

# NEW HIRE / RE-HIRE EMPLOYEE DETAILS

- Car Wash  
  Jiffy Lube  
  Maintenance  
  Construction  
  Landscape  
  Corporate  
 New Hire                       Rehire - Approved By \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job title: \_\_\_\_\_

Work Status:    Full-Time    Part-Time

Work Location: \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_

Check the boxes as you complete required paperwork and review additional information with your new employee

**PART I - PAPERWORK**

- Application  
Completed & signed by employee
- I-9 Form  
Completed by employee & hiring manager
- State & Federal Tax Forms  
Completed by employee
- Employee Information Record  
Completed by employee
- Employee Handbook Acknowledgement Form  
Completed by employee
- Copy of Social Security Card  
Attach to new hire packet
- NYS Inspector License (*JL only*)  
Inspector #: \_\_\_\_\_  
Renewal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Copy of Working Papers  
Required if under 18 years of age
- Copy of proof of age  
Required if age 18-25
- Copy of Notice & Acknowledgement Of Pay Rate and Pay Day  
Completed by Manager

**PART II - ORIENTATION & FACILITY TOUR**

- Performance Expectations
- Job Description
- Attendance Policy
- Work Hours & Meal Breaks
- Dress Code & Uniform Requirements
- Anti-Harassment & Discrimination Policy
- Introduction to Work Group & Current Employees
- Restrooms, Break Room, & Changing Room
- Time Clock & Bulletin Board
- Parking & Smoking Areas
- Payroll Designation Form  
Completed by Employee

**PART III - SAFETY ORIENTATION**

- Accident & Injury Reporting
- Emergency Exit Procedures
- Material Safety Data Sheets  
Where located and how to read
- Personal Protective Equipment (PPE)
- Chemical Handling
- Hazard Communication Program
- Hazcom Training Acknowledgement Form (*Car Wash Only*)
- Footwear (Shoes for Crews)
- Fire Safety & Fire Extinguisher

***By Signing below, I acknowledge that my manager has reviewed all items in Parts I, II, & III above and has answered any questions that I have at this time.***

Employee Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location Manager \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Human Resources \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payroll Coordinator \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# HOFFMAN CAR WASH AND JIFFY LUBE

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status. As a drug and alcohol free workplace, we drug test.

<p><b>Position Applied For:</b></p> <p><input type="checkbox"/> Car Wash Attendant</p> <p><input type="checkbox"/> Lube Technician</p> <p><input type="checkbox"/> Cashier</p> <p><input type="checkbox"/> Management</p> <p><input type="checkbox"/> Administration/Clerical</p> <p><input type="checkbox"/> Other (Please Explain)</p> <p>_____</p> <p>_____</p>	<p><b>Car Wash</b></p> <p>Albany</p> <p>Colonie</p> <p>Clifton Park</p> <p>Delmar</p> <p>East Greenbush</p> <p>Hudson</p> <p>Kingston</p> <p>Latham</p> <p>Queensbury</p> <p>Saratoga</p> <p>Troy</p>	<p><b>Jiffy Lube</b></p> <p>Clifton Park</p> <p>Colonie</p> <p>Delmar</p> <p>East Greenbush</p> <p>Guilderland</p> <p>Hudson</p> <p>Kingston</p> <p>Latham</p> <p>Queensbury</p> <p>Saratoga</p>	<p><b>Work Preference</b></p> <p><input type="checkbox"/> Car Wash <input type="checkbox"/> Jiffy Lube</p> <p><b>Location Preference</b></p> <p>#1 _____</p> <p>#2 _____</p>
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Name: \_\_\_\_\_ Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Number and Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  
A criminal conviction will not necessarily be a bar to employment. Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a previous applicant of Hoffman Car Wash / Jiffy Lube? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give dates: \_\_\_\_\_

Are you a previous employee of Hoffman Car Wash / Jiffy Lube? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give dates: \_\_\_\_\_

Are you over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, a work permit will be required prior to beginning employment.

Do you have a valid driver's license or permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

### AVAILABILITY

Date available to start: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Pay Expectations: \$ \_\_\_\_\_

Total hours available per week: \_\_\_\_\_ Full-Time: \_\_\_\_\_

Are you able to work overtime? YES \_\_\_\_\_ NO \_\_\_\_\_ Part-Time: \_\_\_\_\_

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Start time							
End time							

### How Did You Hear About Us?

Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ School \_\_\_\_\_ Internet / Web Site \_\_\_\_\_

Employee \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

## EMPLOYMENT HISTORY

List your employment starting with your most recent position. Include any job-related military service assignments and/or volunteer activities.

