

APPLICATION for EMPLOYMENT

TOUR GUIDE – SALES AGENT – OFFICE STAFF

Today's Date: _____

Applicants Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

License# or State# _____ State: _____

(YOU MUST PRODUCE A VALID PICTURE ID WITH THIS APPLICATION)

Social Security # ----- _____

Are you over the age of 18? **YES NO**

Can you legally work in the US? **YES NO**

Cell Phone: _____ Home Phone: _____

email: _____ PRINT CLEARLY

Name of Emergency Contact Person: _____

Telephone number: _____

Position Applying for: **TOUR GUIDE SALES AGENT OFFICE STAFF** (Please Circle Answer)

Can you work on Weekends? **YES NO**

Can you work at Night? **YES NO**

What days of the week can you work? **MON TUE WED THURS FRI SAT SUN**

Background _____ Interview Date: _____ Finance Notified _____ HR File Completed: _____

EMPLOYMENT HISTORY

CFR 383.35

Company Name: _____

Address: _____

Company Telephone Number: _____

Start Date: _____ End Date: _____

Reason you no longer work here? _____

Company Name: _____

Address: _____

Company Telephone Number: _____

Start Date: _____ End Date: _____

Reason you no longer work here? _____

Company Name: _____

Address: _____

Company Telephone Number: _____

Start Date: _____ End Date: _____

Reason you no longer work here? _____

YOU MUST SHOW THE LAST 10 YEARS OF WORK HISTORY

QUESTION & ANSWER Page 1

CIRCLE ANSWER

Are you working FULL time right now?

YES NO

Are you working PART TIME right now?

YES NO

Are you UNEMPLOYED right now?

YES NO

Are you looking for a full time employment?

YES NO

Are you looking for a part time employment?

YES NO

-----OR ----- only Weekend Work?

YES NO

CAN YOU WORK ON SATURDAYS?

YES NO

CAN YOU WORK ON SUNDAYS

YES NO

Are you able to work Monday – Friday between 2pm and 11pm?

YES NO

If NO, why not? _____

Are you able to work on WEEKENDS between 2pm and 11pm?

YES NO

If No, why not? _____

PRINT NAME: _____

SIGNATURE: _____

QUESTION & ANSWER Page 2

Circle Answer

Do you know anyone who works for this company? YES NO

If yes – who do you know? _____

Have you ever served in the MILITARY? YES NO

If yes – what branch of the military were you in? _____

If yes – when did you serve? From: _____ To: _____

Were you born in the United States? YES NO

If NO – where were you born _____

If NO how long have you lived in the United States? _____ years

Do you speak any LANGUAGE- other than English? YES NO

If YES – What other language(s) can you speak? _____

In the last **10 years**, have you been involved in any type of LITIGATION? YES NO

In the last **10 years**, have you received an INSURANCE SETTLEMENT? YES NO

In the last **10 years**, show all CITIES/STATES that you have lived in?

WHEN YOU DO NOT TELL THE TRUTH = THEN YOUR ANSWER IS A LIE

PRINT NAME: _____

SIGNATURE: _____

BACKGROUND INVESTIGATION

THE INSURANCE COMPANY FOR THE EMPLOYER WILL CONDUCT AN INVESTIGATION OF ALL APPLICATIONS

PROHIBITION AGAINST UNFAIR DISCRIMINATION
City of Philadelphia Ordinance 110111A Section 9-3504

Applicants may cross out any question they do not wish to answer. This page contains background investigation information.

“IF THE APPLICANT VOLUNTARY DISCLOSES ANY INFORMATION REGARDING HIS OR HER CRIMINAL CONVICTIONS” ON THE APPLICATION OR “AT THE INTERVIEW” THE EMPLOYER MAY DISCUSS THE CRIMINAL CONVICTION DISCLOSED BY APPLICANT.” BY ANSWERING ALL QUESTIONS ON THIS PAGE HONESTLY, THE APPLICANT IS VOLUNTARILY OFFERING INFORMATION TO ASSIST WITH THE HIRING PROCESS AND INVESTIGATION. THE INFORMATION CONTAINED ON THIS PAGE IS CONSIDERED STRICKLY CONFIDENTIAL, AND WILL NOT BE DISTRIBUTED TO ANY THIRD PARTY.

