



Star Cooling Towers, Lp

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FOR OFFICE USE ONLY

TYPE	ACTIVE/INACTIVE	GRADE
BKGD		
ASAP		
DISA		
NABSC		
HAIR		
RATE IF HIRED: \$		

Date: _____

Employment Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I. MM/DD/YYYY

Address: _____
Street Address Apartment/Unit#

_____ *City State Zip Code*

Phone: (____) _____ Email Address: _____

Date Available to start: _____ Social Security No: _____

Driver's License No: _____ State: _____ Is this a License or ID? License ☐ State ID ☐

Do you have a TWIC Card? Yes ☐ No ☐

Position Applying 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 so, when? _____

Have you ever been convicted of a felony? ☐ Yes ☐ No ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No ☐ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? ☐ Yes ☐ No ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you Graduate? ☐ Yes ☐ No ☐ Degree: _____

References

★ Please list three professional references

Full Name: _____ Relationship: _____

Company: _____ Phone Number: ____ (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone Number: ____ (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone Number: ____ (____) _____

Address: _____

Previous Employment

Company: _____ Phone Number: ____ (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _\$ _____ Ending Salary: _\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Yes No

May we contact your previous employer?

☐ ☐

Company: _____ Phone Number: ____ (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _\$ _____ Ending Salary: _\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Yes No

May we contact your previous employer?

☐ ☐

Company: _____ Phone Number: ____ (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _\$ _____ Ending Salary: _\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Yes No

May we contact your previous employer?

☐ ☐

Military Status

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: _____



**Please fill out this form only if it applies to you

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize [Company Name] to initiate automatic deposits to my account at the financial institution named below. I also authorize [Company Name] to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold [Company Name] responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until [Company Name] receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ ☐ Checking | ☐ Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Form W-4 (2018)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

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 2018	
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 2018, 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					
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.) ▶					
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)	

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 		
F	Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" 		
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1	Enter an estimate of your 2018 itemized deductions. These 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. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately 	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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 who claims no withholding allowances; 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 possessions 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 aren't required to provide the information requested on a form that's 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.

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

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

- ☐ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #) _____
☐ An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative

Print Name

Title

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)

IRS-HCO, 5333 Getwell Rd., Memphis, TN, 38118

Date (month/day/year)

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

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____

Document #: _____

Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST ADocuments that Establish Both
Identity and Employment
Authorization**LIST B**Documents that Establish
Identity**LIST C**Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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



Dear Prospective Employee

Please Read

In 2009 the government initiated the American Recovery and Reinvestment act better known as the Stimulus Package. You are being asked for the following information to determine if your potential employer will be eligible for certain tax credit benefits for hiring employees that meet specific eligibility requirements.

The company that you are interviewing with may be able to obtain certain valuable tax credits based upon your answers to the questions on the two attached documents. Please take your time and answer the questions carefully, completely, and accurately. This information is requested voluntarily you are not required to complete this questionnaire; however, the information is required for your potential employer to receive the federal tax credit.

Government Tax Credits have been expanded in recent years. Your answers to these questions will not affect your eligibility for employment or any benefits you or your family may currently be receiving. Your assistance is appreciated.

Sincerely
Jim Smith
Star Cooling Towers, L.P.

Paycom Tax Credit Questionnaire

Paycom will not disclose or use information provided by applicant except in connection with providing the subject services or to the extent otherwise authorized by Client. Answering the following questions is voluntary and does not affect any benefits you or your family may be receiving or your job opportunity. I hereby authorize the release of any information from any federal or state Government Agency including SSA, Dept. of Veterans Affairs, or DMV of any state as to my eligibility for federal or state tax credit programs.