**This section must be completed even if a resume is attached.**

**The company reserves the right to contact your previous employer(s) to verify information provided.**

Employer: _____ Address: _____ Work Performed: _____ _____	Job Title: _____ Phone: _____	Name of Supervisor: _____ Reason for Leaving: _____ Dates Worked: From: ___/___/___ To: ___/___/___ Pay: Start: _____ Final: _____
Employer: _____ Address: _____ Work Performed: _____ _____	Job Title: _____ Phone: _____	Name of Supervisor: _____ Reason for Leaving: _____ Dates Worked: From: ___/___/___ To: ___/___/___ Pay: Start: _____ Final: _____
Employer: _____ Address: _____ Work Performed: _____ _____	Job Title: _____ Phone: _____	Name of Supervisor: _____ Reason for Leaving: _____ Dates Worked: From: ___/___/___ To: ___/___/___ Pay: Start: _____ Final: _____

## PERSONAL/PROFESSIONAL REFERENCES

(Do not include family members or others listed above)

NAME	RELATIONSHIP	AREA CODE & PHONE NUMBER	YEARS KNOWN
		(     )     -	
		(     )     -	

## EDUCATION

NAME AND LOCATION	YEARS COMPLETED	COURSE OF STUDY	YEAR GRADUATED
HIGH SCHOOL/G.E.D.			
COLLEGE/TRADE SCHOOL			
OTHER (SPECIFY)			

### **PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW**

In consideration of my employment, if I am employed, I agree to conform to the employment policies, practices, and procedures of Hoffman Car Wash, Inc., and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself. I understand that no representative of the Company, other than the President and the Owners, has the authority to enter into any agreement for any specified period of time or to make any agreement to the foregoing or to make any verbal promises, commitments, or statements of any kind regarding the Company's policies, procedures, or any other issues that are legally binding by the Company. I understand that completion of this application for employment does not guarantee that I have been employed by this Company. I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made in this employment application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination.

Signature of Applicant \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

## 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](http://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](http://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](http://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](http://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.

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### 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 (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
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 (month/day/year)
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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 (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**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 (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**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 (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
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 (if any): _____

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 (month/day/year)
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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)		
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	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
	5. U.S. Military card or draft record	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
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)	
<b>For persons under age 18 who are unable to present a document listed above:</b>		
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	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	
		8. Employment authorization document issued by the Department of Homeland Security

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

# Form W-4 (2010)

**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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

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

**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 2010. 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	_____
B	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	B	_____
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 \$1,800 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	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 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 <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 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2010</div>
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. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
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 2010, 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		
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 <small>(Form is not valid unless you sign it.)</small>		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)



# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

**IT-2104**  
(8/10)

Print or type	First name and middle initial	Last name	Your social security number
	Permanent home address (number and street or rural route)		Apartment number
	City, village, or post office	State	ZIP code

Single or Head of household  Married   
 Married, but withhold at higher single rate   
 Note: If married but legally separated, mark an X in the Single or Head of household box.

Are you a resident of New York City? ..... Yes  No   
 Are you a resident of Yonkers? ..... Yes  No

Complete the worksheet on page 3 before making any entries.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) .....	1.	
2 Total number of allowances for New York City (from line 31) .....	2.	

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3 New York State amount .....	3.	
4 New York City amount .....	4.	
5 Yonkers amount .....	5.	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
----------------------	------

**Penalty** — A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee:** detach this page and give it to your employer; keep pages 3 and 4 for your records.

**Employers only:** Please mark an X in the appropriate box(es) to indicate why you are sending a copy of this form to New York State:

Employee is a new hire  Employee claimed more than 14 exemption allowances for New York State

Employer's name and address (Employer: complete this section only if you must send a copy of this form to the NYS Tax Department.)	Employer identification number
------------------------------------------------------------------------------------------------------------------------------------	--------------------------------

## Instructions

### Changes for 2010

Legislative changes may affect the number of allowances claimed or additional withholding amounts requested on your 2010 Form IT-2104. You should complete a new 2010 Form IT-2104 and give it to your employer if you previously submitted a 2010 Form IT-2104 and any of the following affect you.

- The New York City personal income tax rate has increased for taxpayers with New York City taxable income of more than \$500,000.
- A temporary deferral of certain credits has been implemented where the total amount of those credits is greater than \$2 million.
- The New York State itemized deduction for state and local general sales taxes is disallowed to the extent included in federal itemized deductions.
- The New York State itemized deduction for taxpayers with New York adjusted gross income of more than \$10,000,000 is now limited to 25% of the federal itemized deduction for charitable contributions. All other federal itemized deductions will be reduced to zero based on the new limitation.

### Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York

State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

### Worksheet

**Part 1 — Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).**

6 Enter the number of dependents that you will claim on your state return (*do not include yourself or, if married, your spouse*) ... 6. \_\_\_\_\_

**For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.**

7 College tuition credit ..... 7. \_\_\_\_\_

8 New York State household credit ..... 8. \_\_\_\_\_

9 Real property tax credit ..... 9. \_\_\_\_\_

**For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.**

10 Child and dependent care credit ..... 10. \_\_\_\_\_

11 Earned income credit ..... 11. \_\_\_\_\_

12 Empire State child credit ..... 12. \_\_\_\_\_

13 Other credits (*see instructions*) ..... 13. \_\_\_\_\_

**For lines 14 and 15, enter 2 if either situation applies.**

14 Head of household status and only one job ..... 14. \_\_\_\_\_

15 Married couples with only **one** spouse working and only one job ..... 15. \_\_\_\_\_

16 Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate \$ \_\_\_\_\_  
Divide this estimate by \$1,000. Drop any fraction and enter the number ..... 16. \_\_\_\_\_

17 If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 28.  
All others enter 0 ..... 17. \_\_\_\_\_

18 Add lines 6 through 17 ..... 18. \_\_\_\_\_

19 If you have more than one job, or are married with both spouses working, and your combined wages are between \$100,000 and \$1,100,000, enter the appropriate number from one of the charts in Part 4. All others enter 0 ..... 19. \_\_\_\_\_

20 Subtract line 19 from line 18. Enter the result, including negative amounts, here and on line 1. If your employer cannot accommodate negative allowances, enter 0 here and on line 1 and see *Additional dollar amounts* in the instructions. (If you have more than one job, or if you and your spouse both work, see instructions.) ..... 20. \_\_\_\_\_

**Part 2 — Complete this part only if you expect to itemize deductions on your state return.**

21 Enter your estimated federal itemized deductions for the tax year ..... 21. \_\_\_\_\_

22 Enter your estimated state, local, and foreign income taxes or state and local general sales taxes included on line 21 (*if your estimated New York AGI is over \$1 million, you must enter on line 22 all estimated federal itemized deductions included on line 21 except charitable contributions*) ..... 22. \_\_\_\_\_

23 Subtract line 22 from line 21 ..... 23. \_\_\_\_\_

24 Enter your estimated college tuition itemized deduction ..... 24. \_\_\_\_\_

25 Add lines 23 and 24 ..... 25. \_\_\_\_\_

26 Based on your federal filing status, enter the applicable amount from the table below ..... 26. \_\_\_\_\_

Single (cannot be claimed as a dependent) ...	\$ 7,500	Qualifying widow(er) .....	\$15,000
Single (can be claimed as a dependent) .....	\$ 3,000	Married filing jointly .....	\$15,000
Head of household .....	\$10,500	Married filing separate returns .....	\$ 7,500

27 Subtract line 26 from line 25 (*if line 26 is larger than line 25, enter 0 here and on line 17 above*) ..... 27. \_\_\_\_\_

28 Divide line 27 by \$1,000. Drop any fraction and enter the result here and on line 17 above ..... 28. \_\_\_\_\_

**Part 3 — Complete this part to compute your withholding allowances for New York City (line 2).**

29 Enter the amount from line 6 above ..... 29. \_\_\_\_\_

30 Add lines 14 through 17 above and enter total here ..... 30. \_\_\_\_\_

31 Add lines 29 and 30. Enter the result here and on line 2 ..... 31. \_\_\_\_\_

**Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).


This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.


Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

**Need help?**

 **Internet access:** [www.nystax.gov](http://www.nystax.gov)  
(for information, forms, and publications)

 **Telephone assistance** is available from 8:30 A.M. to 4:30 P.M. (eastern time), Monday through Friday.

Refund status: (518) 457-5149  
In-state callers without free long distance: 1 800 443-3200

**Personal Income Tax Information Center:** (518) 457-5181  
In-state callers without free long distance: 1 800 225-5829

To order forms and publications: (518) 457-5431  
In-state callers without free long distance: 1 800 462-8100

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): 1 800 634-2110

# Employee Profile

All information is voluntary and will only be used to update employee files and complete reports required by law.

