

2024 Inbound, LLC Employment Application

Last Name: _____ **First Name:** _____

- Current government issued photo I.D.**
- 2nd form of I.D.**
- Federal W-4**
- Oregon W-4**
- I-9 dated and signed**
- Wage Agreement for 2024**
- Harassment Free Workplace Policy**
- Drug and Alcohol Policy**
- Company Safety and Health Policy**
- Employee Acknowledgement and Release Form**

Phone 1: _____

Phone 2: _____

Email Address: _____

Other ways to contact you:

No employment without 2 valid forms of I.D. and all forms properly signed and dated.

Agreement Between Contractor and Worker (WH-153)

The EMPLOYER, Inbound, LLC (FEIN 20-1741977), and the WORKER,

_____ mutually agree as follows:

name of worker

Rate of Pay: Pay day is every other Friday. This contract will be paid at the following rate(s):

Hourly Rate \$ _____ Contract No: 2023 Type 2 Hand Crew

Hourly Rate \$ _____ Contract No: 2023 Water Handling Agreement

Hourly Rate \$ _____ Contract No: 2023 Driver

Hourly Rate \$ _____ Project Work

Hourly Rate \$ _____ Shop time

Benefits: This contract will pay benefits on the first 40 hours worked in a week at the following rate: **\$4.80/Hr.** (First 40 hours, not paid on shop time)

Vacation: This contract will pay vacation on the first 40 hours worked in a week at the following rate: **\$ _____/Hr.** (First 40 hours, not paid on shop time, supervisors may accrue at a higher rate)

Sick Pay: This contract will pay sick pay on the first 40 hours worked in a week at the following rate: **\$ _____/Hr.** (First 40 hours)

Loans: Personal loans or advances may be made once an employee has hours.

Housing, Health and Day Care Services:

Housing, health and day care services are not provided. Wildland firefighters will usually camp at federal and state provided fire camps.

Employment Conditions:

All Inbound employees work on an on-call status due to the unpredictable nature of fire and forestry contracts and therefore, Inbound is not able to guarantee work. All employees must personally assess the potential for wildfires and work. Seasonal work peaks during the summer months.

Equipment and Clothing:

Personal protective gear includes nomex fire clothing, shelters, hard hats, gloves, goggles, headlamps, and chaps. Inbound will be issuing fire clothing, hard hats, goggles, fire shelters, and headlamps for employees at the time of dispatch. This PPE belongs to Inbound and will need to be returned to Inbound at the completion of each incident. Lost equipment may need to be paid for by the employee before the employee will be eligible for re-assignment. The gear will be re-issued the next time the employee is dispatched. For personal gear, the employee is responsible for obtaining their own gear. Personal gear includes camping items such as sleeping bags, tents, socks, cigarettes, etc. Employees should plan to **bring their first meal** to the fire when dispatched.

Agreement Between Contractor and Worker (WH-153)

As a condition of employment, the employee is responsible for providing their own pair of boots and demonstrating their readiness to perform as a wildland firefighter.

A \$150 boot allowance will be awarded at the end of the season to FFT2 firefighters and ground support drivers who have worked on fire for at least 30 days during the current season and remain in good standing with Inbound, LLC at the close of fire season. Driver contract not eligible.

All FFT1s and CRWBs will be paid an additional uniform allowance in their hourly pay in accordance with the employee handbook.

Training:

Training is required as a condition of employment. Inbound provides free training to potential employees, but does not pay for time spent in training. Training includes CPR and First Aid and fire training that meets PMS 310-1 standards.

Returning employees who worked on fire last year with Inbound, LLC, and remain in good standing, will be paid for at the rate of \$13.50 per hour.

Labor Disputes/Overtime:

There are no labor disputes at the work site! If you have questions or concerns about your pay please contact the Inbound office when you are off the clock and we will address any issues. Any HR related issue should be addressed by email at hr@inboundfireco.com

Company Policies:

All policies are detailed in the employee handbook. Each employee acknowledges receipt of the Inbound Employee Handbook which has more detailed information.

Overtime is paid after 40 hours in a work week at the rate of one and one half times the hourly rate above. Overtime is not paid on the benefits listed above. Inbound will provide food and shelter as necessary during assignments.

I have read and understand this agreement (amended disclosure), and **I understand that I will need to return all company issued equipment and personal protective gear before I am issued my final paycheck, or the amount to replace the company issued equipment may be deducted prior to the issuance of the final paycheck.** I authorize Inbound to make deductions from my paycheck for cash draws or personal items purchased at my direction. I have received an employee orientation that includes reviewing all company policies, OSHA regulations, and Oregon BOLI and DOL MSPA requirements, and I have received a WH-151 outlining my rights as an employee. I understand the seasonal nature of employment as a wildland firefighter.