Print Name: First _____	Last _____	Social Security Number (last 4 digits only) XXX -- XX --
-------------------------	------------	---

1. Are you at least age 16, but under age 40? If YES, enter your date of birth _____ Yes ☐ No ☐
2. Have you ever worked for this employer before? If Yes, enter last date of employment _____ Yes ☐ No ☐
3. Are you in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation? Yes ☐ No ☐
IF YES, what state did you receive unemployment compensation in? _____
4. Are you a Veteran of the U.S. Armed Forces? If NO, go to Question 5 Yes ☐ No ☐
If YES, are you a member of a family that received SNAP (Food Stamps) benefits for at least a 3-month period during the past 15 months before you were hired? Yes ☐ No ☐
If YES, enter name of *primary recipient* _____ and
city and state where benefits were received _____
OR, are you a veteran entitled to compensation for a service-connected disability? Yes ☐ No ☐
If Yes, were you discharged or released from active duty within a year before you were hired? Yes ☐ No ☐
OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes ☐ No ☐
5. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) for the 6 months before you were hired? Yes ☐ No ☐
OR, received SNAP for at least a 3-month period within the last 5 months but you are no longer receiving them? Yes ☐ No ☐
If YES to either question, enter name of *primary recipient* _____
and *city and state* where benefits were received _____
6. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes ☐ No ☐
OR, by an Employment Network under the Ticket to Work Program? Yes ☐ No ☐
OR, by the Department of Veterans Affairs? Yes ☐ No ☐
7. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes ☐ No ☐
OR, are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes ☐ No ☐
OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes ☐ No ☐
If NO, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? Yes ☐ No ☐
If YES to any question, enter name of *primary recipient* _____ and
the *city and state* where benefits were received _____
8. In the past 12 months, have you had a felony conviction, work release, or prison release? Yes ☐ No ☐
If YES, enter *date of conviction* _____ and *date of release* _____
Was it a Federal ☐ or a State ☐ conviction? (Check one)
9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes ☐ No ☐
10. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes ☐ No ☐
Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired? Yes ☐ No ☐

Employer use only

Please send this Questionnaire, both pages of the 8850, and any available supporting documentation to:
Paycom, ATTN: Tax Credit Dept.
7501 W Memorial Rd, MS # 150
Oklahoma City, OK 73142

Starting Wage \$ _____
Position Title _____
Hire Date _____
Start Date _____

Certification for tax credits is not guaranteed.

These forms are time sensitive and must be received by Paycom no later than 28 days from the new employee's start date.

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form **8850** (Rev. 3-2016)



PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Star Cooling Towers
Minimal Requirements- Carpenter

- ★ Steel-Toed Leather Boots (No holes in leather or soles)
- ★ Tool Box
- ★ Tool Belt with double side bag
- ★ 20 oz. Hammer
- ★ Nail Puller
- ★ 25' Tape Measure
- ★ Speed Square
- ★ Carpenter's Pencil
- ★ ½" Drive Ratchet
- ★ ¾" and 9/16 Deep Well Sockets
- ★ ¾" and 9/16 Box Open End Wrenches
- ★ Rolling Wedge Bar or Drift Pin
- ★ Rain Suit

*****It is advised that you mark your tools and lock your tool boxes*****

Star Cooling Towers assumes no responsibility for lost or stolen tools.



Star Cooling Towers Credentials

★ Please answer the questions below:

- | | | | |
|---|---------------------------------|--------------------------------|---------------------------------|
| 1. Have you taken a Basic Plus class? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| 2. Have you taken a Confined Space class? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| 3. Do you have a TWIC Card? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| 4. Are you in the ASAP Program? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |
| 5. Are you in the DISA Program? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | N/A
<input type="checkbox"/> |

Please send a copy of the items along with your application:

- ★ Texas Driver's License/ Picture I.D.
- ★ Social Security Card
- ★ TWIC Card
- ★ Basic Plus Card
- ★ Any other credentials you may have



Occupational Medical History

Have you worn personal protective clothing or equipment routinely?

Yes ☐ No ☐

Have you ever worked with or have been frequently around the following in a previous/current employment?