Employee Name: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_

Marital Status:  
 Single  Married  Divorced  Separated  Widowed

Veteran:  Yes  No

## Contact and Dependant Information

Emergency Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

## Dependant Information

Name	Relationship	Date of Birth	SS #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Education Information

Highest level completed  
 Elementary  
 GED  
 High School  
 Trade School  
 Associate Degree  
 Bachelor Degree

## EEOC Information

White  
 Black or African American  
 Hispanic or Latino  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or other Pacific Islander  
 Two or more Races

*Hoffman Development Corporation (HDC) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, HDC invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government. When reported, the data will not identify any specific individual.*

## EMPLOYEE HANDBOOK ACKNOWLEDGEMENT FORM

I have reviewed the Hoffman Car Wash and Hoffman Jiffy Lube Employee Handbook. I have read it and understand the policies, procedures and practices contained in it. I have also had the opportunity to ask questions about the information contained in the handbook and discuss them with my manager or another company representative. I fully understand the policies, procedures and practices governing my employment with Hoffman Car Wash or Hoffman Jiffy Lube, and I agree that I will conform to them.

I understand that this Employee Handbook is not a contract of employment, expressed or implied, between Hoffman Car Wash and Hoffman Jiffy Lube and myself and that I should not view it as a contract of employment.

I understand that this Employee Handbook takes precedence over, supersedes, and revokes any previous memo, bulletin or procedure issued prior to the date noted, by the company, on any subject discussed in this handbook unless stated otherwise.

I also understand and agree that the company reserves the right to add, delete, change or alter any of the policies, procedures and practices at any time.

I also understand and agree that my employment is for no definite period and, regardless of the time and manner of payment of my wages or salary, may be terminated at any time by Hoffman Car Wash or Hoffman Jiffy Lube, or myself, with or without cause, and without any previous notice.

I also understand that no representative of the company, other than the Chief Executive Officer or President has the authority to enter into an agreement with me for employment for any specified period of time or make any agreement with me contrary to the foregoing.

I reviewed the Employee Handbook on \_\_\_\_\_  
(Date)

Employee Name (Print): \_\_\_\_\_

Employee Name (Sign): \_\_\_\_\_



HOFFMAN CAR WASH, INC.

"HAZARD COMMUNICATION PROGRAM"

VII. SAFETY TRAINING ACKNOWLEDGEMENT FORM

I certify that my Manager has reviewed with me the following information:

- 1. "RIGHT-TO-KNOW" STATION
• Binder containing Material Safety Data Sheets;
• Chemical Inventory Listing;
• Written Hazard Communication Program.
2. MATERIAL SAFETY DATA SHEETS (MSDS)
• Review of MSDS, relation to our chemicals, including product name, physical and health hazard data, fire, explosion, and reactivity data, spill procedures, first aid, and additional information/precautions;
• How to request a copy of an MSDS (Never take the original MSDS from the binder).
3. CONTAINER LABELING
• How containers are labeled, product name, hazard warnings, manufacturer name and address, corresponding MSDS;
• Pipes that carry hazardous chemicals must be labeled where the chemical enters and exits;
• Note: If you find an unmarked container do not touch it - inform your Manager immediately.
4. CHEMICAL HANDLING
• Review of the different types of chemicals and hazards associated with them, including appearance (liquid, solid, color, odor), purpose, safety precautions, emergencies, and accident prevention;
• Which employees are authorized and properly trained to handle chemicals:
a. Full Serves - Managers and Assistant Managers only;
b. Exterior - Managers, Assistant Managers and Supervisors only;
• Areas off limits to employees not authorized and not properly trained to handle chemicals.
5. NEW CHEMICALS & PRODUCT UPDATES
• The new or updated hazardous chemical container shall be properly labeled;
• For new chemicals, a new MSDS will be inserted in the three-ring binder marked "Material Safety Data Sheets" in the "Right-To-Know" station. For product updates, the old MSDS will be replaced;
• A review of the chemical and MSDS with the employees;
• The new chemical shall be added to the "Chemical Inventory List" in the "Right-To-Know" station.
6. PERSONAL PROTECTIVE EQUIPMENT
• Review of available safety equipment, including face, hearing, arm, and leg protection; What it is used for and where it is located;
• Location of first aid kit(s) and eyewash stations;
• Location of fire extinguishers and building exits.
7. HEARING CONSERVATION
• Effects of noise on hearing and purpose of hearing conservation program
• Types of hearing protectors, including use, selection, fit, and advantages/disadvantages of various types
• Purpose and procedures of audiometric testing
• Company requirements for "high exposure" jobs or areas

I have had an opportunity to ask questions about and discuss the above information with my Manager or another representative of the Company. I fully understand the policies and procedures that were explained to me regarding the safety & health standards at Hoffman Car Wash, Inc. and I agree that I will conform to them.

