



PM/Supervisor Printed name: _____

Complete Property Services, Inc.

Pre-Employment Application Check List

- ☐ Authorization for Background Check signed and faxed to Bart at the office 727-793-0727
- ☐ Application fully completed, each page checked and signed where indicated
- ☐ Hire Date, Rate, of Pay and Initials filled out at the top Right hand Corner of Application
- ☐ Copy of Social Security Card
- ☐ Copy of Drivers License or other Identification
- ☐ Copy of Auto Registration
- ☐ Copy of Insurance Dec Page (first page of policy)
- ☐ Called employment references
- ☐ Advised CPS is a Drug Free Workplace, we conduct random tests
- ☐ Inquire if they have had any accidents in the past that would impede their performance for the position they are being offered. If YES, Explain.
- ☐ Convicted of any crimes
- ☐ Inquire if they hold any certifications; i.e. OSHA, First Aid, Scaffolding, etc.

*****This form must be turned in with all applications**

Background check must be complete by CPS office BEFORE anyone is hired.

Signature

Printed Name

THIS PAGE IS FOR SUPERVISOR/OFFICE USE ONLY



1. By this document (Employer's Name) Complete Property Services, Inc. discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.

2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.

3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, mode of living, workers comp claims, character and personal reputation. I also understand you may make use of the Internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/ criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and its agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

CA, MN, OK RESIDENTS ONLY: As part of a routine background investigation, we may request a consumer credit report from a consumer credit reporting agency or one of its associated companies. If we do so and you wish them to send you a free copy of this consumer credit report, please check here:

My signature below also indicates that I have received a [Summary of rights](#) in accordance with the Fair Credit Reporting Act.

Applicants Signature: _____

Print name: _____

Date: _____ Other names used: _____

Social Security Number: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Current Address: _____ City: _____ Zip Code: _____

Previous Address: _____ City: _____

State: _____ Zip Code: _____

CPS has a 90-day evaluation period. CPS uses this period to evaluate employee capabilities, work habits, and overall with performance. Either the employee or CPS may end the employment relationship at will at any time during this period or without cause or advance notice.

DOES EMPLOYEE READ AND UNDERSTAND:
_____ English _____ Spanish

Complete Property Services, Inc.
AN EQUAL OPPORTUNITY EMPLOYEE
APPLICATION FOR EMPLOYMENT

DATE OF HIRE: _____
RATE OF PAY: _____
SUPERVISOR PRINT NAME: _____

We receive applications and hire employees without regard to race, color, sex, religion, age, national origin, marital status, disability, veterans status and citizenship status or any other protected category. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our business.

Print Clearly

Name: _____ Social Security Number: _____
First Middle initial Last

Present Address: _____
No. Street City State Zip

How long have you been at the above address? _____ Home or Cell Phone: _____

Previous Address: _____
No. Street City State Zip

How long did you live there? _____

Are you over the age of 18? YES NO If no employment is subject to verification that you are of minimum legal age.

Are you currently eligible to work in the U.S? YES NO

Can you provide documentation that you are legally eligible to work in the U.S? YES NO

EMERGENCY NOTIFICATION: _____
Name Phone Number

MUST BE COMPLETED _____
Relationship

EMPLOYMENT INFORMATION

Position applying for: _____ Date Available for work: _____

What days and hours are you available to work? Days: _____ Hours: _____

Have you ever been bonded? Yes No Have you ever been refused a bond? Yes No

If so state reason and date: _____

What salary or pay rate do you expect? _____

Have you ever applied for a job with us before? Yes No When? _____

Have you ever been convicted of a crime, plead no contest or had adjudication with held?

If so explain: _____

Have you served in the U.S. Military? Yes No Date you were discharged: _____

Do you use illegal drugs? Yes No

Does your present employer know of your plans to change employment? Yes No

Why do you desire to make a change? _____

Have you ever held a position of trust (handling money, or confidential material)? Yes No

Do you have a valid Driver's license? Yes No Driver License # _____

If NO how are your going to get to work? _____

Do you have steady transportation to work? Yes No

Have you ever been discharged or asked to resign? Yes No

Are there any other experiences, skills or qualifications you have that specifically relate to working here? _____

Do you have any friends or relatives that currently work here? Yes No Name: _____

Can you perform the construction duties of the job you are applying for without help? Yes No

Examples: Moving extension ladders by yourself? Lifting 50 pounds?

If No, please explain: _____

EDUCATION INFORMATION

Schooling	Years completed	Degree Received and Major Sub.	Name of School	Location	Did you Graduate?
Grammar or High School					
Trade Bus. Or Correspondence					
Graduate School					

Describe another specialized or professional training (such as business, technical or nursing school). Include study courses given through public or private employment, State whether degree or certificate was received.

PRIOR WORK RECORD (Start with most recent or present employer)

1) Name and address of most recent employer _____		
Phone Number: _____	Date Hired: _____	Salary Rate: _____
Immediate Supervisor (Name & Position): _____		
Your Job Title & Duties: _____		
Date Left: _____	Last Rate: _____	
Reason for Leaving: _____		

2) Name and address of most recent employer _____		
Phone Number: _____	Date Hired: _____	Salary Rate: _____
Immediate Supervisor (Name & Position): _____		
Your Job Title & Duties: _____		
Date Left: _____	Last Rate: _____	
Reason for Leaving: _____		

3) Name and address of most recent employer _____		
Phone Number: _____	Date Hired: _____	Salary Rate: _____
Immediate Supervisor (Name & Position): _____		
Your Job Title & Duties: _____		
Date Left: _____	Last Rate: _____	
Reason for Leaving: _____		

4) Name and address of most recent employer _____		
Phone Number: _____	Date Hired: _____	Salary Rate: _____
Immediate Supervisor (Name & Position): _____		
Your Job Title & Duties: _____		
Date Left: _____	Last Rate: _____	
Reason for Leaving: _____		

May we contact the employer listed above? Yes No If not, indicate by No, which one(s) you do not wish us to contact.

