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## Quality Fire Sprinkler Installation & Fabrication Employee Disclaimer

In consideration of my being employed by Quality Fire Sprinkler Installation and Fabrication (QFSIF), I hereby agree that upon the termination of my employment and notwithstanding the cause for termination, I shall not compete with the business of the company, its customers or employers. This non-compete agreement shall extend for a period of six (6) months and shall be in full force and effect for the entirety of employment with QFSIF, commencing with the date of employment termination.

INITIALS

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**Travelling is a must!** This job requires you to travel to different states at different times. If you cannot or do not want to travel, please do not apply for this position.

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Due to the nature of the sprinkler installation business, employees will have the use of, and will be responsible for, an array of tools provided by QFSIF. These tools shall be returned to the company upon completion of the job, or should the employee responsible for the tools become severed from QFSIF through their own actions or through termination by the company. In the event of a separation or termination from the company, all tools must be returned to QFSIF. If the tools are not returned in satisfactory condition, the responsible party shall have the replacement amount deducted from their final paycheck. The responsible party will also be liable and will be subject to prosecution to the fullest extent of the law. In the event that a tool should become damaged or need repairs while in the field, prior notification will need to be given to the company before any repairs or replacement were to take place.

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If an employee of QFSIF leaves an assignment prior to the assignment's completion without the expressed permission of the company, their hourly rate will be reduced from their current rate to that of minimum wage (\$7.25 per hour). The minimum wage rate will apply to all hours worked since their last payroll period.

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Our payroll schedule is paid weekly and direct deposit is our preferred method of payment. I understand that if I choose to opt-out of direct deposit, my weekly payroll (paycheck) will be mailed by standard postage to the address provided on my application. Any request for payroll checks to be sent overnight will be subject to a non-negotiable fee of \$45.00.

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***By signing, I acknowledge that I have read and will adhere to the policies and procedures of Quality Fire Sprinkler Installation & Fabrication that have been set forth in this Employee Disclaimer.***

\_\_\_\_\_  
EMPLOYEE SIGNATURE

STATE OF TENNESSEE  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person (or person's) free act and deed.

\_\_\_\_\_  
Notary Public

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

Commission Expires: \_\_\_\_\_

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

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

Position Applied for: \_\_\_\_\_

Emergency Contact with Phone Number: \_\_\_\_\_

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

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Disclaimer and Signature

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

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

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

Quality Fire Sprinkler Installation, LLC  
4632 US Hwy 411 South  
Maryville, TN 37801  
P 865-233-7303  
F 865-233-7313

## **Funding Agreement**

**If you have applied for a position here at QFSIS, then you have read over the requirements for the positions needing filled. TRAVELING IS A MUST!!!**

**Upon agreeing to travel, you must also be able to financially support yourself for the first 2 weeks. Payroll does hold back a week and we recommend that each employee have available to him/her a minimum of \$300.00 to travel until you receive your first paycheck.**

**PLEASE DO NOT let us send you to a job and then you call to say that you have no money, because not having the funds to travel will unfortunately terminate your employment. By signing below, you are giving a true statement that you will be able to meet the funding expectations for you to travel.**

**Thank You,  
QFSIS H.R. Dept.**

**Employee Signature:\_\_\_\_\_**

**Print Name:\_\_\_\_\_**

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



# 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.)

A	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	A	_____
B	Enter "1" if: <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	_____
C	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.) . . . . .	C	_____
D	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	D	_____
E	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) . . . . .	E	_____
F	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 . . . . .	F	_____
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"><li>• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.</li><li>• 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 . . . . .</li></ul>	G	_____
H	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____
For accuracy, <b>complete all worksheets that apply.</b> <ul style="list-style-type: none"><li>• If you plan to <b>itemize</b> or <b>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		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
		▶ <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>		<b>2015</b>	
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. <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 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. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6			
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</b> tax liability, and</li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
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)	





# 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)

3-D Barcode  
Do Not Write in This Space

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



Employer Completes Next Page



## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>3-D Barcode Do Not Write in This Space</div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

## Certification

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

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

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

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):	

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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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## Direct Deposit Authorization

- Please complete this form and return it to the payroll department.
- Be sure to include a voided (Cancelled) check from your checking account and/or a deposit slip for your savings account, whichever is applicable. The details from the check / deposit slip will be used to verify the account details.
- You also have the option to deposit a part of your net pay into a secondary account, such as savings. Please specify the amount from your net pay to be deposited in your secondary account.

### **Account 1**

Account 1 type: Checking\_\_\_\_\_ Savings\_\_\_\_\_ Money Card/Other\_\_\_\_\_

Bank Account Name\_\_\_\_\_

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\_\_\_\_\_ Money Card/Other\_\_\_\_\_

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

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

*attach a voided check for each account here*

## Authorization

This authorizes Quality Fire Sprinkler Installation & Fabrication to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) and to other accounts I identify in the future. 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: \_\_\_\_\_

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

Email Address:\_\_\_\_\_ Date:\_\_\_\_\_

**CHANGES TO BANK ACCOUNT MUST BE FAXED TO THE OFFICE IN WRITING WITH YOUR SIGNATURE. CHANGES TO YOUR ACCOUNT WILL NOT BE ACCEPTED BY PHONE.**



Drug Test Consent

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

I hereby CONSENT to a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, **Quality Fire Sprinkler Installation & Fabrication**.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, 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 **Quality Fire Sprinkler Installation & Fabrication**, the laboratory testing service, 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 **Quality Fire Sprinkler Installation & Fabrication**, the laboratory testing service, 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.

Current Medications, Prescription & Non-prescription

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Signature

Date

Printed Name

Social Security Number

Witness



**AUTHORIZATION TO RELEASE INFORMATION**

<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Drivers License Number:</b>	<b>State Issued:</b>	<b>Date of Birth:</b>
<b>Social Security Number:</b>		
<b>Current Physical Address (No P.O. Boxes):</b>		
<b>ANY OTHER ADDRESSES FOR THE PAST 7yrs:</b>		

By signing this paper you agree that Quality Fire Sprinkler, LLC. Will be authorized to verify all information in your employment application from all sources of employment, motor vehicle, criminal history, personal character, and workers compensation records in accordance with ADA, labor and wage records, etc. You release all persons from liability on account of such disclosures. Authorization will be used exclusively by Quality Fire Sprinkler, LLC. For identification purposes and for the release of information which will be considered in determining any suitability for employment. You also agree to provide any additional information that may be requested to process your employment application. You have the right to request any information that is in your file, upon proper identification. You understand and agree that any omissions, false statements, misleading statements, or answers made by you on your application or in any interviews will be grounds for rejection of employment and your discharge after employment.

<b>Signature:</b>	<b>Date:</b>	
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**Disclaimer: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY.**  
**WE MAKE NO CLAIMS, PROMISES, OR GAURANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN.**  
**WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.**

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***Quality Fire Sprinkler Installation Services***  
***4632 US Hwy 411 South***  
***Maryville, TN 37802***  
***P 865-233-7303***  
***F 865-233-7313***

**PAYROLL DEDUCTION AUTHORIZATION**

I, \_\_\_\_\_, do authorize Quality Fire Sprinkler Installation Service to deduct on a weekly basis the following items and amounts:

Medical      \$ \_\_\_\_\_

Dental        \$ \_\_\_\_\_

Other:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Printed Name of Employee