★ Welding/ Soldering	Yes ___ No ___
★ Dust	Yes ___ No ___
★ Engine Exhausts	Yes ___ No ___
★ Foam blowing	Yes ___ No ___
★ Degreasing/plating/paints/solvents	Yes ___ No ___
★ Excessive Noise	Yes ___ No ___
★ Heavy metals	Yes ___ No ___
★ Toxic Chemicals	Yes ___ No ___
★ Pesticides	Yes ___ No ___
★ Asbestos	Yes ___ No ___
★ Silica	Yes ___ No ___
★ Repetitive motion	Yes ___ No ___
★ Heavy lifting/handling	Yes ___ No ___

If you answered Yes to any of the above, please explain: _____

Have you ever had a Workers' Compensation injury that required a doctor's care? If Yes, list all such injuries and describe in detail: _____

Personal Medical History

★ Please check each item Yes/No:

Headaches, dizziness, fainting	Yes ___ No ___	Muscle cramps/inflammation	Yes ___ No ___
Eyes, ears, nose throat trouble	Yes ___ No ___	Shortness of breath	Yes ___ No ___
Glasses/Contact Lenses	Yes ___ No ___	Frequent bronchitis/coughing	Yes ___ No ___
Epileptic seizures	Yes ___ No ___	Tuberculosis or asthma	Yes ___ No ___
Nervousness/ Fear of heights	Yes ___ No ___	Contagious disease(s)	Yes ___ No ___
Heart disease/ attack	Yes ___ No ___	Bone/Joint/ Foot problems	Yes ___ No ___
High or Low Blood Pressure	Yes ___ No ___	Arthritis/Rheumatism	Yes ___ No ___
Operation/Surgery	Yes ___ No ___	Hernia or rupture	Yes ___ No ___
Extremity paralysis	Yes ___ No ___	Skin rash or allergies	Yes ___ No ___
Diabetes	Yes ___ No ___	Other serious illnesses	Yes ___ No ___
Presently taking medication(s)	Yes ___ No ___	Hospitalization (List)	Yes ___ No ___

If you answered Yes to any of the above, please explain: _____

Signature: _____ Printed Name: _____ Date: _____



Background Check Consent Form

I hereby authorize STAR COOLING TOWERS to receive any criminal history, employment verification, credit reporting, or driver record information pertaining to me which may be in the files of any state, local, or federal criminal justice agency or credit database, or federal or state repository. I do hereby release and hold harmless any and all agencies involved in conducting this search. This authorization shall be valid for this and any further requests.

Last Name: _____

Maiden Name: (If applicable) _____

First Name: _____

Present Address: _____
Street Address *Apartment/Unit #*

City *State* *Zip Code* *County*

Previous Address: _____
Street Address *Apartment/Unit #*

City *State* *Zip Code* *County*

Home Phone: _____ Cell Phone: _____

Social Security Number: _____

Date of Birth: _____

Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of this nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find the rights summarized on the next documents.

Applicant Signature: _____

Printed Name: _____ Date: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator GIPSA Washington, DC 20250 202-720-7051



IX. Drug and Alcohol Abuse Policy

1. No employee may report to work while under the influence of illegal drugs or alcohol
2. The use, sale, purchase, transfer of possession of alcohol or illegal drugs on customer property or in company provided vehicles is prohibited. Violation of this will subject the employee to immediate discharge.
3. Confidential drug and/ or alcohol testing will occur:
 - a) Pre- Employment or Pre- Job
 - b) Random
 - c) For cause
 - d) Post- Accident
4. Applicants will not be permitted to begin work until completion of drug and alcohol testing- with negative results.
5. Any employee who fails a drug screen will be terminated immediately. There will be a mandatory 30 day waiting period before being reconsidered for employment at which time the applicant must pay for the drug and/ or alcohol test themselves.
6. Any current employee who refuses to be drug and/or alcohol tested will be immediately terminated.
7. Any employee on a jobsite that requires the North American Substance Abuse Program (NASAP) must abide by the NASAP policies and rules. Such rules and policies will be provided by the clinic when the employee or applicant takes the drug and/ or alcohol tests.

I acknowledge that I have received a copy, and understand the provisions of the Star Cooling Towers Drug and Alcohol Policy. I also acknowledge that the provisions of the policy are part of the terms and conditions of employment and/ or contract, and that I agree to abide by them.

