



**CC, Inc.** 251-666-6655 (Phone) 251-666-6694 (Fax)  
858 Butler Drive, Mobile, AL 36693

*We are an Equal Opportunity Employer*

**New Employee / Re-Hire Setup Form**

DATE \_\_\_\_\_

**\*\*\*All applicants are required to pass all job related testing prior to approval for employment with CC, Inc.\*\*\***

The information you provide below will be entered into the payroll computer. Please PRINT neatly, legibly and provide all information to insure that your paycheck will be correct.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

W-2 Address If Different From Above

\_\_\_\_\_ Street City State Zip

Primary Phone # \_\_\_\_\_ DOB \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_

**List of all of your trades:**

	Class	Years		Class	Years
Pipe Fitter	1 2 3	____	Outside Machinist	1 2 3	____
	Class			Class	
Pipe Welder	1 2 3	____	Painter/Blaster	1 2 3	____
	Class			Class	
Structural Welder	1 2 3	____	Electrician	1 2 3	____
	Class			Class	
Ship Fitter	1 2 3	____	Laborer	Years	____

Check one: Single \_\_\_\_ Married \_\_\_\_ # of dependents claiming: \_\_\_\_

**Office Use Only**

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Everify Complete \_\_\_\_ Yes \_\_\_\_ No

DL/ID # \_\_\_\_\_

State: \_\_\_\_\_

Exp Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Jobsite: \_\_\_\_\_

Trade \_\_\_\_\_

Start Date \_\_\_\_\_

**Pay Rate:**

ST Wage\$ \_\_\_\_\_ PD1\$ \_\_\_\_\_

OT Wage\$ \_\_\_\_\_ PD2\$ \_\_\_\_\_

# Employment Application

Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

Do you need an accommodation to participate in the application or interview process? YES  NO

CC, Inc.  
858 Butler Drive  
Mobile, AL 36693  
251-666-6655 PHONE  
251-666-6694 FAX

Date \_\_\_\_\_

Recruiter \_\_\_\_\_

## PERSONAL DATA

New Hire?

Re-Hire?

Name: \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## WORK EXPERIENCE

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City/State \_\_\_\_\_ Job Title \_\_\_\_\_ Class \_\_\_\_\_ Pay Rate \_\_\_\_\_

Marine \_\_\_\_\_ Industrial \_\_\_\_\_

Duties & Skills \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City/State \_\_\_\_\_ Job Title \_\_\_\_\_ Class \_\_\_\_\_ Pay Rate \_\_\_\_\_

Marine \_\_\_\_\_ Industrial \_\_\_\_\_

Duties & Skills \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City/State \_\_\_\_\_ Job Title \_\_\_\_\_ Class \_\_\_\_\_ Pay Rate \_\_\_\_\_

Marine \_\_\_\_\_ Industrial \_\_\_\_\_

Duties & Skills \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? YES  NO

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City/State \_\_\_\_\_ Job Title \_\_\_\_\_ Class \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Marine \_\_\_\_\_ Industrial \_\_\_\_\_  
Duties & Skills \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City/State \_\_\_\_\_ Job Title \_\_\_\_\_ Class \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Marine \_\_\_\_\_ Industrial \_\_\_\_\_  
Duties & Skills \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City/State \_\_\_\_\_ Job Title \_\_\_\_\_ Class \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Marine \_\_\_\_\_ Industrial \_\_\_\_\_  
Duties & Skills \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City/State \_\_\_\_\_ Job Title \_\_\_\_\_ Class \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Marine \_\_\_\_\_ Industrial \_\_\_\_\_  
Duties & Skills \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City/State \_\_\_\_\_ Job Title \_\_\_\_\_ Class \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Marine \_\_\_\_\_ Industrial \_\_\_\_\_  
Duties & Skills \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City/State \_\_\_\_\_ Job Title \_\_\_\_\_ Class \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Marine \_\_\_\_\_ Industrial \_\_\_\_\_  
Duties & Skills \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
City/State \_\_\_\_\_ Job Title \_\_\_\_\_ Class \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Marine \_\_\_\_\_ Industrial \_\_\_\_\_  
Duties & Skills \_\_\_\_\_