_____/_____/_____
Employee Printed Name/Signature/Date

Dillon Sanders /_____/_____
Company Representative Signature/Date

OR BIN 1237941-9
FEIN 20-1741977

Inbound, LLC

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have a drivers license? YES NO Drivers License Number: _____

State: _____ Expiration Date: _____

Have you had any accidents in the past three years? YES NO

Have you had any moving violations in the past three years? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Emergency Contact Information #1

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Emergency Contact Information #2

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

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.

| | | | |
|---|---|-----------|--|
| 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 surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

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). If you or your spouse have self-employment income, use this option; **or**

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

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

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

| | | | |
|--|---|-------------|----|
| Step 3: Claim Dependent and Other Credits | If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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) |
| | | | |

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

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

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

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



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include estimated income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-". 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

2024 Form OR-W-4

Page 1 of 1, 150-101-402
(Rev. 08-18-23, ver. 01)

Oregon Department of Revenue



19612401010000

Office use only

Oregon Withholding Statement and Exemption Certificate

| | | | | | |
|------------|---------|-----------|------------------------------|--|----------|
| First name | Initial | Last name | Social Security number (SSN) | <input type="checkbox"/> Redetermination | |
| Address | | | City | State | ZIP code |

Note: Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

- Select one:** Single Married Married, but withhold at the higher single rate.
Note: Select "Single" if you're married but legally separated or your spouse is a non-U.S. citizen without permanent resident status.
- Allowances.** Total number of allowances you're claiming on line **A4**, **B15**, or **C5**.
See worksheets in the instructions. If you skip the worksheets and aren't exempt, enter 0..... 2.
- Additional amount**, if any, you want withheld from each paycheck..... 3.
- Exemption from withholding.** I certify my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete **both** lines below:
 - Enter your exemption code. (See instructions) 4a.
 - Write "Exempt" 4b.

Sign here. Under penalty of false swearing, I declare the information provided is true, correct, and complete.

| | |
|---|------|
| Employee signature (This form isn't valid unless signed.) | Date |
|---|------|

Employer use only.

| | | | |
|------------------|---|-------|----------|
| Employer name | Federal employer identification number (FEIN) | | |
| Employer address | City | State | ZIP code |

— Submit this form to your employer —



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

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

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

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

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

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

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

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|---|----|---|-----|--|
| <ol style="list-style-type: none"> 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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 | OR | <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 | AND | <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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p> |
| <p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p> | | | | |
| <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p> | AND | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p> |

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

ACKNOWLEDGMENT OF RECEIPT OF DRUG AND ALCOHOL POLICY

I, (print name) _____, have received a copy of Inbound Drug and Alcohol Policy, and recognize it goes into effect the first day of my employment.

I have read the Drug and Alcohol Policy, and I understand and accept that the use of controlled substances and/or working under the influence of alcohol or controlled substances or illegal drugs is strictly prohibited.

As a condition to hire and of continuing employment, I agree to submit to drug and/or alcohol testing at the request of Inbound to detect the use of controlled substances on the job, or to determine whether and/or to what extent I might be under the influence of alcohol or controlled substances while on the job.

I further understand and readily consent that Inbound may require my submission to drug testing at any time it has reasonable suspicion, as determined exclusively upon their sole discretion, to believe I may be under the influence of alcohol or controlled substances or that I am actively using alcohol or controlled substances on the job.

Finally, I understand and readily consent that if I either refuse to be tested, or if I test positive for a controlled substance or blood alcohol content in any amount, I may be immediately terminated for misconduct. I understand that drugs or controlled substances refer to those kinds of substances identified in the definitions section of the Inbound Drug and Alcohol Policy.

I recognize that this Drug and Alcohol policy does not alter my "At-Will" employment relationship and that this is not a contract of employment. Nothing contained in this policy is intended to or should be construed as a contract or agreement of employment for any period of time.

Employee's Printed Name Employee's Signature Date

Complete and return this copy of acknowledgement to Inbound

EMPLOYEE ACKNOWLEDGMENT & RELEASE FORM

I have received a copy of the Employee Handbook. I have read, or will read and become familiar with the benefits, policies, and obligations described herein, and agree to accept them as a condition of my continued employment.

Any questions that I may have regarding the interpretation or application of any of the provisions of this booklet will be taken up immediately with my supervisor for clarification or proper interpretation.

I understand that failure to conform to the rules and regulations contained in the booklet may result in disciplinary action up to and including termination.