Date: _____

Employee Signature: _____

Printed Name: _____

Employee Social Security Number: _____



American Substance Abuse Professional Drug Solutions, Inc.
757 Pacific Avenue, Long Beach, CA 90813
Tel: (562) 624-2720 • Fax: (562) 628-9397

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understood both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, for a period of two years from the completion of the background screen. I further authorize and direct ASAP Drug Solutions, Inc. to make available my subsequent background screen grade to the NABSC Program Lookup Application for the purpose of determining my eligibility for access to Owner's facilities. To these ends, I hereby authorize, without reservation, any law enforcement agency, administer, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or any other source to furnish any and all background information requested by ASAP Drug Solutions, Inc., another outside organization on behalf of ASAP Drug Solutions, Inc., the NABSC Program Custodian, and/or ASAP Drug Solutions, Inc. itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Print Name: _____

Current Address: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Driver's License State: _____ License Number: _____

The following is for identification purposes only to perform the background check and will not be used for any other purpose:

Social Security Number: _____ - _____ - _____

Date of Birth (MM/DD/YYYY): ____/____/____

Other Names Known by or Former Names: _____

List all States and Counties you have resided in during the past seven (7) years:

Signature: _____ Date: _____

The Consortium TPA will include:

- "A Summary of Your Rights Under the Fair Credit Reporting Act"
- Any state specific consent requirements



Drug Solutions, Inc

American Substance Abuse Professional Drug Solutions, Inc.
Corporate Office: 757 Pacific Avenue, Long Beach, CA 90813
Tel: (562) 624-2720 Toll Free: (866) 699-ASAP

FAX (502) 628-9390

Regional Office: Houston, TX 77019

Tel: (713) 526-2727 Toll Free: (877) 877-8758

North American Substance Abuse program (NASAP)
AUTHORIZATION & CONSENT/NEW EMPLOYEE MEMBERSHIP FORM

Star Cooling Towers
1-Company Name: _____ 2-Company Account# SS170007 3-P.O.# (If applicable): _____

4-Employee First Name _____ 5-M.I. _____ 6-Last Name _____

7-Social Security #: _____ 8-Date of Birth (mm/dd/yyyy) _____ 9-Employee Telephone #: _____

10-Employee Address: _____
(Optional) Street _____

City _____ State _____ Zip Code _____

Contractor Representative/CER **MUST** FAX THIS FORM IMMEDIATELY TO ASAP Drug Solutions, Inc. (562) 628-9396

☒ Primary Collection Site Name: San Augustine Clinic City: Deer Park Code: _____

AUTHORIZATION FOR RELEASE OF TEST
RELEASE AND EVENT RECORD INFORMATION

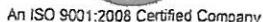
I acknowledge that the NASAP policy was made available to me. I authorize the Third Part Administrators approved to administer the North American Substance Abuse Program (NASAP) to disclose my drug and alcohol test results to the Participating Contractor that required me to take the drug and alcohol test. I also authorize the NASAP- approved Third Party Administrators to disclose a summarized event record of my drug and alcohol test to the Houston Area Safety Council (HASC) and I understand that this information may affect my status as Active or Inactive in NASAP. I further authorize HASC and the NASAP- approved Third Party Administrators to disclose information about my status as Active or Inactive, my eligibility for membership in NASAP, and/or my eligibility to enter onto Participating Owners' sites to Participating Contractors and to those Participating Owners on whose sites I seek to work or am currently working.

I understand that this Authorization will expire five (5) years from the last date of my Active status in the NASAP and that I have a right to a copy of this Authorization.

