

NEW HIRE ORIENTATION PACKET

Please fully complete the forms included in this packet.

Seasonal/Part Time/Full Time EMPLOYEE

BRING THIS PACKET TO NEW HIRE ORIENTATION

Employee Information Form
W-4 Federal Withholding Allowance Certificate
Direct Deposit Authorization Form
Holidays and Paydays
I-9 Form - Employment Eligibility Verification

(Bring qualifying documents)

EEOC – Equal Employment Opportunity Form (Voluntary)
Personnel Policy and Procedure Manual
Employment Policies Overview
Safety Overview
Driver's License - copy

****REMEMBER to bring your ID and/or any other qualifying documents needed to complete your New Hire Orientation Packet.**

Questions? Contact Human Resources @ 501-392-4321 or email: info@patriotsa1research.com

Patriots A1 Research

Employee Information Form

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: _____ Alternate Phone: _____

Email: _____

SSN: _____

Birth Date: _____ Have you worked for Patriots A1 Research before? _____

Position Information – Completed by Employer

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Hire Date: _____ Salary: \$ _____

Emergency Contact Information

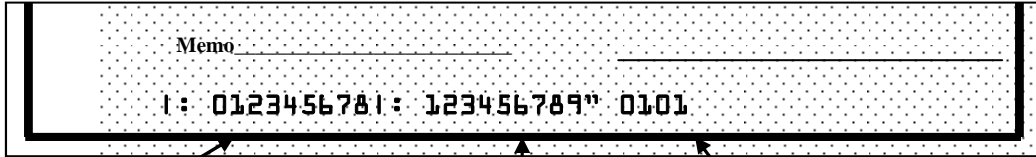
1) Name: _____
Relationship and Phone #

2) Name: _____
Relationship and Phone #

DIRECT DEPOSIT ENROLLMENT FORM

EMPLOYEE NAME: _____

EMPLOYEE #: _____



Routing/Transit #
 (A 9-digit number always between these two marks)

Checking Account #

Check #
 (this number matches the number in the upper right corner of the check – not needed for sign-up)

To enroll in Direct Deposit, simply fill out this form and return to the Finance Department. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Above is a sample check, detailing where the information necessary to complete this form can be found.

Social Security #: _____ - _____ - _____

Primary Phone: _____

BANK ACCOUNT INFORMATION

Direct my earnings to:

1. Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____.____ or Entire Net Amount

2. Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____.____ or Entire Net Amount

AGREEMENT: I hereby authorize my employer, Patriots A1 Research, to deposit any amount owed to me by initiating credit entries to my account at the financial institution(s) indicated above. In the event that Patriots A1 Research deposits funds in error into my account, I authorize the company to initiate debit entries to my account to correct any errors. This authorization shall remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and the financial institution a reasonable opportunity to act on it. Termination of employment voids this agreement.

Employee Signature: _____

Date: _____

Employee's Withholding Certificate

▶ **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.**

2023

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

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

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

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld..... ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
Add the amounts above and enter the total here		3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .	4(c)	\$

Step 5: Sign Here

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

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Patriots A1 Research & Drafting CO LLC, 3509 Justin Lane, Jacksonville, AR 72076		88-2900186

2023

Patriots A1 Research

Holidays

Paydays

New Year's Day	Monday, Jan 2	6-Jan	21-Jul
Martin Luther King Day	Monday, January 16	20-Jan	4-Aug
Presidents Day	Monday, February 20	3-Feb	18-Aug
Memorial Day	Monday, May 29	17-Feb	1-Sept
Juneteenth	Monday, June 19	3-Mar	15-Sept
Independence Day	Tuesday, July 4	17-Mar	29-Sept
Labor Day	Monday, Sept 4	31-Mar	13-Oct
Columbus Day	Monday, Oct 9	14-Apr	27-Oct
Veterans Day	Friday, Nov 10	28-Apr	10-Nov
Thanksgiving Day	Thursday, Nov 23	12-May	24-Nov
After Thanksgiving	Friday, Nov 24	26-May	1-Dec
Christmas Eve	Friday, Dec 22	9-Jun	15-Dec
Christmas Day	Monday, Dec 25	7-Jul	29-Dec

Patriots A1 Research PERSONNEL ACKNOWLEDGEMENTS

1. **The following policies, procedures and objectives within the Patriots A1 Research Personnel Rules and Regulations manual are intended to govern the conduct of the City's employees. After reading each section carefully, initial the corresponding line and sign at the bottom.**

Initial Here:

2. **Personnel Manual Acknowledgement.** I have received a printed or digital copy of the Patriots A1 Research Personnel Rules and Regulations manual, or I know where I can access a copy. I acknowledge and agree to abide by the policies and rules herein. I acknowledge the various consequences of not following the established policy guidelines. I agree to follow the policies in this manual as long as I am employed by Patriots A1 Research.

I understand that the company may change the information within this manual at any time and that it is my responsibility to keep informed of these changes.

3. **Employment.** The policies, procedures, objectives, and statements contained in the Personnel Rules and Regulations manual, and in other statements that may be issued periodically, do not create a contract or agreement of any kind between the company and its employees, or any other obligation or liability on the company.

