all Company policies. Employees must use available paid time off, and personal leaves of absence without pay if time off from work is necessary, for rehabilitation. The employee will pay rehabilitation expenses unless coverage is provided under a health insurance policy. Satisfactory participation in and completion of an approved rehabilitation program, within the sole discretion of the Company, including drug and/or alcohol-testing, is a condition of continued employment.

#### COMPLIANCE WITH THE DRUG-FREE WORKPLACE ACT

- Employees must, as a condition of employment, report any conviction under a criminal drug statute for violations occurring on Company premises or while conducting Company business. A report of a conviction must be made to the Safety Department within five days of a conviction.
- Within 30 days of the date the Company learns of an employee's conviction, it will discipline the employee, which discipline may include termination. An employee, who is terminated, will be required to satisfactorily participate in and complete a drug abuse assistance or rehabilitation program.
- Each employee, as a condition of employment, shall sign an "Employee Acknowledgement And Receipt Of Understanding" form confirming that the employee will abide by this policy.
- The Company's drug awareness program will inform employees of
  - a) The Dangers of drug abuse on health and in the workplace;
  - b) The Company's policy of maintaining a drug-free workplace as set forth herein, which will be acknowledged by all employees;
  - c) The extent of available drug counseling rehabilitation and other employee assistance measures (see section above titled Voluntary Admission of a Drug and/or Alcohol Problem, contact the Safety Department for additional information); and
  - d) The penalties that may be imposed for drug abuse violations (see Prohibitions section above)

As part of the drug awareness program, employees must recognize that a drug-free environment is essential. The quality of our work and our customer relations depends, in part, on a drug-free environment.

#### INVOLVEMENT OF LAW ENFORCEMENT AGENCIES

When the Company has reason to believe that federal, state, or local law is being violated, the Company may refer such activities to law enforcement agencies

#### REHIRE

Any employee found to be in violation of this policy would be terminated. The employee must meet the following criteria to be considered for rehire:

- Must have been terminated for no less than 90 days. Must provide a negative drug test
- Must have presented the Company with written evidence of satisfactory completion of a 12-step rehabilitation program approved by the Company.

The employee will receive random testing within the first 90 days of rehire. After the 90-day probation period, the employee will be subject to additional testing as deemed necessary by management. The employee must sign a letter acknowledging this policy as a condition of employment prior to being rehired.

SCOPE OF POLICY

This policy is generally applicable to all operations of the Company to take different or additional steps or actions to facilitate a safe working environment free of drug, and alcohol possession and consumption, provided such steps or actions do not violate applicable law. In addition to the stated provision of this Policy, the Company will take all appropriate actions to comply with the drug and alcohol policies of its customers and all drug and alcohol policies implemented by regulatory authorities under applicable law. In the event of a conflict between any provision of this policy and applicable law, applicable law shall apply and the affected provision shall have no force and effect. Nothing set forth in this Policy constitutes a contract of employment, nor shall any of it be construed or interpreted in any way to constitute a contract of employment. The Policy may be amended or modified by the Company at any time.

**IKON ENERGY SOLUTIONS, INC.**

**E-MAIL AND INTERNET POLICY ACKNOWLEDGMENT FORM**

I acknowledge that I have received a copy of IKON Energy Solutions, Inc.'s Email and Internet Policy. I agree to read it thoroughly, and agree that if there is any policy or provision in the policy I do not understand, I will seek clarification from the Human Resources Department.

I understand that my use of IKON Energy Solutions Inc.'s E-mail system constitutes my consent to all the terms and conditions of that policy.

In particular, I understand that (1) the E-mail system and all information transmitted by, received from, or stored in that system are the property of IKON Energy Solutions, Inc., (2) the system is to be used only for business purposes and not for personal purposes, and (3) I have no expectation of privacy in connection with the use of the E-mail system or the Internet or with the transmission, receipt, or storage of information in that system.

I agree not to use a code, access a file, or retrieve stored communications unless authorized. I acknowledge and consent to IKON Energy Solutions Inc.'s monitoring my use of the E-mail system and the Internet at any time at its discretion, including printing and reading all E-mails entering, leaving, or stored in the system.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_



**IKON ENERGY SOLUTIONS, INC.  
EMERGENCY CONTACT FORM**

The information requested below is intended for Company use only and will be maintained in your personnel file. Please supply complete data.

ASSOCIATE: \_\_\_\_\_  
(Applicant/Employee)

HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

In case of emergency, please contact the person(s) named below:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

In case of emergency, please contact the physician named below. If you do not have a physician, indicate who you would want contacted; ER, Hospital, or other.

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

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.