Applicant/Contractor Employee Member Name _____ X
Signature _____

Applicant/Contractor Employee NASAP Identification Number (Social Security Number) _____

Date _____



STAR COOLING TOWERS, LP

DISA Contractors Consortium, 12600 Northborough, Suite 300, Houston, TX 77067

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Last Name *	First Name *




--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Location Code

--	--	--	--

Collection Site Code

Witness Last Name _____ Witness First Name _____ M. _____

Date _____

1	1	1	3	X	1	1	1		
2	2	3	2	2	1	2	2		
2	2	2	X	3	2	2	2		
4	2	2	2	2	2	4	X		
4	2	2	2	2	X	X	2		
5	5	5	5	5	5	5	5		
2	2	2	2	2	1	1	2		
1	1	2	2	1	2	1	1		
1	2	2	2	2	2	2	2		
2	2	1	2	1	2	2	2		

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:
---------------	----------------	-------------------------

I want this information released because I am conducting the following business transaction:

EMPLOYMENT

Reason (s) for using CBSV: (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> Other |

with the following company ("the Company"):

Company Name: DISA GLOBAL SOLUTIONS INC.

Company Address: 10900 CORPORATE CENTRE DRIVE, SUITE 250 HOUSTON, TX 77041

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

DISA GLOBAL SOLUTIONS INC. 10900 CORPORATE CENTRE DRIVE, SUITE 250 HOUSTON, TX 77041

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 730 **days from the date signed.** _____ **(Please initial.)**

Signature:	Date Signed:
------------	--------------

Relationship (if not the individual to whom the SSN was issued):

Contact information of individual signing authorization:

Address:

City/State/ZIP:

Phone Number:

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.



Star Cooling Towers Employee Accountability Policy

★ Added to Job Application and Effective July 28th, 2010

Star Cooling Towers' employees will be given a written warning regarding any violation of company policy. The violation will be explained to the employee and the employee will have the opportunity to ask questions if he/she does not understand. Failure to sign written warnings will result in the employees' termination.

I have read and understand the above statement.

Employee Signature: _____

Printed Name: _____

Date: _____

Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature _____

Date _____

Printed Name _____

I live at:

Street Address _____

City _____

State _____

Zip Code _____

Name of Employer: _____

Name of Network: *Texas Star Network®*

Network service areas are subject to change. Call (800) 381-8067 if you need a network treating provider.

Please indicate whether this is the:

☐ Initial Employee Notification

☐ Injury Notification (Date of Injury: ____/____/____)

DO NOT RETURN THIS FORM TO TEXAS MUTUAL INSURANCE COMPANY UNLESS REQUESTED

TWIC and HAZMAT Endorsement Threat Assessment Program

Required Identification Documentation

U.S. Citizens, U.S. Nationals or Lawful Permanent Residents

You must provide an original or certified copy* of identity/citizenship status documentation during the application process and the names on all documents must match exactly with the name provided on the application. If you have legally changed your name, you must provide an original or certified name change document (such as marriage certificates and divorce decrees) in addition to the required documentation.

Please bring one of the documents in List A.

If you do not have a document from List A, please see List B documents.

List A

- Unexpired U.S. Passport (book or card)
- Unexpired Enhanced Tribal Card (ETC)
- Unexpired Free and Secure Trade (FAST) Card – designates U.S. citizenship if indicated on the document
- Unexpired NEXUS Card – designates U.S. citizenship if indicated on the document
- Unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) Card – designates U.S. citizenship if indicated on the document
- Unexpired Global Entry Card – designates U.S. citizenship if indicated on the document
- Unexpired U.S. Enhanced Driver's License (EDL) or Unexpired Enhanced Identification Card (EID) – designates U.S. citizenship if indicated on the document
- Permanent Resident Card (I-551) often referred to as a "Green Card"
- Unexpired Foreign Passport AND immigrant visa with I-551 annotation of "Upon Endorsement Serves as Temporary I-551 Evidencing Permanent Residence of 1 Year"
- Unexpired Re-entry Permit (I-327)

*An original or certified copy of a document must be issued by a federal, state, tribal, county, municipal authority, or outlying possession bearing an official seal.



