



# LOGMET

<b>EMPLOYMENT APPLICATION</b>	
<b>PERSONAL DATA</b>	
EMPLOYEE NAME _____	MR/MRS/MS _____ FIRST _____ M.I. _____ LAST _____
ADDRESS _____	STREET _____ CITY _____ STATE/ZIP _____
PHONE: _____	DOB: _____ SSAN: _____
ARE YOU 18 OR OLDER? _____	CURRENTLY EMPLOYED? _____
MAY WE CONTACT EMPLOYER? _____	EVER WORKED FOR LOGMET? _____
POSITION DESIRED _____	SALARY DESIRED _____ START DATE _____
<b>EDUCATION DATA</b>	
HIGH SCHOOL _____	ADDRESS _____ GRADUATE _____
COLLEGE/UNIVERSITY _____	ADDRESS _____ DEGREE _____
TRADE/TECH SCHOOL _____	ADDRESS _____ TRADE _____
MILITARY SERVICE _____	BRANCH _____ HIGHEST RANK _____ DUTIES _____
<b>EMPLOYMENT HISTORY</b>	
1. EMPLOYER _____	ADDRESS _____ PHONE ( ) _____
DATES OF EMPLOYMENT _____	SUPERVISOR _____
REASON FOR LEAVING _____	
2. EMPLOYER _____	ADDRESS _____ PHONE ( ) _____
DATES OF EMPLOYMENT _____	SUPERVISOR _____
REASON FOR LEAVING _____	
3. EMPLOYER _____	ADDRESS _____ PHONE ( ) _____
DATES OF EMPLOYMENT _____	SUPERVISOR _____
REASON FOR LEAVING _____	
<b>REFERENCES</b>	
NAME _____	ADDRESS _____ PHONE ( ) _____
NAME _____	ADDRESS _____ PHONE ( ) _____
NAME _____	ADDRESS _____ PHONE ( ) _____
I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE ONE OR MORE PHYSICAL EXAMINATIONS AND/OR SUBSTANCE TEST(S) AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE AND CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY THE COMPANY, AND TO RELEASE THE COMPANY, TIS DIRECTORS, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TESTS	
SIGNATURE _____	
AUTHORIZATIONS: I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL	
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO THE COMPANY	
I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.	
DATE _____	SIGNATURE _____

LOGMET FORM 102

AN EQUAL OPPORTUNITY EMPLOYER

\_\_\_\_\_  
**Branch Office Location**

\_\_\_\_\_  
**Tier Requirements**

## Employee Authorization to Release Records

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living.

I hereby authorize SentryLink LLC, an agent of \_\_\_\_\_ to make a thorough check of my past Employment, Education, and activities.

### EMPLOYEE/APPLICANT

_____ <b>Last Name</b>	_____ <b>First Name</b>	_____ <b>Middle</b>	____ - ____ - ____ <b>Social Security Number</b>	____ / ____ / ____ <b>Date of Birth mm/dd</b>
_____ <b>Other Name(s) Maiden/Married</b>		_____ <b>Driver's License Number</b>		_____ <b>State</b>

<b>RESIDENCES (Starting with current)</b>			
_____ <b>Street Address</b>	_____ <b>City/State</b>	_____ <b>Zip</b>	_____ <b>How Long?</b>
_____ <b>Street Address</b>	_____ <b>City/State</b>	_____ <b>Zip</b>	_____ <b>How Long?</b>

<b>CURRENT EMPLOYER</b>	<b>CITY/STATE/ZIP</b>	<b>PHONE #</b>	<b>POSITION</b>	<b>MAY WE CONTACT CURRENT EMPLOYER?</b>
				<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>PREVIOUS EMPLOYMENT</b>	<b>CITY/STATE/ZIP</b>	<b>PHONE #</b>	<b>POSITION</b>	<b>DATE OF EMP.</b>

<b>SCHOOL(S) ATTENDED</b>	<b>NAME OF SCHOOL</b>	<b>CITY/STATE</b>	<b>DATES ATTENDED</b>	<b>YEAR GRADUATED</b>
High School			Not applicable	Not applicable
College				
Other				

