



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** 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 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 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		E-mail Address			Telephone Number	

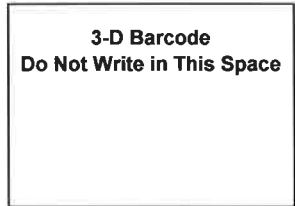
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_ . Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR**
2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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

STOP **Employer Completes Next Page** STOP

# Form W-4 (2015)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	<u>      </u>
<b>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.		
	• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children.		
	• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. <b>(Note. This may be different from the number of exemptions you claim on your tax return.)</b> ▶ <b>H</b>	<b>H</b>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2015</span>
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 withheld at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 <b>If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.</b> ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u>      </u>	
6 Additional amount, if any, you want withheld from each paycheck . . . . .	6 \$ <u>      </u>	
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no tax liability, and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no tax liability.</b></li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ 7 <u>      </u>		
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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



## AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS

I HEREBY AUTHORIZE AND REQUEST TECHWEST SERVICES, LLC., TO MAKE ELECTRONIC DEPOSITS OF ANY AMOUNTS OWING TO ME BY INITIATING CREDIT ENTRIES TO MY ACCOUNT INDICATED BELOW IN THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED BANK TO ACCEPT ANY CREDIT ENTRIES INITIATED BY TECHWEST SERVICES, LLC. TO SUCH ACCOUNT AND TO CREDIT THE SAME TO SUCH AN ACCOUNT. I ALSO AUTHORIZE TECHWEST SERVICES, LLC. TO DEBIT MY ACCOUNT WHEN AN ERROR HAS OCCURRED AND CIRCUMSTANCES REQUIRE THAT SUCH ERROR BE CORRECTED.

IT IS UNDERSTOOD THIS AGREEMENT MAY BE TERMINATED, AT ANYTIME, BY WRITTEN NOTIFICATION TO TECHWEST SERVICES, LLC. OR THE BANK. ANY SUCH NOTIFICATION TO TECHWEST SERVICES, LLC. SHALL BE EFFECTIVE ONLY WITH RESPECT TO ENTRIES INITIATED BY TECHWEST SERVICES, LLC. AFTER RECEIPT OF SUCH WRITTEN NOTIFICATION AND A REASONABLE OPPORTUNITY TO ACT ON IT. ANY SUCH NOTIFICATION TO THE BANK SHALL BE EFFECTIVE ONLY WITH RESPECT TO ENTRIES CREDITED TO MY ACCOUNT BY THE BANK AFTER RECEIPT OF SUCH WRITTEN NOTIFICATION AND A REASONABLE TIME TO ACT ON IT. A FIFTEEN (15) DAY INITIAL PROCESSING PERIOD IS REQUIRED FOR BANK SET-UP AND APPROVAL. ELECTRONIC TRANSFERS MAY BE VERIFIED 48 HOURS AFTER THE TRANSACTION.

PLEASE PROVIDE THE FOLLOWING INFORMATION			
EMPLOYEE NAME	SOCIAL SECURITY NUMBER	CLIENT COMPANY	
PLEASE CHECK ONE OF THE FOLLOWING <input type="checkbox"/> DEPOSIT PAYROLL CHECK <input type="checkbox"/> DEPOSIT \$ _____ AS DEDUCTED	PLEASE CHECK ONE OF THE FOLLOWING <input type="checkbox"/> SAVINGS ACCOUNT <input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> MONEY MARKET ACCOUNT <input type="checkbox"/> OTHER (PLEASE SPECIFY)	
BANK NAME			
BANK STREET ADDRESS	CITY	STATE	ZIP
EMPLOYEE SIGNATURE	X		DATE

**PLEASE COPY A VOIDED CHECK AND SEND ALONG WITH THIS DOCUMENT**



### FOR COMPANY USE ONLY

COMPANY ID NUMBER	PRENOTE DATE
TRANSIT ROUTING NUMBER	EFFECTIVE DATE
ACCOUNT NUMBER INFORMATION	BANK VERIFIED

# TECHWEST SERVICES

## Drug/Alcohol/Background Check Policy and Consent forms

### Drug Free Workplace Policy

It is the goal of TECHWEST SERVICES to help provide a safe and drug-free work environment. The following outlines TECHWEST SERVICES Drug policy for existing and future employees.