Since age **18**, have you ever been **ARRESTED** by the police? YES NO

If yes, what year _____

Since age **18**, have you ever served time in **PRISON**? YES NO

If yes, what year _____

Are you on **PROBATION** or **PAROLE** right now? YES NO

Does your name appear on **MEAGANS LIST** or any sex offender registry? YES NO

If yes, what state _____

Have you ever **CHANGED** your name – or – used a different name, alias? YES NO

Do you have any **MEDICAL** conditions that would limit your ability to work 8 hours? YES NO

Do you have any physical limitations or disability (involving hands, arms, legs, feet) YES NO

Do you have the ability to stand, sit and/ or walk in the course of an 8 hour work day? YES NO

Do you have the ability to work **OUTSIDE** in all weather conditions? YES NO

Are you presently being treated by medical **DOCTOR** for any type of **INJURY**? YES NO

Do you have a **MEDICAL WAIVER** which permits you to drive a commercial vehicle? YES NO

Name of Applicant: _____

PRINT CLEARLY

SIGNATURE: _____

Double Reel Investments, Inc.	COMPANT POLICY	USDOT FMCSR Compliant FLSA Compliant
Original Issue Date: June 1, 2015		Company Policy 15-06

PAID SICK TIME

All employed by Double Reel Investments, Inc. will be entitled to PAID SICK TIME. This includes part time and full time drivers.

You earn/accrue one (1) hour of paid time off

For every 40 hours you work

Maximum pay time: 40 hours per year

RESTRICTIONS: sick time can only be used/collected when an employee is off work sick, or to care for a family member who is ill. Sick time can be used to address domestic abuse and/or assault cases.

Employee begins accruing time from day one of employment. New employees must complete their "Probationary Period" of 90 days, before they can request paid sick time.

END OF EMPLOYMENT: employees will NOT be paid any sick time accrued upon notice the employment relationship has ended

Paid sick time is NOT intended to provide "financial gain" at the end of employment with the company

NOTICE: employees must ask their supervisor or manager for paid sick time, based on the normal 40 hour work weeks. Paid sick time will not be paid unless the employee makes a request

Print Name: _____

Today's Date: _____

Signature of Understanding: _____



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE		TOTAL RESIDENT EIT RATE
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE		WORK LOCATION NON-RESIDENT EIT RATE
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS
For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:	
www.newPA.com	

Worker's Compensation Information

This notice shall serve to advise you of your rights and responsibilities under the PENNSYLVANIA WORKERS COMPENSATION ACT.

If you sustain a work related injury requiring medical treatment, you are REQUIRED to first with a doctor who is on a list medical providers posted by your employer. You are REQUIRED to treat with that provider for ninety (90) days from the first visit. If invasive surgery is recommended by the designated physician, then you are allowed a second opinion by a physician of your choice. If the second opinion differs from the first you have the right to determine which course of treatment to follow, provided that the second opinion provides a specific and detailed course of treatment. If you chose to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the second opinion visit. Treatment with your own medical provider in VIOLATION of the above may result in your medical bills being UNPAID for the prescribed period. Upon expiration of the prescribed period, if you select a medical provider NOT ON the panel below, you must notify your employer of your choice of providers within five (5) days of the first visit or risk NON-PAYMENT of those medical bills until proper notice is given. Double Reel Investments, Inc.

(see posting in employee lounge)

I have read the above and understand the rights and responsibilities explained to me therein:

APPLICANT/EMPLOYEE SIGNATURE: _____

The Worker's Compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work related injury. Benefits are required to be paid by your employer when self insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying Workers' Compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, area used for the treatment of injured employees or for the administration of first aid.

YOU SHOULD REPORT IMMEDIATELY ANY INJURY OR WORK RELATED ILLNESS TO YOUR EMPLOYER

YOUR BENEFITS COULD BE DELAYED or DENIED IF YOU DO NOT NOTIFY YOUR EMPLOYER IMMEDIATELY

If your claim is denied by your employer, you have the right to request a hearing before a workers compensation judge.

The Bureau of Workers Compensation cannot provide legal advice. You may contact the Bureau for additional general information at: Bureau of Workers Compensation, 1171 South Cameron Street, Room103, Harrisburg Pa. 17104-2501. Telephone number: 1-800-482-2383. Website: www.state.pa.us Keyword: workers comp.

I have read the above and understand my rights and under the Workers Compensation Act.

APPLICANT/EMPLOYEE SIGNATURE: _____

Double Reel Investments, Inc	COMPANY POLICY	USDOT FMCSR FLSA OSHA
Original Issue Date: October 30, 2017		POLICY #17-8

PAID TRAINING

- Training / orientation program involves your first 4-5 days
- Training rate is \$7.25 Per hour
- Average hours for training is based upon a 3 days training period

I have read this "employment agreement." I was given the opportunity to ask questions regarding "training pay."

