



Acuerdo de Empleo

Nombre de compañía: _____ Pay Rate: _____

Nombre de Solicitante: _____ PEO Start Date: _____

Número de Seguro Social: _____ W/C Code: _____

Dirección: _____

Ciudad, Estado, y Código Postal: _____

Número de Teléfono: _____

En caso de emergencia, por favor de avisar a:

Nombre: _____ Relación: _____

Número de Teléfono : _____

Bienvenido a Harbor America Central Inc., una Organización de Empleo Profesional (Professional Employer Organization, PEO). La compañía que esta solicitando empleo utiliza Harbor America Central Inc., para facilitar su sueldo, proceso de su forma W-2 a fin de año y ofrece una variedad de beneficios para la consideración de los empleados.

Toda la información que contiene este acuerdo de empleo es importante para su empleo con la compañía nombrada arriba y Harbor America Central Inc. **TODOS LOS RENGLONES SE TIENEN QUE LLENAR Y SE REQUIERE SU FIRMA** abajo y en las formas I-9 y W-4 **PARA PODER CONSIDERAR SU EMPLEO. Para el proposito de reportar sus impuestos de ingresos anuales, se solicita una foto copia de su tarjeta de su seguro social.**

Nota: Este acuerdo no es un contrato de empleo.

Su empleo sera considerado sin tener en cuenta raza, color, religion, sexo, origen de nacionalidad o edad. El Acta de Discriminación de Empleo de 1967 prohíbe discriminación basada en la edad de 40 años o mayor.

Autorización Medica

Yo autorizo acceso completo a copias de mis archivos, reportes de radiología, exploración selectiva de prueba de alcohol/drogas, y documentos de cualquier tipo que se relacione en cualquier herida/enfermedad de trabajo durante el empleo con Harbor America Central Inc. Por este medio, yo cedo mi derecho a esta información y mantengo inocente a todos los medicos que me proporcionaron atención medica quien ahora dan acceso de esta información tal como esta explicado en esta autorización.

I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings, and documents of any kind as they relate to any work-place injury/illness while employed at Harbor America Central Inc. I hereby release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization.

Firma de Solicitante: _____ Fecha: _____



Poliza de Disponibilidad y Procedimientos

Es poliza de Harbor America Central Inc., que los empleados nos mantengan informados de su disponibilidad de empleo si, o cuando el trabajo termina. Si una de las siguientes condiciones ocurre, Harbor America Central Inc., lo consideraría como renuncia voluntaria y **el beneficio de desempleo sera negado**:

- El no comunicarse a Harbor America Central Inc. durante las primeras 24 horas despues de cada termino de trabajo para notificar de su disponibilidad: **Numero de telefono para reportar su disponibilidad 877-307-7821**;
- El no comunicarse por lo menos 3 veces a la semana cuando no tiene trabajo;
- La falta de notificar a Harbor America Central Inc. el cambio de dirección o numero de teléfono;
- El rechazo o la falta de aceptación de un trabajo apropiado: basado en el pago, requisitos, o localidad y;
- La recepción de Harbor America Central Inc. de un reclamo de desempleo de usted sin una notificación previa de disponibilidad.

Lineamientos y Procedimientos de Lesiones y Accidentes

1. Primeramente, todas las lesiones deben ser reportadas a su supervisor quien lo reportara al Departamento de Indemnización Laboral (Workers' Comp) de Harbor America Central Inc., antes de que se le de autorización para tratamiento médico. Excepto: En casos de emergencia o si la lesion ocurrio despues de las 5:00 p.m., y/o en fines de semana.
2. De acuerdo con la ley estatal, un resultado positivo libra a Harbor America Central Inc. de cualquier responsabilidad y de cualquier gasto médico en conexión con su herida/accidente. Al negar o rechazarse a someter a una prueba/examen de drogas sera considerado i tiene las mismas consecuencias que un resultado positivo. Un examen que detecta el uso de drogas en el cuerpo se requiere durante las primeras 24 horas, despues de cada lesión o accidente. Si el resultado de los exámenes anti-drogas es positivo, el empleado/a sera despedido/a por violación a la poliza de abuso de sustancias y el beneficio de compensación a los trabajadores y/o recibos médicos que resulten del empleado serán negados.
3. Se requiere que el trabajador informe al doctor o al hospital la disponibilidad de trabajo ligero. De acuerdo con las instrucciones del médico, el trabajador se le requiere que realice trabajos ligero.
4. Se les require a los empleados llenar completamente el Reporte de Accidente/Lesion dentro de las 24 hrs. despues del accidente.
5. A los trabajadores se les requiere que envíen a Harbor America Central Inc., toda la información médica relacionada con la lesión/enfermedad sostenida en el trabajo (reporte médico del estado fisico para poder trabajar o descansar, información médica, etc.) dentro de las primeras 24 hrs. despues del accidente/lesión.