# Form W-4 (2017)

**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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't 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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for yourself if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if: { } . . . . . **B** \_\_\_\_\_

- You're single and have only one job; or
- You're married, have only one job, and your spouse doesn't work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

**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** \_\_\_\_\_

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

(**Note:** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
- If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. **G** \_\_\_\_\_

**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** \_\_\_\_\_

For accuracy, complete all worksheets that apply. { }

- 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

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

Form <b>W-4</b> 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. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2017</span>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, 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 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ► 7 _____		
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) _____



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

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

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

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

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

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

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

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

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

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

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

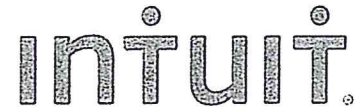
Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*



# Intuit Full Service Payroll



## Employee Direct Deposit Authorization

### Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

### Account 1

Account 1 type:  Checking  Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

Dollar amount to be deposited to this account: \_\_\_\_\_

### Account 2 (remainder to be deposited to this account)

Account 2 type:  Checking  Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

*attach a voided check for each account here*

**Authorization** (enter your company name in the blank space below) \_\_\_\_\_

This authorizes Christian Construction, Inc. (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE Paperwork Checklist (Must be received by CC, Inc. for PAYROLL)**

**PLEASE MAKE SURE THAT ALL PAPERWORK IS FILLED OUT COMPLETELY & TURNED IN TO CC, INC PRIOR TO START DATE FOR PAYROLL PROCESSING**

1. Employee Setup Form
2. Employee Application
3. TAX Form W-4
4. TAX Form I-9
5. Direct Deposit
6. Employee Paperwork Checklist
7. PPE and Non PPE Purchases
8. Background Check Authorization
9. Medical History Questionnaire
10. Harassing Conduct in the Workplace
11. Substance Abuse/Drug and Alcohol Screen Authorization
12. Unemployment Eligibility/Benefits
13. Payroll Deduction Authorization/Policies and Procedures
14. Non Solicitation Agreement
15. Copy of Driver's License or State ID
16. Copy of Social Security Card

**Any Incomplete paperwork or any employee required paperwork NOT turned in will result in NON-Payment of Payroll until received**

**Please Sign Below Indicating that YOU have READ and RECEIVED the CC, Inc Employee Information Packet**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Printed Name \_\_\_\_\_

**PLEASE TURN THIS SHEET IN WITH YOUR EMPLOYEE REQUIRED PAPERWORK**

**\*\*\*All applicants are required to pass all job related testing prior to approval for employment with CC, Inc. \*\*\***

**CC, Inc. PPE and Non PPE Purchases**

Each employee will be issued PPE according to their specific trade and or specific work area according to OSHA guidelines; jobsite assigned; either on their date of hire or before their actual work day begins. Please note that this PPE is the employer's equipment that is purchased though a 3<sup>rd</sup> party vendor and although it is issued to each employee as personal protection equipment, the employee understands that if he/she should voluntarily or involuntarily terminate employment under 90 days from date of hire (probationary period), the employee shall return all PPE issued or the total cost will be deducted from the employees last paycheck accordingly.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Printed Name \_\_\_\_\_

CONFIDENTIAL

CC, Inc.  
Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **CC, Inc.** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **CC, Inc.** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **CC, Inc.**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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



Employee Medical History Questionnaire

1. Have you ever had a disease or disability that would affect your ability to work? YES [ ] NO [ ]

If YES, please explain: \_\_\_\_\_

2. Have you ever received workers' compensation benefits for an injury that occurred at work? YES [ ] NO [ ]

If YES, when? \_\_\_\_\_

How long were you on compensation? \_\_\_\_\_

Name of employer: \_\_\_\_\_

Nature of injury: \_\_\_\_\_

3. Have you ever been rejected for employment, insurance, or military service because of your health? YES [ ] NO [ ]

If YES, please explain: \_\_\_\_\_

4. Have you ever had back trouble or injury to your back, head or neck? YES [ ] NO [ ]

If YES, please explain: \_\_\_\_\_

5. Do you have any restrictions or limitations upon your physical activities? YES [ ] NO [ ]

If YES, please explain: \_\_\_\_\_

6. What operations, accidents, broken bones, strains or serious illnesses have you had?

\_\_\_\_\_

Have you had any of the following? Put an "X" in the box for YES. Leave blank for NO.