Signature of Understanding:

Print Name: _____

SIGNATURE: _____

Double Reel Investments, Inc.	COMPANY POLICY	USDOT FMCSR FLSA OSHA
Original Issue Date June 21, 2012		Policy #12-9

PEAK SEASON

April 1st to September 30th

- **ALL employees are NOT permitted to take VACATION time during Peak Season**
- **SATURDAY is a mandatory work day for ALL employees during Peak Season**

I have read the company policy shown above. I have had the opportunity to ask questions regarding “peak season” company policies.

PRINT NAME: _____

Signature of Understanding _____

Company Policy - Employee Manual

COMPANY ISSUED POLO

BLACK PANTS

BLACK SNEAKERS/SHOES

COMPANY ISSUED HAT IF DESIRED

COMPANY ISSUED JACKET

NO HEADSETS – EARBUDS

Using phone while driving is prohibited

Print Your Name: _____

Signature: _____

Today's Date: _____

Form **8850**

Pre – Screening Notice

Rev. January 2012
US Dept of Treasury
Internal Revenue Service

EMPLOYER USE ONLY

Employer Name: Double Reel Investments Inc.
Employer Address: 1400 Schuylkill Avenue Philadelphia, Pa. 19146
FEIN: 825263936
Telephone: 215-922-2300
Contact Information: Finance Manager 215-922-2300

If the individual identified on page 1 is a member of group 4 or 6 enter number here: -> _____

Date the Applicant filled out Page 1:	_____	APPLICATION DATE
Date Applicant was offered the job:	_____	INTERVIEW
Date Applicant was Hired:	_____	DRUG TEST RESULTS
Date Applicant started the job:	_____	DRUG TEST RESULTS

PENNSYLVANIA TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Under penalties of perjury, I declare that the applicant provided the information on FORM 8850 on or before the day a job was offered to the applicant, and that the information I have furnished is, to the best of my knowledge, true, correct and complete. Based on the information the job applicant furnished on page 1 form 8850 I believe the individual is a member of the targeted group. I hereby request a certification that the individual is a member of a targeted group. Internal Revenue Service, Coordinating Committee SE-W:CAR:MP:T:M:S Section 51 (d) (13)

Employer Signature: _____

Title: _____

Date: _____

FAIR CREDIT REPORTING ACT

DISCLOSURE STATEMENT

CFR: 382.413 391.23 391.25

In accordance with the provisions of Section 604 (b) (2) (A) of the Fair Credit Reporting Act, Public Law #91-508, as amended by the Consumer Credit Reporting Act of 1996, Title II, Subtitle D, Chapter 1 of the Public Law 104-208, You are being informed that reports will be secure which will verify the following: (1) previous employment background investigation (2) Accident History (3) Motor Vehicle Driving (4) PSP Records from Federal Motor Carrier Safety Administration. These reports are used to determine "QUALIFICATIONS FOR EMPLOYMENT."

All reports are considered confidential and proprietary.

NOTICE TO APPLICANTS

In compliance with Federal and State EEO laws, qualified applicants are considered for all positions, without regard to race, color, religion, sexual orientation, national origin, atrial status, disabilities* or any other protected group. I authorize the Employer, Double Reel Investments Inc., make such investigations and inquires of my personal history, employment history and other related matters may be necessary in arriving at an employment decision. I hereby release this company, all former employers and/or any state or local government agencies providing information from all liability in responding to inquiries and providing valuable information in connection with my application to the Employer, Double Reel Investment Inc., I understand this company reserves the right to terminate my employment due to false or misleading information contained in this application, or information which was secured during the interview, orientation, training or investigation.

In compliance with 49CFR 391.23 (d) (e) I understand all the information which I provided about my current or former employers will be used, and an investigation will be conducted to examine my "Safety Performance History" in addition to my "Alcohol & Controlled Substance Testing" records. I understand I have the right to: (1) review the information provided by former employers, (2) have errors in the information corrected by my previous employers, and for those previous employers to resend that corrected information to Employer (3) have a rebuttal statement attached to the alleged erroneous information if an agreement cannot be reached regarding accuracy.

CDL employees of this company are classified "INTERSTATE COMMERCE" drivers in compliance with the Federal Motor Carriers Safety Administration (USDOT). All CDL employees of this company are exempt from the Federal Labor Standards Act (FLSA).