Transportation
Security
Administration

List B

At least two documents are required if you do not have a document from List A. The documents must include:

- 1.) a valid photo ID and
- 2.) a document that meets citizenship requirements. (e.g. one document from each column below)

Valid Photo ID

- Unexpired CDL/driver's license issued by a State or outlying possession of the U.S.
- Unexpired temporary CDL/driver's license plus expired driver's license (constitutes one document)
- Unexpired photo ID card issued by the federal government or by a State or outlying possession of the U.S. This must include a federal agency, State or State agency seal or logo (such as a State university ID). Permits are not considered valid identity documents (such as gun permits).
- Unexpired U.S. military ID card
- Unexpired U.S. retired military ID card
- Unexpired U.S. military dependent's card
- Native American tribal document with photo
- Unexpired Department of Homeland Security (DHS)/Transportation Security Administration (TSA) Transportation Worker Identification Credential (TWIC)
- Unexpired Merchant Mariner Credential (MMC)
- Expired U.S. passport within 12 months of expiration**

AND

Valid Proof of Citizenship

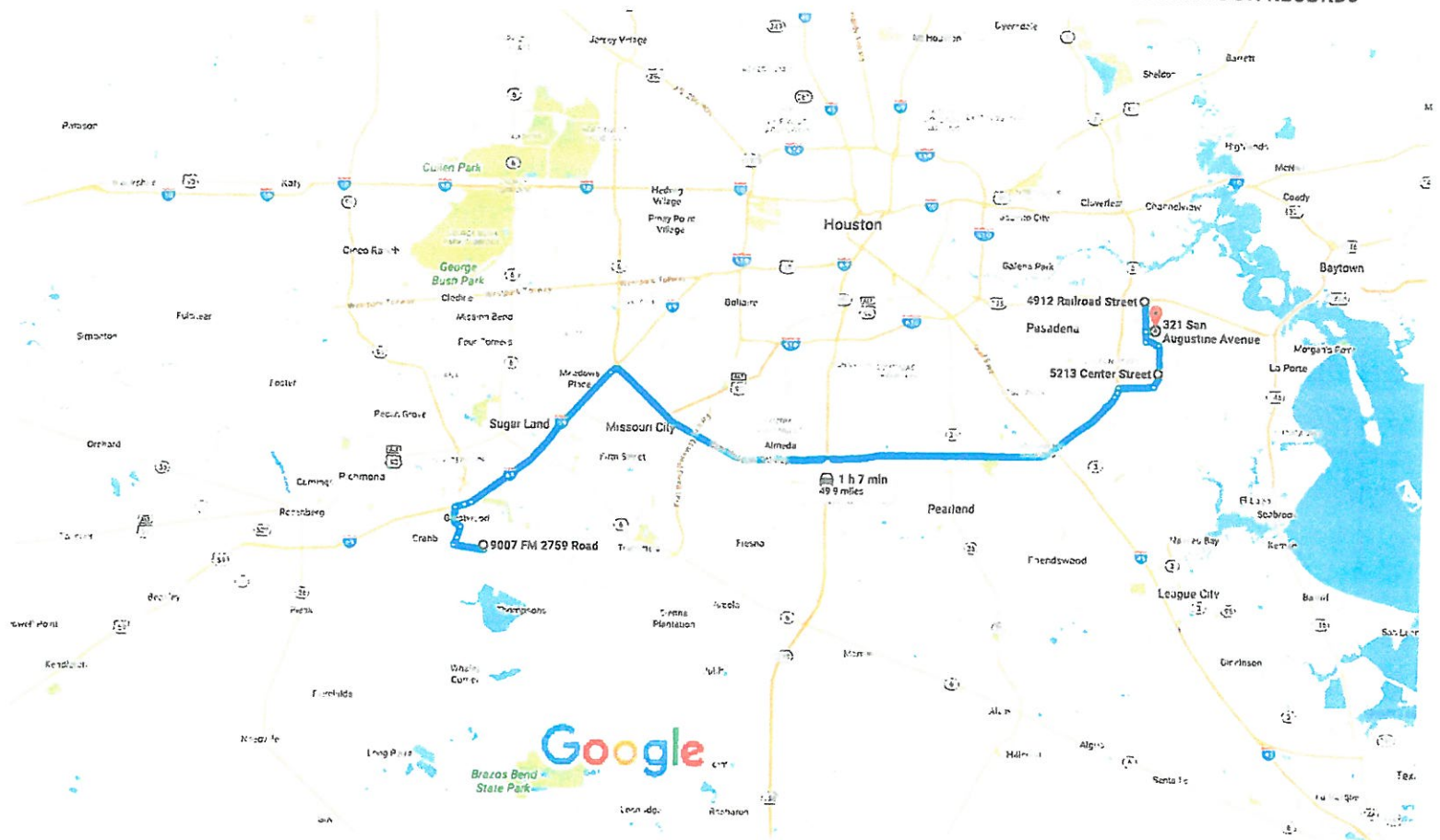
- U.S. Birth Certificate
- U.S. Certificate of Citizenship (N-560 or N-561)
- U.S. Certificate of Naturalization (N-550 or N-570)
- U.S. Citizen Identification Card (I-179 or I-197)
- Consular Report of Birth Abroad (FS-240)
- Certification of Report of Birth Abroad (DS-1350 or FS-545)
- Expired U.S. passport within 12 months of expiration**