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

<b>Date of Birth</b> ____/____/____	<b>Race</b> _____	<b>Sex</b> _____	<b>Telephone</b> (____) _____
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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Signed**



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

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

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

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

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

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

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

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

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

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

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

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



*Employer Completes Next Page*





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

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

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

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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

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

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

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

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**

## Company Sensitive Information



# STANDARDS AND CONDITIONS OF EMPLOYMENT

## CONDITIONS OF EMPLOYMENT

All employment with LOGMET is at the will of the company. This means that the Company makes no guarantees of future, continued, or full employment, as the Company's need for your services may change from day to day. Furthermore, employment is subject to termination at any time, for any reason, with or without cause or notice. Similarly, employees have the right to terminate their employment at any time and for any reason.

Employment depends upon satisfactory work performance, continued availability of work, and upon an employee's attitude and ability to work with others to achieve the Company's goals; ability and willingness to provide a high quality of performance and service to our customers; and upon the absence of disciplinary action. Discipline or discharge may occur with or without warning. If the Company elects to warn the employee, either orally or in writing, such warnings shall not be construed as requiring any further or future warnings. Rather they are merely a courtesy extended to the employee by the Company in the interest of avoiding termination of an otherwise valuable employee. The following is a partial list of the more common conditions under which immediate discharge of an employee may occur.

### 1. INSUBORDINATION

Failing to perform or unreasonably delaying the performance of duties; or disregarding instructions by supervisors or others in authority.

### 2. MISCONDUCT

Fighting; inflicting bodily harm; harassment; possession of alcohol or drugs (except those properly prescribed to the employee); being under the influence of alcohol or illegal drugs; violent or abusive conduct; or language which may tend to adversely affect morale, production, or discipline.

### 3. LARCENY, THEFT, FRAUD, DISHONESTY

Acts which adversely affect the reputation and interests of the Company or its employees will not be tolerated. This includes, but is not necessary limited to any conduct or act which results in the wrongful use, destruction or dispossession of Company property, Government property, or the property of other employees; falsification of records including, but not limited to Timesheets, Invoices or billing records, making false statements (oral or written) concerning the Company, other employees, customers, or work; acceptance of kick-backs, discounts or gratuities from vendors. An employee who witnesses any of the foregoing, but does not report such acts to the

## **Company Sensitive Information**

Company, is an accessory to the act by reason of the employee's silence; and that employee shall be subject to termination or discharge.

### **4. ABSENTEEISM**

Unexcused absences from work, habitual tardiness, failing to report an absence within three hours prior to your scheduled start time.

### **5. QUALITY OF WORK, MISUSE OF TIME**

Quality and timeliness of service to our customers requires cooperation, teamwork, and a "can-do" attitude. One person lacking this spirit can cause disruption in our services, and will place an unfair burden on other employees who are performing their jobs satisfactorily. Termination or discharge may result from failing to, or being unable to, perform work of an acceptable standard; neglecting job duties; disrupting production; abusing personal telephone privileges; or canvassing, polling, or petitioning.

### **6. SAFETY VIOLATIONS**

The safety and welfare of all Company employees is paramount. The failure to observe Company or general safety practices and regulations endangers the careless employee, as well as those working with and around him/her. "Horseplay" is unacceptable at any time.

### **7. MISUSE, NEGLECT, OR DESTRUCTION OF PROPERTY**

Willful or malicious destruction of Company or Government property; as well as neglect in the maintenance, care or use of equipment, tools, or vehicles will not be tolerated.

### **8. PERSONAL APPEARANCE**

Every employee, through their appearance and attitude, conveys an impression about the Company to its customers. Because of this, the Company requires that each employee maintain a neat, clean, and well-groomed appearance at all times. Employees having frequent customer contact are required to dress in a manner that is normally acceptable in business establishments. If an employee reports for work improperly dressed or groomed, that employee will be instructed to return home to change clothes or to take other appropriate corrective action. That employee will not be compensated for such time away from duty.