I understand and agree that my employment with Inbound is "At - Will". I understand that means that my employment is not guaranteed for any fixed term. Either the company, or myself may terminate my employment at any time with or without reason.

I understand that my paycheck may have deductions that are authorized by law or governmental regulations.

I understand, have read, and agree to comply with Inbound' harassment policy.

I also understand that nothing in this policy is intended to or should be construed as a contract or agreement of employment for any period of time.

Your signature on the release form indicates you have read, understood and have been given opportunity to question and clarify any questions you might have regarding Inbound' policies. Your signature states that you agree to abide by such policies and understand that failure to do so may result in disciplinary action up to and including termination.

Employee's Printed Name

Employee's Signature

Date

Complete and return this copy of acknowledgement to Inbound

INBOUND, LLC
Company Safety and Health Policy

The management of Inbound, LLC at all levels of supervision recognized its responsibility for, and is committed to establishing and maintaining a comprehensive safety and health program to maximize the safety of all employees, male and female. All necessary resources will be committed to insure the success of this program.

Management at all levels will be accountable, and will hold all employees accountable for their safety performance.

All employees must become familiar with and fully comply with all work safety rules and regulations established by Inbound, LLC and those safety laws and regulations set forth by the applicable governmental jurisdictions such as OR-OSHA, FED-OSHA, MSHA and other agencies. Inbound, LLC will assist in this process, verify compliance and discipline for failure to comply.

Anyone found in violation of Inbound, LLC's regulatory work or safety rules will be subject to a disciplinary process that could result in a reprimand, suspension or termination.

Inbound, LLC will make provision for regular monthly inspection of all work sites, equipment, work methods and work practices as the type of our operation or the character of our equipment requires, including identifying a method for the correction of any hazardous conditions discovered. Employees are required to report all known safety and health hazards to their supervisor.

Inbound, LLC will designate a competent person to be in charge of each work site. That person will have the authority and responsibility to supervise all employees at that site and to enforce Inbound, LLC's safety and health program.

Inbound, LLC defines a **competent person** as a person that has successfully demonstrated the ability to perform the work safely, solve or resolve problems and been trained and authorized by the employer to; A.) Identify existing and predictable conditions surrounding the work site which are potentially hazardous to employees; and, B) Eliminate identified hazards or take reasonable corrective action.

Inbound, LLC defines a **supervisor** as a person with the authority to direct the work activities of one or more employees.

Inbound, LLC will periodically review the safety performance of all employees.

Inbound, LLC will conduct reasonable and necessary pre work hazard surveys and pre work safety meetings and include all affected employees. Inbound, LLC will also conduct appropriate and necessary onsite hazard surveys, hazard safety meetings and monthly safety meetings. All employees will participate in the safety meeting program.

All employees will bring to the immediate attention of management any identified work site hazards so that prompt corrective action can be undertaken. Any employee may request a copy of the minutes and attendance record generated as a result of those meetings. The records of the safety meetings will be kept for a period of three years.

Inbound, LLC will conduct necessary training and follow-up training for all employees covering safe work practices for each assigned job. Inbound, LLC will supervise all employees during their instruction and training. The employee will demonstrate the ability to safely perform any assigned job before being allowed to work independently. Documentation of training activities will be generated and maintained.

Inbound, LLC will annually evaluate its Safety and Health Program. Inbound, LLLC will periodically review its practices, methods and procedures. Inbound, LLC will make any needed changes to its program so that it continues to be effective.

Inbound, LLC realizes that to be successful as a company requires a combination of efficient production and careful attention to employee safety. All employees, management and hourly alike need to work together as a team in order to maintain a safe workplace.

Employee Signature: _____

Date: _____

Trainer Signature: _____

Date: _____

Complete and return this copy of acknowledgement to Inbound

2024 PAYROLL CALENDAR

| January | | | | | | |
|---------|-----|-----|-----|-----|-----------|-----------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | 1 | 2 | 3 | 4 | <u>5</u> | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | <u>13</u> |
| 14 | 15 | 16 | 17 | 18 | <u>19</u> | <u>20</u> |
| 21 | 22 | 23 | 24 | 25 | 26 | <u>27</u> |
| 28 | 29 | 30 | 31 | | | |

| February | | | | | | |
|----------|-----------|-----|-----|-----|-----------|-----------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | 1 | <u>2</u> | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | <u>10</u> |
| 11 | 12 | 13 | 14 | 15 | <u>16</u> | <u>17</u> |
| 18 | <u>19</u> | 20 | 21 | 22 | 23 | <u>24</u> |
| 25 | 26 | 27 | 28 | 29 | | |