- Amputation, Ankyloses of Joints, Arteriosclerosis, Arthritis, Asthma, Back/Neck Problem, Brain Damage, Bronchitis, Cancer, Cardiac Disease, Carpal Tunnel Syndrome, Cerebral Vascular Accident, Chronic Headaches, Chronic Osteomyelitis, Communicable Disease, Compressed Air Sequelae, Diabetes, Dizziness, Double Vision (Blurred Sight), Emphysema, Epilepsy, Head Injury, Heart Condition, Heavy Metal Poisoning, Hemophilia, High/Low Blood Pressure, Hodgkin's Disease, Hyperinsulinism, Hypertension, Ionizing Radiation Injury, Kidney Disorder, Loss of Hearing (more than 75%), Loss of Sight, Loss of Use of Limbs, Mental Disorders, Mental Retardation, Multiple Sclerosis, Muscle, Ligament or Tendon Injury, Muscular Dystrophy, Nervous Disorders, Numbness of Extremities, Parkinson's Disease, Psychoneurotic Disability, Reflex Sympathetic Dystrophy, Repetitive Motion Injury, Residual Disability from Polio, Rheumatism, Rotator Cuff Injury, Ruptured Intervertebral Disc, Silicosis, Spinal Fusion, Stroke, Sugar in Urine, Surgical Removal of Intervertebral Dis, Thoracic Outlet Syndrome, Thrombophlebitis

If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any other long-term health problems or adverse physical conditions? YES [ ] NO [ ]

If YES, please explain: \_\_\_\_\_

BY SIGNING BELOW, I UNDERSTAND THAT FAILURE TO ANSWER TRUTHFULLY MAY RESULT IN FORFEITURE OF MY WORKERS' COMPENSATION BENEFITS.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Printed Name \_\_\_\_\_

## Policy Statement on Harassing Conduct in the Workplace

The employees of CC, Inc. deserve a work environment in which they are treated at all times with dignity and respect. Harassment, as described below, has no place in such an environment, and CC, Inc. has a NO tolerance policy. Harassing conduct by managers, supervisors, or employees, including contractors, at any level, will not be tolerated. OUR Company's prohibition of harassment applies equally to its own employees and to applicants for all CC, Inc. employment.

Under this policy, harassing conduct is defined as any unwelcome conduct, **verbal or physical**, based on race, color, religion, sex (including pregnancy and gender identity), national origin, age, disability, genetic information, parental status, or sexual orientation, when the conduct either (1) can reasonably be considered to adversely affect the work environment, or (2) results in an employment decision affecting the employee and is based upon the employee's acceptance or rejection of such conduct. Some examples of the first category of harassing conduct include displaying sexually or racially demeaning pictures, making jokes or remarks that are offensive to disabled or older employees or those of a different national origin, or subjecting another employee to unwelcome sexual advances or touching. Some examples of the second category of harassing conduct include when a supervisor coerces an employee into an unwelcome sexual relationship and then rewards the employee, or when a supervisor takes disciplinary action or denies a promotion to an employee because he or she rejected sexual advances from the supervisor.

Any employee who believes that he or she has been the subject of, or has witnessed, an incident of harassing conduct should report the matter promptly. Any and all CC, Inc. employees should report instances of harassing conduct either to a person in the reporting employee's supervisory chain, or to the reporting employee's Supervisor and or Manager. At that time the Supervisor and or Manager in which a complaint or claim was filed should be reported immediately to our Corporate Office. All supervisors and managers must act promptly to investigate and resolve reports of harassing conduct. If harassing conduct is found to have occurred, the manager or supervisor must take appropriate corrective and disciplinary action, up to and including removal, against all persons who have been found to have engaged in that conduct. The Corporate Office of CC, Inc. will take disciplinary action against supervisors who do not fully carry out their responsibilities under this policy. **WE will not** tolerate retaliation against any employee for making a good-faith report of harassing conduct or for conducting, cooperating with, or participating in any investigation of alleged harassing conduct or any stage of any legal proceeding, administrative or judicial that is related. All information provided will be maintained on a confidential basis to the greatest extent possible.