I understand that employment with Patriots A1 Research is for no set period and may be terminated at any time by the employee, or by the company in accordance with applicable law.

4. **Ethics Statement.** It is the policy of Patriots A1 Research to require honest and ethical conduct by its elected officials, employees, interns and volunteers. Patriots A1 Research complies with state and local laws regarding public employees, ethics and conflicts of interest. I agree to work with integrity.

5. **Harassment.** I understand and agree to abide by Patriots A1 Research's Harassment policy. I understand that I am expected to abide by the rules and requirements contained in the policy with regard to reporting harassment, including the obligation to report violations of the policy and not to retaliate against another for exercising his/her rights under this policy.

The following policies, procedures and objectives are intended to govern the conduct of the company's employees. After reading each section carefully, initial the corresponding line and sign at the bottom. Initial Here:

6. Drug or Alcohol Testing. I understand that I may be required to submit to periodic random, as well as post-accident and reasonable suspicion drug and/or alcohol tests. I will hold harmless the company for any kind of adverse job action that might arise as a result of the drug or alcohol test.

7. Vehicle Use/MVR Authorization. I agree to allow Patriots A1 Research to obtain my Motor Vehicle Record (MVR) and will provide my valid driver's license for review. I have read and understand the Employee Vehicle Use section of this manual and agree to abide by the terms. I understand that I need to maintain an acceptable MVR.

8. Acceptable Use of Technology. Information technology and resources shall be used in a responsible and legal manner. Expectations for professional behavior and appropriate communication, free from harassment, inappropriate or disparaging remarks, and bullying apply. Technology may include but is not limited to: computers, networks, internet, email and phones. I agree to follow the Acceptable Use policy found in the Personnel Rules and Regulations.

9. Background Check. The company may utilize a variety of methods of screening and/or selection, including but not limited to applications, personal interviews, and criminal background checks and contacting personal and professional references. I agree to cooperate with the background check process.

I confirm that I have reviewed the Patriots A1 Research Personnel Rules and Regulations policy manual. I understand that failure to comply with policy could result in disciplinary action up to and including termination of employment.

I hereby acknowledge that I understand these policies and accept them as part of my employment with Patriots A1 Research.

Employee Printed Name

Employee Signature

Human Resources Representative

Date

**Patriots A1 Research
Seasonal/Part Time
ACKNOWLEDGEMENTS**

The following information defines current benefits as ineligible due to seasonal/part time employment. After reading each section carefully, initial the corresponding line and sign at the bottom.

Initial Here:

1. ADP Retirement System – Statement of Ineligibility, 401(K)/457. As a seasonal/part time employee of Patriots A1 Research, I understand I am not eligible to accrue Defined Benefit Pension Service Credit toward a monthly retirement allowance from ADP. _____

2. Post Retirement - ADP. I agree that I have been informed that Patriots A1 Research is a participating employer of ADP Retirement System.

I am currently receiving a retirement benefit from ADP. _____
I am retired. If you have answered yes, please contact the ADP Retirement Benefits Department at 844.277.5237. Restrictions for post-retirement employees will apply.

I am currently NOT receiving a retirement benefit from ADP. _____

It is the employees/contractors responsibility to notify our offices of retirement from a participating Patriots A1 Research employer within 30 days of retirement. _____

I confirm that I have reviewed the ADP Retirement Systems disclaimers and have responded accordingly. I hereby acknowledge that I understand these statements and accept them as part of my employment with Patriots A1 Research.

Employee Printed Name

Employee Signature

Human Resources Representative

Date

Patriots A1 Research

EEO-1 Voluntary Self-Identification Form

It is the policy of Patriots A1 Research to provide equal employment and advancement opportunities to all individuals. The following information is used to assist Patriots A1 Research in maintaining the statistics for the annual EEO-1 Report which we are required to submit to the Federal Government each year.

Completion of this form is voluntary and in no way affects any decision regarding your employment. This form is confidential and will be maintained separately from your application.

Name (Print & Sign):

Date:

Position Title:

GENDER (Please check one of the options)

- MALE
- FEMALE

RACE/ETHNICITY (Please check one of descriptions below corresponding to the ethnic group with which you identify)

- HISPANIC OR LATINO: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- WHITE: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- BLACK OR AFRICAN AMERICAN: a person having origins in any of the black racial groups of Africa.
- ASIAN: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- AMERICAN INDIAN OR ALASKA NATIVE: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- TWO OR MORE RACES: a person who primarily identifies with two or more of the above race/ethnicity categories.
- I DO NOT WISH TO DISCLOSE



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

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

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

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

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

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

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

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

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

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

STOP Employer Completes Next Page STOP



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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative OWNER/CEO	
Last Name of Employer or Authorized Representative ORTIZ	First Name of Employer or Authorized Representative ANDREA	Employer's Business or Organization Name PATRIOTS A1 RESEARCH & DRAFTING CO LLC		
Employer's Business or Organization Address (Street Number and Name) 3509 JUSTIN LANE		City or Town JACKSONVILLE	State AR	ZIP Code 72076

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative ANDREA ORTIZ
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.