| March | | | | | | |
|-------|-----|-----|-----|-----|-----------|-----------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | | <u>1</u> | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | <u>9</u> |
| 10 | 11 | 12 | 13 | 14 | <u>15</u> | <u>16</u> |
| 17 | 18 | 19 | 20 | 21 | 22 | <u>23</u> |
| 24 | 25 | 26 | 27 | 28 | <u>29</u> | <u>30</u> |
| 31 | | | | | | |

| April | | | | | | |
|-------|-----|-----|-----|-----|-----------|-----------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | 1 | 2 | 3 | 4 | 5 | <u>6</u> |
| 7 | 8 | 9 | 10 | 11 | <u>12</u> | <u>13</u> |
| 14 | 15 | 16 | 17 | 18 | 19 | <u>20</u> |
| 21 | 22 | 23 | 24 | 25 | <u>26</u> | <u>27</u> |
| 28 | 29 | 30 | | | | |

| May | | | | | | |
|-----|-----------|-----|-----|-----|-----------|-----------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | 1 | 2 | 3 | <u>4</u> |
| 5 | 6 | 7 | 8 | 9 | <u>10</u> | <u>11</u> |
| 12 | 13 | 14 | 15 | 16 | 17 | <u>18</u> |
| 19 | 20 | 21 | 22 | 23 | <u>24</u> | <u>25</u> |
| 26 | <u>27</u> | 28 | 29 | 30 | 31 | |

| June | | | | | | |
|------|-----|-----|-----|-----|-----------|-----------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | | | <u>1</u> |
| 2 | 3 | 4 | 5 | 6 | <u>7</u> | <u>8</u> |
| 9 | 10 | 11 | 12 | 13 | 14 | <u>15</u> |
| 16 | 17 | 18 | 19 | 20 | <u>21</u> | <u>22</u> |
| 23 | 24 | 25 | 26 | 27 | 28 | <u>29</u> |
| 30 | | | | | | |

| July | | | | | | |
|------|-----|-----|-----|-----|-----------|-----------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | 1 | 2 | 3 | 4 | <u>5</u> | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | <u>13</u> |
| 14 | 15 | 16 | 17 | 18 | <u>19</u> | <u>20</u> |
| 21 | 22 | 23 | 24 | 25 | 26 | <u>27</u> |
| 28 | 29 | 30 | 31 | | | |

| August | | | | | | |
|--------|-----|-----|-----|-----|-----------|-----------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | 1 | <u>2</u> | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | <u>10</u> |
| 11 | 12 | 13 | 14 | 15 | <u>16</u> | <u>17</u> |
| 18 | 19 | 20 | 21 | 22 | 23 | <u>24</u> |
| 25 | 26 | 27 | 28 | 29 | <u>30</u> | <u>31</u> |

| September | | | | | | |
|-----------|-----|-----|-----|-----|-----------|-----------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| 1 | 2 | 3 | 4 | 5 | 6 | <u>7</u> |
| 8 | 9 | 10 | 11 | 12 | <u>13</u> | <u>14</u> |
| 15 | 16 | 17 | 18 | 19 | 20 | <u>21</u> |
| 22 | 23 | 24 | 25 | 26 | <u>27</u> | <u>28</u> |
| 29 | 30 | | | | | |

| October | | | | | | |
|---------|-----------|-----|-----|-----|-----------|-----------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | 1 | 2 | 3 | 4 | <u>5</u> |
| 6 | 7 | 8 | 9 | 10 | <u>11</u> | <u>12</u> |
| 13 | <u>14</u> | 15 | 16 | 17 | 18 | <u>19</u> |
| 20 | 21 | 22 | 23 | 24 | <u>25</u> | <u>26</u> |
| 27 | 28 | 29 | 30 | 31 | | |

| November | | | | | | |
|----------|-----------|-----|-----|-----|-----------|-----------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | | 1 | <u>2</u> |
| 3 | 4 | 5 | 6 | 7 | <u>8</u> | <u>9</u> |
| 10 | <u>11</u> | 12 | 13 | 14 | 15 | <u>16</u> |
| 17 | 18 | 19 | 20 | 21 | <u>22</u> | <u>23</u> |
| 24 | 25 | 26 | 27 | 28 | 29 | <u>30</u> |

| December | | | | | | |
|----------|-----|-----|-----------|-----|-----------|-----------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| 1 | 2 | 3 | 4 | 5 | <u>6</u> | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | <u>14</u> |
| 15 | 16 | 17 | 18 | 19 | <u>20</u> | <u>21</u> |
| 22 | 23 | 24 | <u>25</u> | 26 | 27 | <u>28</u> |
| 29 | 30 | 31 | | | | |

Period End Date

Pay Date

Holiday 11 paid holidays per year