Políticas sobre el Abuso de las Drogas y el Alcohol

Cualquier empleado que estando en su hora de trabajo o dentro de la propiedad de la compañía posea, venda, reciba, o que se le compruebe que tiene altós niveles de cualquier tipo de droga ilegal o alcohol en su sangre u orina, despues del examen anti-drogas, sera sujeto ser despedido inmediato, y en ciertas situaciones, sera reportado a las autoridades competentes. Los empleados que estan tomando medicamentos recetados deben reportar las circunstancias y efectos a su supervisor. Si esto no es reportado, cualquier medicamento sera visto como una droga ilegal. Algunos medicamentos pueden tener efectos secundarios, y estos pueden poner en peligro su seguridad y la de otros empleados.

Periodicamente, inspecciones sin ser anunciadas seran realizadas a personas que entran o salgan de las facilidades de la compañía, por representantes autorizados de la compañía. Al entrar a la propiedad de una compañía se esta determinando como consentimiento a la inspección de una persona, vestidor, vehiculo o cualquier otro efecto personal. Harbor America Central Inc. tambien se reserva el derecho de solicitar a sus empleados someterse a pruebas de drogas ilegales y o de alcohol.

Firma de Solicitante: _____ **Fecha:** _____

Form W-4 (2011)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-2159 2011
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Exclusively Offered Through



Client #



Underwritten by: Lincoln National Life Insurance Company
A Stock Company Home Office Location: Fort Wayne, Indiana
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha NE 68114-4066
(800) 423-2765 fax: (877) 573-6177

Please fully complete this form and sign it if you wish to designate a beneficiary or if you want to change your existing beneficiary designation.

Employees Information:
Table with 2 columns: Name (First, Middle initial, Last) / Social Security Number, Name of current employer - Division / Policy Number (s) GL000010124136

Primary Beneficiary (ies):

I designate the person (s) named below as my primary beneficiary (ies) to receive payment under the policy in the event of my death. The share of any primary beneficiary, who is no longer living or is otherwise disqualified by law at the time of my death, will pass to any remaining beneficiary (ies) in equal shares.

Primary Beneficiary(ies) Information
Table with 5 columns: Primary Beneficiary's Last Name, First, MI, Relationship of Beneficiary, Social Security Number, Street Address, City, State, Zip, Percentage %

Table with 5 columns: Primary Beneficiary's Last Name, First, MI, Relationship of Beneficiary, Social Security Number, Street Address, City, State, Zip, Percentage %

Contingent Beneficiary (ies):

I designate the person (s) named below as my contingent beneficiary (ies) who will receive payment only if all primary beneficiary (ies) predecease me or are otherwise disqualified by law.

Contingent Beneficiary (ies) Information
Table with 5 columns: Contingent Beneficiary's Last Name, First, MI, Relationship of Beneficiary, Social Security Number, Street Address, City, State, Zip, Percentage %

Table with 5 columns: Contingent Beneficiary's Last Name, First, MI, Relationship of Beneficiary, Social Security Number, Street Address, City, State, Zip, Percentage %

Authorization and signatures:

By signing this document, I understand and agree to the following: This beneficiary designation revokes all prior designations. This beneficiary designation form will apply to my Lincoln Financial plan established in connection with my employer's plan. If more than one primary beneficiary is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary (ies) who survive (s) me or if the percentages listed do not add up to 100% Lincoln Financial will disburse the benefit pursuant to its discretion and/or pursuant to the above policy provisions if applicable.

Employee Signature: _____ Date: _____

NOTE: IF BENEFICIARY FORM IS NOT COMPLETED, PROCEEDS FROM LIFE INSURANCE POLICY WILL BE DISTRIBUTED BASED ON RESIDENCE STATE LAW.

NOTA: SI LA FORMA NO TIENE UN BENEFICIARIO, LA POLIZA SERA DISTRIBUIDO BASADO EN LA LEY DEL ESTADO DE RESIDENCIA.