### **9. EQUAL OPPORTUNITY**

Equal Opportunity is LOGMET's policy. It is our policy to select the best-qualified person for each position in the organization.

No employee of LOGMET will discriminate against an applicant for employment or a fellow employee because of race, creed, color, religion, sex, national origin, ancestry, age, or other physical or mental disability. No employee of LOGMET will discriminate against any applicant or fellow employee because of the person's veteran status.

## Company Sensitive Information

This policy applies to all employment practices and personnel actions including advertising, recruitment, testing, screening, hiring, selection for training, upgrading, transfer, demotion, layoff, termination, rates of pay, and other forms of compensation or overtime.

LOGMET has adopted an affirmative action policy which essentially means that the company will aggressively seek out, hire, develop, and promote qualified members of protected groups — defined as racial minorities, women, physically or mentally disabled, disabled veterans, veterans of the Vietnam era, and persons ages of 40 and over.

If you are uncertain as to your status, please contact your supervisor/manager.

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I have read the foregoing and acknowledge that a condition of my employment is adherence to the standards and conditions.

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Signature

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Date

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Printed Name





## CONTRABAND POLICY

LOGMET is in total support of a Drug-Free Work Place. Therefore, this company prohibits the use, possession or distribution on its premises, facilities or work-places, any of the following: alcoholic beverages, intoxicants and narcotics, illegal or unauthorized drugs (including marijuana), "look-alike" (simulated) drugs, related drug paraphernalia, firearms and unauthorized explosives. LOGMET employees must not report for duty under the influence of any drug, alcoholic beverage, intoxicant or narcotic or other substance (including legally prescribed drugs and medicines) which will in any way adversely affect their working ability, alertness, coordination, response, or adversely affect the safety of others on the job.

Entry into or presence on LOGMET premises, facility or work-place by any person is conditioned upon LOGMET right to search the person, personal effects, vehicles, lockers and baggage of any employee or other entrant for any substances named in the paragraph above. By entering into or being present on LOGMET premises, facility or work-place, any person is deemed to have consented to such searches which may include periodic and unannounced searches of anyone while on, entering, or leaving LOGMET premises, facility or work-place. These searches include the use of electronic detection devices, scent trained dogs or the taking of blood, urine, or saliva samples for testing to determine the presence of substances named in the paragraph above.

The taking of blood, urine, or saliva samples for testing may also be used for any employee on LOGMET premises or work-place who is suspected to be under the influence of drugs or alcohol, or who is involved in a vehicle accident, or who is injured in the course of employment.

Any employee who refuses to submit to a search, as described in this Policy Statement, or who is found using, possessing or distributing any of the substances named in the first paragraph of this Policy, or who has detectable amounts of a prohibited drug or substance in his/her system, regardless of when or where the drug entered the system, is subject to disciplinary action including immediate discharge.

Any person who is found departing LOGMET premises, facility or work-place in possession of Company property (including food, supplies or tools) which is not authorized in writing for removal from Company premises or work-place is subject to disciplinary action including immediate discharge of an employee, or removal and future prohibition from the premises if not a LOGMET employee.

Legally prescribed drugs may be permitted on LOGMET premises or work-place provided the drugs are contained in the original prescription container or are prescribed by an authorized medical practitioner for the current use of the person possessing it. Any person in possession of a valid prescription drug when on or entering LOGMET premises or work-place locations, may be required to complete a "Prescription Drug Form" and LOGMET may, as it deems appropriate, determine if the drug produces hazardous effects. Any valid prescription drug that in the opinion of LOGMET may produce hazardous effects may likewise be restricted.