THE APPLICATION PROCESS

Filling out the Application for Employment is NOT an employment offer. The hiring process involves a review of applications by management. The process will look for applicants with the best experience and work theory. Special emphasis will be placed the applicants MVR and PSP reports. Employment decisions are not subject to personal option, Double Reel Investments Inc. will only hire qualified, experienced CDL drivers as determined by Management.

Applicants with the best qualifications will be called for a Step 2 "Interview. "Applicants who pass the interview will be offered employment. Applicants will be given a "Pre-Employment" Drug Test" as required by Federal Motor Carrier Safety Regulations (USDOT). Applicants cannot be "hired" until they "pass" the pre-employment drug test. Applicants must attend and complete the "Training & Orientation Program"

TODAY'S DATE: _____

PRINT YOUR NAME: _____

SIGNATURE OF UNDERSTANDING: _____

LEGAL DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with the Employer, Double Reel Investments Inc., Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make other adverse employment decisions regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action has been taken and that the action was based in part or in whole on this report. When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written, or electronic notification: that adverse has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reason why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act. Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge, crash, or inspect information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjunction. Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report. The Prospective Employer cannot obtain background reports from FMCSA without your authorization. AUTHORIZATION if you agree that the Prospective Employer may obtain such background reports, please read the following and sign below.

I authorize the Employer, Double Reel Investments Inc., to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by State, FMCSA cannot change or correct this data. I understand my request will be forwarded by followed by the DataQs system to the appropriate State for adjunction. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand a; inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign the Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

TODAY'S DATE: _____

PRINT YOUR NAME: _____

SIGNATURE OF UNDERSTANDING: _____

NOTICE

READ THIS CAREFULLY

WHEN YOU ARE BEING **PAID** BY A COMPANY

YOU ARE WORKING

WHEN YOU USE YOUR PERSONAL PHONE
WHEN YOU TEXT MESSAGE – CHECK E-MAIL – TWEET
WHEN YOU PLAY ON FACEBOOK OR SOCIAL MEDIA SITE

THIS IS CALLED PERSONAL BUSINESS

FYI: the Department of Labor calls it “Stealing Time” from your employer
You can be **FIRED** and you can **NOT** collect Unemployment Compensation

YOU HAVE BEEN WARNED

COMPANY POLICY

No personal business on company time, when working

Signature of Understanding: _____

Double Reel Investment, Inc	COMPANY POLICY	USDOT FMCSR Compliant FLSA Compliant OSHA Compliant
Original Issue Date April 26, 2009		Policy # 9-7

DRUG TESTING

*This company conducts random drug and alcohol testing **MONTHLY**.*

It is a violation of company policy for any employee to be on company property while under the influence of an illegal substance, or alcohol.

*This company has a “**ZERO TOLERANCE**” policy, which means, there is no second chances.*

*WARNING: any employee who fails a alcohol test will be **TERMINATED** immediately. (“fails” means positive test)*

*NOTICE: Upon signing this policy (1) /Employee acknowledges the policy, and (2) agrees to read the company “**Employee Manual**” which explains policies, procedures, rules and regulations. If you have any questions, please contact the Human Resource Office.*

Signature of Understanding:

Print Name: _____

SIGNATURE: _____

EMERGENCY CONTACT INFORMATION

PRINT YOUR NAME: _____

Your Cell Phone: _____

Home or Other Phone: _____

E-Mail (PRINT CLEARLY): _____

Your Present Address: _____

IN CASE OF EMERGENCY -> PLEASE CONTACT THE FOLLOWING PERSON

Name: _____

Relation to You? _____

Cell Phone: _____

Home or Other Phone: _____

E-Mail: _____

City and State where they live? _____

FAIR CREDIT REPORTING ACT

Code of Federal Regulations

DISCLOSURE STATEMENT

Applicant Name: _____

Print Full Name

In accordance with the provisions of Section 604 (b) (2) (A) of the Fair Credit Reporting Act, Public Law #91-508, as amended by Consumer Credit Reporting Act of 1996, Title II, Subtitle D, Chapter 1 of Public Law 104-208, you are being informed that reports will be secured which will verify the following:

- 1. Previous Employment**
- 2. Drug and Alcohol Testing Results**
- 3. Criminal Record Check**
- 4. US Department of Justice Sex Offender Registry**
- 5. Megan's Law (aka: Megan's List)**

These documents will be used to determine **Qualifications for Employment.**

All records and reports are considered confidential property.