TECHWEST SERVICES explicitly prohibits:

- The use of, possession of, the solicitation of, the sale of any illegal drugs, or alcohol, on Company or Customer premises or while operating or traveling in vehicles or equipment owned or leased by Company or Customer.
- Being under the influence of illegal drugs or alcohol away from the Company or customer premises, if such impairment or influence adversely affects the employee's on the job work performance, the safety of the offending employee or others, or puts at risk the Company's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the Company or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of the company or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

TECHWEST SERVICES will conduct drug testing under any of the following circumstances:

- Pre-employment Testing: Before an individual will be considered for employment, he or she must first consent to drug testing and receive a negative drug test result.
- Random Testing: Employees may be selected at random for drug testing at any interval determined by the Company.
- For-cause Testing: The Company may ask an employee to submit to a drug test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but Not limited to, the following circumstances:
  - Evidence of drugs or alcohol on or about the employee's person or in their vicinity
  - Employee conduct that suggests impairment or influence of drugs or alcohol
  - Negative performance patterns
  - Excessive and unexplained absenteeism or tardiness.
- Post-accident Testing: Any employee involved in an on-the-job accident or injury, Including the injured and any employee who potentially contributed to event.

If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including termination of employment. In such case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.

## Drug Testing Consent Form

I hereby agree, upon a request made under the drug/alcohol testing policy of TECHWEST SERVICES, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination or other disciplinary actions as deemed appropriate by TECHWEST SERVICES. I further authorize and give full permission to have TECHWEST SERVICES and/or its representatives to send the specimen or specimens so collected to a laboratory or testing service for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to TECHWEST SERVICES and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize TECHWEST SERVICES to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE  
COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow TECHWEST SERVICES or the Laboratory or testing service of it's choosing to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug or alcohol test screen according to TECHWEST company policy. I FURTHER CONSENT to allow the laboratory or testing service to make the results of such screen available to the prospective or current employer, TECHWEST SERVICES. In consideration for such services being rendered on my behalf, I hereby RELEASE TECHWEST SERVICES, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against TECHWEST SERVICES, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS TECHWEST SERVICES, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available or from the results provided to TECHWEST SERVICES by the laboratory or testing facility it may choose to perform such services. Any cause of action I may have will be solely with any laboratory or testing services that TECHWEST SERVICES may have received documentation from. Any errors or misinformation the laboratory or testing service may have made available to TECHWEST SERVICES are the sole responsibility of the laboratory or testing service and I further agree to hold TECHWEST SERVICES harmless from any information received and from any potential or future employment decisions made based on the information and documentation received from such laboratory or testing services hired or chosen by TECHWEST SERVICES to perform such drug and alcohol testing services. This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG AND ALCOHOL SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY EVENT.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessing Company Representative Signature

## Background Check Policy

TECHWEST SERVICES and affiliated companies may require pre-employment background checks on new employees, returning employees with any break in employment, or employees being considered for career advancement. The purpose of a background check is to determine employability, protect safety in the work environment, and comply with any contractual obligations of TECHWEST SERVICES.

TECHWEST SERVICES will designate the agency to do the background screening. The results of the background check will be sent directly to the management and kept confidential. If an applicant's history indicates he or she may pose a threat to the physical safety of others in the workplace, the offer of employment may be withdrawn or employee may be terminated. The nature of the crime, time since conviction, and number of convictions will all be considered in making a determination for applicants or employees found with a criminal history. Upon written request, the applicant will be given the opportunity to review the background check and submit an explanation of findings.

If an applicant or employee is found to have falsified or withheld any information regarding conviction history, the offer of employment will be withdrawn or the employee will be immediately terminated.

The background check may include any or all of the following:

- Social Security Number Verifications
- Criminal and Public Court Records Check
- Driving Records Checks
- Licensing and Certification Records Checks
- Sex Offender Registration

### Background Check Consent

This authorization and consent for release of personal information acknowledges that TECHWEST SERVICES may now, or at any time prior or during my employment, conduct investigations whether the records are of a public, private or confidential nature. I understand that these searches will be used to determine work assignment or employment eligibility. Therefore, I authorize and consent for full release of records to the authorized representatives of TECHWEST SERVICES.

In addition, I release and discharge TECHWEST SERVICES, associates and agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessing Company Representative Signature

06/2014

# QUALIFICATIONS/ SAFETY CERTIFICATIONS

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

Please provide copies of all qualifications and certifications that you currently have.

Osha safety class    10 hour    30 hour                      yes                  no                  Expires \_\_/\_\_/\_\_

(Please circle responses)

H2S awareness    Where taken \_\_\_\_\_ Expires \_\_/\_\_/\_\_

Respirator Fit test    Where taken \_\_\_\_\_ Expires \_\_/\_\_/\_\_

Which models \_\_\_\_\_

What size \_\_\_\_\_

TWIC CARD?    YES    NO                      Expires \_\_/\_\_/\_\_

Forklift certified?    YES    NO                      Expires \_\_/\_\_/\_\_

Which model \_\_\_\_\_

What company certified \_\_\_\_\_

Aerial Lift certified?    YES    NO                      Expires \_\_/\_\_/\_\_

What model \_\_\_\_\_

What company certified? \_\_\_\_\_

Safety council certified?    YES    NO                      Expires \_\_/\_\_/\_\_