**2026**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
<b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . .

**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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	3(a) \$	
	(b) Multiply the number of other dependents by \$500 . . . . .	3(b) \$	
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4:</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .	4(b)	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c)	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . . <input type="checkbox"/>
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**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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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](http://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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

**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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**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 when you file your tax return.

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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) . . . . . 4 \$ \_\_\_\_\_

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



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 . . . . . 1a \$ \_\_\_\_\_

b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . 1b \$ \_\_\_\_\_

c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 . . . . . 1c \$ \_\_\_\_\_

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . 2 \$ \_\_\_\_\_

3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

a Enter \$6,000 if you are age 65 or older before the end of the year . . . . . 3a \$ \_\_\_\_\_

b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . 3b \$ \_\_\_\_\_

4 Add lines 3a and 3b. Enter the result here . . . . . 4 \$ \_\_\_\_\_

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . 5 \$ \_\_\_\_\_

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . . . . . 6a \$ \_\_\_\_\_

b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) . . . . . 6b \$ \_\_\_\_\_

c **Home mortgage interest.** If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . 6c \$ \_\_\_\_\_

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . . 6d \$ \_\_\_\_\_

e **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . 6e \$ \_\_\_\_\_

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . 7 \$ \_\_\_\_\_

8 **Limitation on itemized deductions.**

a Enter your total income . . . . . 8a \$ \_\_\_\_\_

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 . . . . . 8b \$ \_\_\_\_\_

9 Enter: { • \$768,700 if you're married filing jointly or a qualifying surviving spouse } . . . . . 9 \$ \_\_\_\_\_  
 { • \$640,600 if you're single or head of household }  
 { • \$384,350 if you're married filing separately }

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . 10 \$ \_\_\_\_\_

11 **Standard deduction.**

Enter: { • \$32,200 if you're married filing jointly or a qualifying surviving spouse } . . . . . 11 \$ \_\_\_\_\_  
 { • \$24,150 if you're head of household }  
 { • \$16,100 if you're single or married filing separately }

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) . . . . . 12 \$ \_\_\_\_\_

13 Add lines 11 and 12. Enter the result here . . . . . 13 \$ \_\_\_\_\_

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . 14 \$ \_\_\_\_\_

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . 15 \$ \_\_\_\_\_

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 territories 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 Surviving Spouse**

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	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

**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	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

**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	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No. 1615-0047

Expires 05/31/2027

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the instructions.**

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification on Page 3.**

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

Document Title 1	List A	OR	List B	AND	List C
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete **Supplement B, Reverification and Rehire on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>	AND	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>

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



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

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

**USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 05/31/2027**

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

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

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

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

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

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

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

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

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



# Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 05/31/2027

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

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

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

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

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

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

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

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

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

# Employee Direct Deposit and Debit Authorization

## Instructions

1. Complete the Employee Required Information section.
2. Complete the Direct Deposit Information section to specify where you want your paycheck deposited.
3. Enclose a voided check with the original of this form and return to your employer.
4. Retain a copy of this form for your own records.

## Employee Required Information

**Employee name:** \_\_\_\_\_  
*(please print)*

**Employer name:** \_\_\_\_\_  
*(please print)*

## Direct Deposit Information

I would like my paycheck deposited into the bank account(s) designated below.

*Indicate one choice for each account listed*

Bank Name	Account Type	Routing Number <small>(9 digits)</small>	Account Number	Specific Dollar Amount	% of Net Pay	Entire Net Pay	Remainder of Net Pay
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**Attach only a voided check or bank letter specification sheet for each account listed.  
Deposit tickets cannot be accepted.**

I hereby authorize isolved HCM, Inc. a subsidiary of Infinisource, Inc. ("isolved"), as agent for my employer indicated above ("Employer"), to electronically deposit my paycheck from my Employer into my account(s) at the financial institution(s) indicated above. In the event that isolved deposits funds erroneously into my account(s), I hereby authorize isolved to electronically debit my account to correct the error.

I understand that a deposit of my paycheck into my account(s) by isolved may be an advance of my pay by isolved on behalf of my Employer, and is subject to the successful collection of these funds by isolved from my Employer. If my Employer does not reimburse isolved for this advance payment within 5 business days of isolved making the deposit of my paycheck into my account(s), I hereby authorize isolved to debit my account to recover from my account(s) the unreimbursed portion of isolved's advance from my Employer.

I agree that the ACH transactions I authorize comply with all applicable law. This authorization is to remain in full force and effect until isolved has received written notice from me of my revocation of this authorization [in such time and in such manner as to afford isolved a reasonable opportunity to act on it.] [isolved, 11219 N Community House Rd, Suite 800, Charlotte, NC 28277]. The undersigned understands that isolved requires at least 10 days prior notice in order to cancel this authorization.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