I also understand that a serious violation of any of the above policies and procedures will result in disciplinary action up to and including termination of my employment with the Company.

Employee Name (Print): \_\_\_\_\_

Training Date: \_\_\_ / \_\_\_ / \_\_\_

Employee Name (Sign): \_\_\_\_\_

I certify that I have reviewed the above information with my new employee and that he/she has had the opportunity to ask questions and now understands our safety & health expectations.

Trainer's Name (Print): \_\_\_\_\_

Work Location: \_\_\_\_\_

Trainer's Name (Sign): \_\_\_\_\_

Training Date: \_\_\_ / \_\_\_ / \_\_\_



Notice and Acknowledgement of Pay Rate and Payday  
Under Section 195.1 of the New York State Labor Law  
Notice for Hourly Rate Employees

**1. Employer Information**

Name: HOFFMAN CAR WASH, INC.

Doing Business As (DBA) Name(s): \_\_\_\_\_

FEIN (optional): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: 1757 CENTRAL AVE.  
ALBANY, NY 12205

Phone: 518-862-1658

**2. Notice given:**

At hiring

On or before February 1

Before a change in pay rate(s),  
allowances claimed or payday

**3. Employee's rate of pay:**  
\$ \_\_\_\_\_ per hour

**4. Allowances taken:**

None

Tips \_\_\_\_\_ per hour

Meals \_\_\_\_\_ per meal

Lodging \_\_\_\_\_

Other \_\_\_\_\_

**5. Regular payday:** WEDNESDAY

**6. Pay is:**

Weekly

Bi-weekly

Other

**7. Overtime Pay Rate:**  
\$ \_\_\_\_\_ per hour (This must be at least 1½  
times the worker's regular rate, with few  
exceptions.)

**8. Employee Acknowledgement:**  
On this day I have been notified of my pay rate,  
overtime rate (if eligible), allowances, and  
designated payday on the date given below. I  
told my employer what my primary language is.

**Check one:**

I have been given this pay notice in English  
because it is my primary language.

My primary language is \_\_\_\_\_ I  
have been given this pay notice in English only,  
because the Department of Labor does not yet  
offer a pay notice form in my primary language.

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

Date \_\_\_\_\_

Preparer's Name and Title \_\_\_\_\_

The employee must receive a signed copy of  
this form. The employer must keep the original  
for 6 years.



## PAYROLL DESIGNATION FORM

As a benefit to all employees, we offer payroll designation options, paycard or direct deposit. Your pay can be split (up to 3 ways) between the following options based on percentages or set amounts of your choosing. If a flat amount is sent to one method, your remaining pay will be sent to your other designation(s). If you do not provide direct deposit information (to a bank), your pay will automatically be loaded onto a paycard.

Last Name	First Name	Social Security Number
<b>PAYROLL DESIGNATION (1)</b>	FLAT AMOUNT	PERCENTAGE
\$ _____	_____	_____ %
Bank Name (write paycard if paycard is elected)	Account Type (circle one)	
	PAYCARD	or CHECKING or SAVINGS
Routing Number (leave blank if paycard is elected)	Account Number/Paycard Number	
<b>PAYROLL DESIGNATION (2)</b>	FLAT AMOUNT	PERCENTAGE
\$ _____	_____	_____ %
Bank Name (write paycard if paycard is elected)	Account Type (circle one)	
	PAYCARD	or CHECKING or SAVINGS
Routing Number (leave blank if paycard is elected)	Account Number/Paycard Number	
<b>PAYROLL DESIGNATION (3)</b>	FLAT AMOUNT	PERCENTAGE
\$ _____	_____	_____ %
Bank Name (write paycard if paycard is elected)	Account Type (circle one)	
	PAYCARD	or CHECKING or SAVINGS
Routing Number (leave blank if paycard is elected)	Account Number/Paycard Number	

I understand the different payroll options made available to me. I authorize the Company to deposit my paycheck in the manner I have requested above. Further, I authorize the financial institution to accept and to credit entries indicated by the Company to my account. In the event that the above company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the Company has received written notice from me of its termination in such manner as to afford the Company and financial institution a reasonable opportunity to act on it.

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

*\* Note: If you are depositing into a checking account please attach a voided check to this form.  
If your are depositing into a savings account please attach form provided by your bank.*