Applicants Signature: _____

Social Security Number: _____

LEGAL DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with the Employer, Double Reel Investments Inc., Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make other adverse employment decisions regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action has been taken and that the action was based in part or in whole on this report. When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written, or electronic notification: that adverse has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reason why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act. Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge, crash, or inspect information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjunction. Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report. The Prospective Employer cannot obtain background reports from FMCSA without your authorization. AUTHORIZATION if you agree that the Prospective Employer may obtain such background reports, please read the following and sign below.

I authorize the Employer, Double Reel Investments Inc., to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by State, FMCSA cannot change or correct this data. I understand my request will be forwarded by followed by the DataQs system to the appropriate State for adjunction. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand a; inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign the Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

TODAY'S DATE: _____

PRINT YOUR NAME: _____

SIGNATURE OF UNDERSTANDING: _____

STEP 2 INTERVIEW

You have successfully passed the interview process. You are being offered employment with Double Reel Investments Inc. You are being hired because of your knowledge and experience as a CDL driver. Federal Regulations state: you can **NOT BE HIRED** to perform safety sensitive work until you have passed the **Pre-Employment Drug Test**.

PROBATIONARY PERIOD

NINETY (90) DAYS

The Purpose of the **PROBATIONARY PERIOD** is to give the employer time to evaluate an employee's ability to perform the job they were hired to do.

The following elements are part of the EVALUATION process:

- ***Availability to work on Saturday & Sunday***
- ***Customer Service / Passenger Relations Skills***
- ***Attendance***
- ***Integrity***
- ***Safety Fitness - Mental Health***
- ***Compliance with Company Policy & Procedures***
- ***Compliance with Government Rules & Regulations***

Today's Date: _____

Print Name: _____

Signature: _____

COMPANY POLICY

CODE of CONDUCT

Double Reel Investments, INC. recognizes the importance of communication between management and employees. The code of conduct helps to guide individual employees toward making good decisions about how they represent themselves in a professional work environment.

EXPECTATIONS: employees should endeavor to comply with these guidelines

- Being honest at all times regarding work related matters
- Act with care and diligence in the course of performing your job
- Treat all clients and customer with respect, courtesy and dignity
- Never touch or use mobile electronic devices when operating a vehicle
- Comply with all State and Federal laws, rules and regulations
- Protect confidential and proprietary information, assets
- Avoid conflicts of interest with competing tour companies

PROHIBITED BEHAVIOR: unprofessional conduct which will result in disciplinary action

- Verbally offensive or abusive conduct
- Threatening behavior in the work place
- Harassment complaint from fellow employee
- Unprofessional conduct which disrupts the work environment
- Intimidating words, obscene gestures
- Insubordination against management
- Willful Misconduct (deliberate violation of company policy or procedures)

Print Name: _____

Signature: _____

Double Reel Investment, Inc	COMPANY POLICY	USDOT FMCSR Compliant FLSA Compliant OSHA Compliant
Original Issue Date September 12, 2014		Policy # 14-5

Time Clocks

HOURLY EMPLOYEE'S WILL USE A "TIME CARD" TO TRACK WORK TIMES PER WEEK. HOURLY EMPLOYEES HAVE SET WORK SCHEDULES, AND THE TIME CARD MUST REFLECT A TRUE AND ACCURATE RECORD OF THOSE HOURS.

PUNCHING IN OR COMING TO WORK LATE WILL NOT BE TOLERATED. EMPLOYEES HAVE A DUTY AND OBLIGATION TO REPORT FOR WORK ON TIME, WHICH MEANS, YOUR TIME CARD MUST SHOW A PUNCH TIME AT LEAST 5 MINUTES BEFORE YOUR OFFICIAL START TIME FOR THE DAY.

AT THE END OF THE WORK DAY, HOURLY EMPLOYEES MUST PUNCH OUT ON YOUR TIME CARD. EMPLOYEES WILL NOT BE PAID FOR HOURS NOT SHOWING ON THE TIME CARD.

WARNING: NEVER TOUCH ANOTHER EMPLOYEE'S TIME CARD. NEVER PUNCH IN OR PUNCH OUT FOR ANOTHER EMPLOYEE, THIS CAN BE CONSIDERED "STEALING TIME."

Did you read this page? **YES NO**

Signature of Understanding: _____

**ATTACH
RESUME**

Last thing

Did you sign each page?

Please Check

Do we have a copy of your

DL/ID Card and Social Security Card or Birth Cert

Copy Color 129%



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

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

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px; min-height: 200px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)			City or Town	State ZIP Code

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	OR	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 <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

..... Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2019

▶ **Whether you're 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.**

1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
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 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
				7	

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

Employee's signature

(This form is not valid unless you sign it.) ▶

Date ▶

8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)