What company certified? \_\_\_\_\_

RSO(OSCA)    Cstop    Safeline Other please list

above. (Please circle which safety council certification

you have)

CPR training?    YES    NO                      Expires \_\_/\_\_/\_\_



## Company Vehicle operation policy

1. All vehicles, equipment or trailers owned or leased by TECHWEST SERVICES may only be operated by the approved employee. To be approvable the employee must be insurable under the companies policy, and have a valid driver license that allows the employee to operate the vehicle in the jurisdiction the vehicle is being operated. Following all traffic and motor vehicle laws is presumed and required by company policy.
2. No employee is permitted to operate any company vehicle under the influence of drugs or alcohol. If you are taking a prescription that prevents operating equipment inform your Supervisor. Possession, consumption, solicitation, sale, or transporting illegal drugs or alcohol is forbidden.
3. Operators of company vehicles are responsible for the cleanliness of the vehicle inside and out. The Cleanliness of the vehicle is a reflection on TECHWEST SERVICES and the quality of the work TECHWEST is known for and employees are expected to do. Keep the Vehicle clean.
4. Routine maintenance is expected of vehicle operators. Checking and topping off the oil, coolant fuel, brake, and washer fluids is expected at each refueling or whenever a warning indicator is illuminated on the vehicle. Any problems should be noted in the vehicle mileage log and verbally to supervisor.
5. Safety inspections are expected to be performed by the operator BEFORE the operation of any company owned vehicle. Washer Fluid, tire pressure windshield wipers, all lights including brake, turn signals, backup, running, and headlights (high and low beams). Brake pedal pressure check, horn, and tire tread minimum. Everything must be in safe working condition before operating vehicle. Forms will be provided.
6. Tire tread minimum tread is determined by the state or country the vehicle is being operated in but a company minimum operating standard is 2/32 of an inch. The Recommended tread depth for dry roads is 3/32 and 4/32 for wet roads. The Recommended tread depth for snow covered roads is 5/32 or half new. Tire tread depth is a life and death decision. A simple measuring tool is a US Lincoln penny. Abe Lincoln's top of the head is close to 2/32 of an inch. If you can see the top of Lincolns head when the penny is inserted into the tread head first at any place on the tire then driving the vehicle is not approved and you must inform your supervisor in writing. Proven stopping distances are related to tread depth. Please make wise choices. The safety of you and your passengers as well as fellow travelers is at stake.
7. Insurance and company policy requires that no person other than a TECHWEST SERVICES employee, or supplier, or customer on company business is allowed to be a passenger in a Company vehicle. ABSOLUTELY NO FAMILY OR FRIENDS are permitted as passengers or vehicle operators. Personal use of a company vehicle is prohibited.
8. Distracted driving is not permitted. Use of Mobile devices, headphones, telephones, books, eating, or any other form of distraction can be a fatal mistake.
9. Tire Pressure should be checked visually and confirmed with a pressure gauge on both vehicle and any trailer tires to prevent blowouts and accidents.
10. Violating any of the policies in whole or in part can lead to disciplinary or legal actions that can range from suspension to termination and civil litigation. By Operating a company vehicle or personal vehicle for company purposes I agree to abide by these and all other company policies. If I don't agree or do not meet insurable standards I will not operate any vehicle and I will inform my immediate supervisor that I am not permitted to operate a company vehicle.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_



# **Tech West Services**

## **Company Paid Rental Car Usage Guidelines**

If the Company, Tech West Services, deems it is appropriate and necessary to rent a vehicle for employee use, the employee authorized to use such vehicle must follow these guidelines or he or she will be responsible for the additional costs of the vehicle rental by way of wage garnishment.

Employees with a company provided rental vehicle must comply with all rental agency requirements such as listing driver(s) on the rental agreement, age restrictions, location or state of operation, etc., as well as all state and local laws governing operation of a motor vehicle. Violation of any requirement of the law (driving under the influence, traffic violation, reckless driving) is the PERSONAL LIABILITY and RESPONSIBILITY of the employee.

### **Class of Service**

The company will determine appropriate sized vehicles and employee MAY NOT upgrade the vehicle size or purchase any add-ons, such as toll devices.

### **Rental Car Pick-Up and Return**

At the time of rental, the car should be inspected with a rental car agent. Any damage found should be noted on the contract before the car is accepted.

Every reasonable effort should be made to return the rental car with a full tank of gas to avoid expensive refueling charges. The fuel option (FPO) offered at time of rental should not be accepted.

### **Rental Car Accidents**

Should a rental car accident occur, travelers should submit a written accident report as soon as possible to the rental Car Company, local authorities (as required), and Tech West.

**I UNDERSTAND THAT IF I DO NOT FOLLOW THIS POLICY, AND INCUR ADDITIONAL EXPENSE, I WILL BE REQUIRED TO REIMBURSE COMPANY THROUGH WAGE GARNISHMENT.**

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date