PLEASE READ, SIGN and Date that you have read the Policy above on ANY and ALL Harassing Conduct and the NO Tolerance in the Workplace

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Printed Name \_\_\_\_\_

## CC, INC. EMPLOYEE SUBSTANCE ABUSE POLICY

The policy of the Company is to maintain a drug and alcohol free work environment that is safe and productive for all our employees and others conducting business with our Company. To meet these objectives the following policy has been adopted:

The unlawful use, possession, purchase, sale, distribution or being under the influence of any illegal drug and/or the misuse of illegal drugs or alcohol while on the Company or Client premises or while performing services for our Company or Client is strictly prohibited.

In order to ensure compliance with this policy, substance abuse screening may be conducted in the following situations:

Pre-employment: As may be required/requested by our Company or clients.

Post-Accident: Any employee involved in an accident/injury while performing services for our Company or client, which results in property damage or bodily injury requiring medical treatment, will be required to submit to a substance abuse screening.

Reasonable Suspicion: Testing may be conducted due to the suspicion that a substance problem exists.

Random: Unannounced testing of randomly selected employees may be performed.

By my signature, I acknowledge that compliance with this policy is a condition of employment. Employees who test positive or who refuse to submit to substance screening will be subject to termination. Notwithstanding any provision herein, this policy will be enforced at all times in accordance with applicable State law.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Printed Name \_\_\_\_\_

## CC, INC DRUG & ALCOHOL SCREEN AUTHORIZATION

For the period of employment with CC, Inc., I hereby authorize and give full permission for CC, Inc. and/or their medical company physician to send specimen of my urine and/or blood to a laboratory for a screening test using S.A.M.H.S.A. standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties harmless, including CC, Inc. from any liabilities due to my refusal to test and/or the reporting of any results of such test.

This policy and authorization has been explained to me in a language I understand. Any questions regarding this policy or my test results will be answered by a representative of CC, Inc. I understand that this is a legally binding document.

WHEN AN ON-THE-JOB ACCIDENT OR INJURY OCCURS, I UNDERSTAND CC, Inc. WILL REQUIRE A POST ACCIDENT DRUG AND/OR ALCOHOL SCREEN TEST. MY REFUSAL TO SUBMIT TO DRUG AND/OR ALCOHOL TESTING MAY BE GROUNDS FOR TERMINATION. THIS IS IN ACCORDANCE WITH CC, INC. POLICY.

By my signature, I acknowledge that the results of these tests may be released to CC, Inc. appropriate insurance carriers and government agencies for purposes of determining the validity of compensation claims.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Printed Name \_\_\_\_\_

### Unemployment Eligibility Policy for CC, Inc.

In order to receive unemployment compensation, workers must meet the unemployment eligibility requirements for wages earned or time worked during an established (one year) period of time. In addition, workers must be determined to be unemployed through no fault of their own, so if you were quit or fired you may not be eligible for unemployment compensation.

Eligibility for unemployment benefits isn't automatic. There are reasons that your unemployment claim can be denied and that you can be disqualified from collecting unemployment.

In order to be qualified for unemployment benefits, you must be ready, willing, available, and able to work.

### CC, Inc. Requirement for Unemployment Benefits

**THE EMPLOYEE IS REQUIRED TO CONTACT THE OFFICE AT LEAST 24 HOURS OF ANY LAYOFF, TERMINATION, OR VOLUNTARILY QUIT FOR FURTHER ASSIGNMENTS. THE EMPLOYEE MUST CONTINUE CONTACT WITH CC, INC. UNTIL PLACED ON AN ASSIGNMENT TO RECEIVE UNEMPLOYMENT BENEFITS.**

PLEASE READ, SIGN AND DATE THAT YOU HAVE READ THE POLICY ABOVE OF UNEMPLOYMENT BENEFITS WITH CC, INC.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Printed Name \_\_\_\_\_

### CC, Inc. - Payroll Deduction Authorization

**By signing below, you the Employee are giving Authorization to the Employer, CC, Inc., to deduct any advances given in the amount deemed appropriate by the employer at the time of payroll weekly or otherwise noted.**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Printed Name \_\_\_\_\_