LOGMET has the right, at its discretion, to report use, possession or distribution of any substance named in the first paragraph of this Policy Statement or the removal of LOGMET property to law enforcement officials and to turn over to the custody of law enforcement officials, any such substance or Company property. As a condition of continued employment on this contract, the employee will: (1) Abide by the terms of this Policy Statement; and (2) Notify LOGMET of any criminal drug statute conviction for a violation occurring in the work-place no later than five (5) days after such a conviction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RECEIPT OF EMPLOYEE MANUAL

I acknowledge that I have received a copy of LOGMET’s Employee Manual. I agree to read it thoroughly, including the statements in the Introduction describing the purpose and effect of the manual. I agree that if there is any policy or provision in the manual that I do not understand, I will seek clarification from the Human Resources Department. I understand that LOGMET is an “at will” employer and, as such, employment with LOGMET is not for a fixed term or definite period, and may be terminated at the will of either party, with or without cause, and without prior notice. No manager or other representative of the company (except for the President/COO or Chief Executive Officer) has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above. In addition, I understand that this manual states LOGMET’s policies and practices in effect on the date of publication. I understand that nothing contained in the manual may be construed as creating a promise of future benefits, or a binding contract with LOGMET for benefits or for any other purpose. I also understand that these policies and procedures are continually evaluated and may be amended, modified or terminated at any time, with or without advance notice.

**Please sign and date the receipt below. Mail the original to:**

**LOGMET  
ATTN: Human Resources  
1311 Chisholm Trail, Suite 101  
Round Rock, Texas 78681**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

# LOGMET VOLUNTARY APPLICANT DATA

Applicants are considered for all positions, and employees are treated without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers/governmental contractors, we comply with all applicable governmental regulations, including affirmative action responsibilities, where they apply.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out this Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File, separate from the Applications for Employment. Your cooperation is strictly voluntary.

Date: \_\_\_\_\_

(PLEASE PRINT)

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  
 Employment Agency  Walk-in  Other

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

## Voluntary Survey

At times, governmental agencies require periodic reports on the gender, ethnicity, handicap, veteran, and any other protected status of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.**

**GENDER; CHECK ONE:**

Male  Female

**RACE, ETHNIC GROUP; CHECK ONE:**

White  Black  Hispanic  
 American Indian, Eskimo or Aleut  
 Asian or Pacific Islander

## Special Employment Notice For Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps:

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a covered or disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information, which will be treated as confidential. This information will not jeopardize or adversely affect your consideration for employment. If you wish to be identified, please sign below.

**Vietnam Veteran      Special Disabled Veteran      Other Covered Veteran**

Signed \_\_\_\_\_



## Employee Direct Deposit Authorization

### Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees for automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

### Account 1

Account 1 type:  Checking  Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

### Account 2 (remainder to be deposited to this account)

Account 2 type:  Checking  Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

*attach a voided check for each account here*

**Authorization** (enter your company name in the blank space below) \_\_\_\_\_

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_ Last 4 SS Verify : \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_



**ATTN: PAYROLL**

9600 Great Hills Trail Ste 150W, Austin, Tx 78759  
PH: 737-222-3490 Fax: 512-727-8281

**EMPLOYEE NEW HIRE INFORMATION**

**WORK LOCATION:**

<b>Legal Name</b>	(Last, First, Middle Initial)		
<b>Addresses</b>	Residential (Primary) _____ <input type="checkbox"/> Mailing Same <input type="checkbox"/> Other: _____ (Street, City, State, AND ZIP Code)		
<b>Contact Information</b>	<input type="checkbox"/> Cell Phone _____ <input type="checkbox"/> Authorize Text Messages <input type="checkbox"/> Home Same <input type="checkbox"/> Other: _____ <b>Email Address</b> _____ <i>(required for timekeeping login and pay information purposes)</i>		
<b>Identification</b>	<b>DOB</b>	<b>SS #</b>	<b>DL #</b>
<b>Emergency Contact Information</b>	(Name and Relationship)		(Provide at least one contact method: Phone, Email or Mailing Address)
<b>Bank Information</b>	# 1	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Primary Account	# 1
(Institution Name)	(Routing Number: 9 Digits)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Split Deposit (if any) \$ _____	# 2
		(Account Number: must include any leading zeros)	

Tax Form(s)

Direct Deposit Authorization

Benefits Enrollment Forms & Documents

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