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in Section 1 (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210, OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)	
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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



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Poliza de Disponibilidad y Procedimientos

Es poliza de Harbor America Central, que los empleados nos mantengan informados de su disponibilidad de empleo si, o cuando el trabajo termina. Si una de las siguientes condiciones ocurre, Harbor America Central, lo consideraria como renuncia voluntaria y **el beneficio de desempleo sera negado**:

- El no comunicarse a Harbor America Central durante las primeras 24 horas despues de cada termino de trabajo para notificar de su disponibilidad: **Numero de telefono para reportar su disponibilidad 877-307-7821**;
- El no comunicarse por lo menos 3 veces a la semana cuando no tiene trabajo;
- La falta de notificar a Harbor America Central el cambio de dirección o numero de teléfono;
- El rechazo o la falta de aceptación de un trabajo apropiado: basado en el pago, requisitos, o localidad y;
- La recepción de Harbor America Central de un reclamo de desempleo de usted sin una notificación previa de disponibilidad.

Lineamientos y Procedimientos de Lesiones y Accidentes

1. Primeramente, todas las lesiones deben ser reportadas a su supervisor quien lo reportara al Departamento de Indemnización Laboral (Workers' Comp) de Harbor America Central, antes de que se le de autorización para tratamiento médico. Excepto: En casos de emergencia o si la lesion ocurrió despues de las 5:00 p.m., y/o en fines de semana.
2. De acuerdo con la ley estatal, un resultado positivo libra a Harbor America Central de cualquier responsabilidad y de cualquier gasto médico en conexión con su herida/accidente. Al negar o rechazarse a someter a una prueba/examen de drogas sera considerado i tiene las mismas consecuencias que un resultado positivo. Un examen que detecta el uso de drogas en el cuerpo se requiere durante las primeras 24 horas, despues de cada lesión o accidente. Si el resultado de los exámenes anti-drogas es positivo, el empleado/a sera despedido/a por violación a la poliza de abuso de sustancias y el beneficio de compensación a los trabajadores y/o recibos médicos que resulten del empleado serán negados.
3. Se requiere que el trabajador informe al doctor o al hospital la disponibilidad de trabajo ligero. De acuerdo con las instrucciones del médico, el trabajador se le requiere que realice trabajos ligero.
4. Se les requiere a los empleados llenar completamente el Reporte de Accidente/Lesion dentro de las 24 hrs. despues del accidente.
5. A los trabajadores se les requiere que envíen a Harbor America Central, toda la información médica relacionada con la lesión/enfermedad sostenida en el trabajo (reporte médico del estado fisico para poder trabajar o descansar, información médica, etc.) dentro de las primeras 24 hrs. despues del accidente/lesión.

Políticas sobre el Abuso de las Drogas y el Alcohol

Cualquier empleado que estando en su hora de trabajo o dentro de la propiedad de la compañía posea, venda, reciba, o que se le compruebe que tiene altos niveles de cualquier tipo de droga ilegal o alcohol en su sangre u orina, despues del examen anti-drogas, sera sujeto ser despedido inmediato, y en ciertas situaciones, sera reportado a las autoridades competentes. Los empleados que estan tomando medicamentos recetados deben reportar las circunstancias y efectos a su supervisor. Si esto no es reportado, cualquier medicamento sera visto como una droga ilegal. Algunos medicamentos pueden tener efectos secundarios, y estos pueden poner en peligro su seguridad y la de otros empleados.

Periodicamente, inspecciones sin ser anunciadas seran realizadas a personas que entran o salgan de las facilidades de la compañía, por representantes autorizados de la compañía. Al entrar a la propiedad de una compañía se esta determinando como consentimiento a la inspección de una persona, vestidor, vehiculo o cualquier otro efecto personal. Harbor America Central tambien se reserva el derecho de solicitar a sus empleados someterse a pruebas de drogas ilegales y o de alcohol.



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Harbor America Central Inc. Ofrece Extensos Programas de Beneficios para los Empleados

Planes de Seguro de Salud *

Planes de Seguro Dental

Planes de Seguro de Vista

Aseguranza de Vida Por Plazos

Aseguranza de Incapacidad de Corto Plazo

Planes de Aseguranza Suplemental

Plan de Retiro 401(k)

Plan de sección "Cafeteria" 125

** Sujeto aprobación de la compañía aseguradora*

Por Favor Tome Nota: Empleados de tiempo completo seran disponibles a participar en todos los planes después de 90 días de empleo continuo con la compañía. Si se pierde la oportunidad de inscripción, el empleado/a tendrá que esperar hasta la siguiente oportunidad de inscripción. La inscripción actual incluye la entrega de información completa y aceptación final de formas necesarias. Preguntas adicionales seran necesarias para algunos beneficios. La aceptación de cobertura sera determinada por el / la asegurador(a) de ese programa.

Para mayores informes comuniquese con su Representante de Beneficios de Harbor Central Inc.