### CC, INC. POLICIES & PROCEDURES

**By signing below, I hereby acknowledge that I have read and understand all Sections of this application.**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Printed Name \_\_\_\_\_

\*\*\*All applicants are required to pass all job related testing prior to approval for employment with CC, Inc. \*\*\*

## Non-Solicitation Agreement

Whereas Employee and CC, Inc. have entered into or are about to enter into an employment relationship for their mutual benefit; and,

Whereas a condition of entering into and/or continuing such employment relationship, CC, Inc., has required Employee to enter into this Agreement;

Therefore, in consideration of the premises and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Definitions. Whenever used in this Agreement the word "Affiliate" means any entity a majority of whose voting shares or securities are owned or controlled directly or indirectly by CC, Inc. or the shareholders of CC, Inc., or whose control is held by CC, Inc. or shareholders of CC, Inc..
2. Non-Solicitation. Employee acknowledges that he or she will acquire considerable knowledge about, and expertise in, certain areas of CC, Inc.'s business and he or she will have knowledge of, and contact with, customers and suppliers of CC, Inc. and its Affiliates. Employee further acknowledges that he or she may be able to utilize such knowledge and expertise, following termination of his or her service with CC, Inc., to the serious detriment of CC, Inc. in the event Employee should solicit business from customers of CC, Inc. or its affiliates. Accordingly, Employee agrees that:
  - (a) Non-Solicitation of Customers. He or she will not, for a period of one (1) year after termination of his or her employment, directly or indirectly, approach any customer or business partner of CC, Inc. or its Affiliates for the purpose of providing services substantially similar to the services provided by the CC, Inc. or its affiliates; and
  - (b) Non-Solicitation of Employees. He or she will not, for a period of six months (6 months) after termination of his or her employment, directly or indirectly, approach, solicit, entice or attempt to approach, solicit or entice any of the other employees of CC, Inc. or its Affiliates to leave the employment of CC, Inc.
  - (c) Presentment to any Employer. Employee agrees to give a copy of this Agreement to any new employer prior to his or her first day of work their so that the new Employer can evaluate whether they may be in violation of this Agreement. Employee and CC, Inc. both believe that this step will help prevent any future conflict under this Agreement and Employee promises faithfully to exercise this requirement under this Agreement.
2. Restrictions Reasonable. The Employee acknowledges that all restrictions in this Agreement are reasonable in the circumstances and hereby waives all defenses to the enforcement thereof by CC, Inc. In the event that any provisions of this Agreement shall be deemed void or invalid by a court, the remaining provisions shall remain in full force and effect and the Employee hereby confers upon such court the power to replace such void or invalid provisions with such other enforceable and valid provisions as shall be as near as may be to the original in form and effect.
3. Irreparable Harm. The Employee acknowledges that breach by him or her of the terms and conditions of this Agreement may cause irreparable harm to CC, Inc., which may not be compensable by monetary damages. Accordingly, the Employee acknowledges that a breach by it of the terms and conditions of this Agreement shall be sufficient grounds for the granting of an injunction at the suit of the CC, Inc. by a court of competent jurisdiction.

4. Notices.

Any notice required by this Agreement or given in connection with it, shall be in writing and shall be given to the appropriate party by personal delivery or a recognized overnight delivery service.

5. No Waiver.

The waiver or failure of either party to exercise in any respect any right provided in this agreement shall not be deemed a waiver of any other right or remedy to which the party may be entitled.

6. Entirety of Agreement.

The terms and conditions set forth herein constitute the entire agreement between the parties and supersede any communications or previous agreements with respect to the subject matter of this Agreement. There are no written or oral understandings directly or indirectly related to this Agreement that are not set forth herein. No change can be made to this Agreement other than in writing and signed by both parties.

7. Governing Law.

This Agreement shall be construed and enforced according to the laws of the State in which the employee is located as well as the State of Alabama in which CC, Inc. is incorporated and any dispute under this Agreement must be brought in this venue and no other.

8. Headings in this Agreement

The headings in this Agreement are for convenience only, confirm no rights or obligations in either party, and do not alter any terms of this Agreement.

9. Severability.

If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.

In Witness whereof, the parties have executed this Agreement as of the date first written above.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Printed Name \_\_\_\_\_