**An expired U.S. passport may not be presented by itself. It must be presented with at least one other List B document.

Acceptable Immigration Status/Categories

For HME applicants, please check with your licensing state if it has citizenship or lawful presence requirements that are stricter than TSA's requirements.

- Lawful permanent resident (LPR) of the U.S.
- Refugee admitted under 8 U.S.C. 1157 (Employment Authorization Document (EAD) with category A03).
- Alien granted asylum under 8 U.S.C. 1158 (Employment Authorization Document (EAD) with category A05).
- Citizen of Micronesia, Marshall Islands, or Palau
- An alien granted voluntary departure under the Family Unity Program established by section 301 of the Immigration Act of 1990, (Employment Authorization Document (EAD) with category A13).
- An alien granted Family Unity benefits under section 1504 of the Legal Immigrant Family Equity (LIFE) Act Amendments, Public Law 106-554, and the provisions of 8 CFR part 245a, (Employment Authorization Document (EAD) with category A14).
- TPS: Temporary protected status (Employment Authorization Document (EAD) with category A12 or C19).
- Alien granted withholding of deportation or removal (Employment Authorization Document (EAD) with category A10).
- Commercial driver who is a citizen of and licensed in Canada or Mexico to transport hazardous materials or admitted to U.S. to conduct business under 8 CFR 214.2(b)(4)(i)(E).
- Alien in valid F-1 non-immigrant status enrolled at the U.S. Merchant Marine Academy or comparable State maritime academy and sponsored by the U.S. Maritime Administration (MARAD).
- Alien in valid J-1 non-immigrant status enrolled at the U.S. Merchant Marine Academy or comparable State maritime academy and sponsored by MARAD.
- Alien in valid M-1 non-immigrant status enrolled at the Marine Academy or comparable State maritime academy.
- Alien in valid R-1 (Religious Workers) status sponsored by MARAD.
- Alien in a lawful nonimmigrant status with unrestricted authorization to work in the U.S. holding one of the following visas:
 - A-1: Principal alien and immediate family members of an Ambassador, Public Minister, Career Diplomat, Consular Officer, Head of State, with a bilateral agreement in place;
 - A-2: Principal alien and immediate family members of other foreign government officials or employees coming to the United States, including technical and support staff of A-1, with a bilateral agreement in place;
 - E-1: Spouse and dependent children of an treaty trader;
 - E-2: Spouse of a treaty investor or employee of a treaty investor spouse;
 - G-1: Principal alien and immediate family member of a principal resident representative of recognized foreign member government to international organization and staff, with a bilateral agreement in place;
 - G-3: Principal alien and immediate family member of a representative of a non-recognized or nonmember foreign government to international organization, with a bilateral agreement in place;
 - G-4: Principal alien and immediate family member of an International organization officer or employee with a bilateral agreement;
 - J-2: Spouse or minor child of exchange visitor;
 - K-3: Spouse of U.S. Citizen (under LIFE Act provisions);
 - K-4: Child of K-3;
 - L-2: Spouse or child of L-1,
 - N-8: Parent of alien classified SK-3 "special immigrant";
 - N-9: Child of N-8, SK-1, SK-2, or SK-4 "special immigrant";
 - Principal alien and immediate family members of North Atlantic Treaty Organization (NATO) officials and representatives with bilateral agreement in place: NATO-1, NATO-2, NATO-3, NATO-4, NATO-5, NATO-6;
 - S-7: Spouse, unmarried sons and daughters, and parents of witness or informant;
 - T-1: Victim of a severe form of trafficking in persons;
 - T-2: Spouse of victim of a severe form of trafficking in persons;
 - T-3: Child of victim of a severe form of trafficking in persons;
 - T-4: Parent of victim of a severe form of trafficking in persons (if T-1 is under 21 years of age);
 - T-5: Unmarried sibling under age of 18 of a T-1 under age of 21;
 - U-1: Victim of certain criminal activity;
 - U-2: Spouse of U-1;
 - U-3: Child of U-1;
 - U-4: Parent of U-1 (if U-1 is under 21 years of age);
 - U-5: Unmarried sibling under age 18 of a U-1 under age 21;
 - V-1: Spouse of an LPR who is the principal beneficiary of a family-based petition which was filed prior to December 21, 2000, and has been pending for at least 3 years;
 - V-2: Child of an LPR who is the principal beneficiary of a family-based visa petition that was filed prior to December 21, 2000, and has been pending for at least 3 years; OR
 - V-3: The derivative child of a V-1 or V-2.
- **Alien with restricted authorization to work in the U.S. holding one of the following visas:**
 - B1 or B-1/B-2 with OCS: Business visitor/outer continental shelf (OCS);
 - B-1 or B-1/B-2 with 'TWIC Letter Received' annotation: Business visitor requiring a TWIC;
 - BBBCV: B-1/B-2 and Border Crossing Card (Mexicans only);
 - C-1/D: Combined transit and crewman visa;
 - E-1 (Principal): Treaty trader or employee of treaty trader;
 - E-2 (Principal): Treaty investor, or employee of treaty investor;
 - E-3: Australian nationals working in specialty occupations, including spouse;
 - E-3D: Spouse or child of E-3;
 - E-3R: Returning National of Australia who are professionals coming to the U.S. to perform services in a specialty occupation to uninterrupted employment;
 - H-1B: Specialty occupations;
 - H1-B1: Specialty occupations (professional) (Citizens of Chile or Singapore only);
 - L-1: Intracompany transferees;
 - L-1A: Executive, managerial (intracompany transferee);
 - L-1B: Specialized knowledge professionals;
 - O-1: Extraordinary ability;
 - O-1A: Extraordinary ability in sciences, arts, education, business, or athletics;
 - O-1B: Extraordinary achievement in motion picture and/or television productions; OR
 - TN: Trade visas for Canadian and Mexican business persons seeking to engage in professional activities under the North American Free Trade Agreement (NAFTA).
- **The following visa types with unrestricted work authorization are not permitted to obtain a TWIC or HME:**
 - K-1: Fiancé or fiancée of U.S. citizen;
 - K-2: Minor child of K-1;
 - S-5: Informant of criminal organization information; OR
 - S-6: Informant of terrorism information.



1. **Star Cooling Towers**
9007 FM 2759 Rd Richmond, TX 77469
Mon- Fri 8:00am-5:00pm
(713) 645-3323, (713) 645-3029 Fax
2. **Houston area Contractors Safety Council**
5213 Center St. Pasadena, TX 77505
Mon- Fri
Basic Plus Classes: (7:30am-11:30am) (12:00pm-4:00pm)
Basic Refresher Classes: (6:00am-2:00pm)
3. **24 HR Safety (Uniform, Safety Gear)**
4912 Railroad St. Deer Park, TX 77536
Mon-Fri 8:00am-5:00pm
4. **San Augustine Clinic (Drug, Alcohol, Physical Testing)**
321 San Augustine St. Deer Park, TX 77536
Mon-Fri 7:30am-4:30pm