REFERENCES (Do not list relatives or former employers)

Name: _____	Address: _____	Phone _____	Occupation _____
Name: _____	Address: _____	Phone _____	Occupation _____
Name: _____	Address: _____	Phone _____	Occupation _____
Name: _____	Address: _____	Phone _____	Occupation _____

The facts set forth above in my application for employment are true and complete. I understand that if employed false statements or omission of information on this application, a resume, or other applicant information provided may be considered sufficient reason for dismissal. I understand that consumer reports which may contain public record information may be requested from the reporting agency. These reports may include information as to my character, work habits, performance, and experiences along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, and other experiences. I understand that I have the right to make written request within a reasonable period of time to receive additional detailed information on about the nature and scope of this Investigative consumer report.

I authorize the use of any information in this application to verify my statements, and I authorize the past employers all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I understand that employment at this organization is on an "at will" basis, and includes no guarantee, contract or promise of employment for any specific length of time.

Signature of Applicant

Date

CPS Pre-employment Experience Self -Evaluation					
CPS Evaluacion personal de experiencia en este tipo de empleo					
		Check Category 1 - S			Categorize su abilidad
Experience:	Years of Experience	1 = Apprentice 5 = Journeyman	Experiencia en:	Anos de experiencia	1-Novato 5-Mechanico
Part A:			Parte A:		
Caulking			Caulking		
Silicone Sealants			Glasear con silicona		
Structural Sealants			Silicones y selladores estructural		
Urethane Sealants			Sellado res de Urethane		
Pressure Washing			Lavar a pression		
Structural Concrete Repairs			Reparaciones estructural de concreto		
Carpentry Form/ Bldg.			Carpinteria / Montando formas		
Rod Buster			Montando barrillas de acero		
Patching (Overhead/Vertical)			Parches de restoracion / en concrete		
Stucco Repairs			Reparaciones de estuco		
Lather			Installation de Lath para estuco		
Epoxy Injection			Inyecciones de epoxy		
Chemical Grout			Usando lechada quimica / chemical grout		
Urethane Deck Systems			Aplicar Urethane coating en pisos		
Acrylic Knockdown Systems			Sistemas decorativos de Deck Coating		
Hot Applied Systems			Sistema caliente de deck waterproofing		
Cold Applied Systems			Sistema frio de deck waterproofing		
Sand Blasting			Sand blasting / con arena		
Tuck Pointing			Pointing de ladrillos		
Carbon Fiber			Instalando de fibra de carbon		
Expansion Joints Wabo/ Emseal			Sellando uniones de expansion/ Emseal etc.		
Part B:			Parte B:		
Airless Sprayer/ ing			Pintura de aerosol		
Airless Packing Replacement			Areglar equipo de pintura de aerosol		
Spray Cup Gun			Pintura con pistol a de copa		
Spray Gun Maintenance			Manten imiento de pistola de copa		
Electrostatic Sprayer			Pintura electo-estatica		
M asking			Instalacion Cinta adhesiva/ tape		
Patching			Parches		
Acrylic Coatings			Pinturas Acrilicas		
Elastomeric Coatings			Pinturas de waterproofing/ acrilicas		
Industrial Coatings			Pinturas industrial es		
Interior Painting			Pinturas interiores		
Sheet Rock Repairs			Reparaciones de paredes seca / drywall		
Window Sill Repairs			Areglo de base de ventana		
Part C:			Parte C:		
Swing Stage			Andamio de cables		
Swing Stage Set up Beams			Montar andam ios con vigas		
Swing Stage Set up Hooks			Montar andamios con ganchos		
Mast Climber			Andamio de torres / mast climber		
Fixio Climber			Andamio de torres / fixio climber		
Tallest Bldg Worked On () # of floors			Edificio mas alto que has trabajado # de pisos ()		
Scaffolding Mason			Andamio de tubas/ de albañil		
Scaffolding Baker			Andamio de tubas/ de baker		
Booms / Hi Reach			Boom -lift telescopico		
Scissors lift			Boo m-lift de tijeras		
Ladder Jacks			Ladder Jacks/ de escaleras		
Forklift/ Lull			Caretilla elevadora / telescopica / fork lift		
Tallest Equipment used () feet			Equipo usado mas alto En Pies ()		
Bobcat			Bobcat		
Heavy Equipment			Equipo pesado		

Certifications

Please check any Certifications you have and the expiration date:

	Check Here	Expiration date	
OSHA 10 Hour			No Exp date
CPR			2 year recommended
Safety Orientation			No Exp date
Swing Stage			3 year Exp date
Aerial Platform			5 year Exp date
Fork Lift & Lull			3 year Exp date
Scaffold OSHA subpart L			No Exp date
Respiratory			1 year Exp date
Buck Hoist			No Exp date
Asbestos/Lead			1 year Exp date
DOT Physical			1 year Exp date

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. 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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____					
B	Enter "1" if: <table><tr><td>• You're single and have only one job; or</td><td rowspan="3">}</td><td rowspan="3">B _____</td></tr><tr><td>• You're married, have only one job, and your spouse doesn't work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You're single and have only one job; or	}	B _____	• You're married, 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.	
• You're single and have only one job; or	}	B _____					
• You're married, 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.							
C	Enter "1" for your spouse . 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 dependents (other than your spouse or yourself) you will claim on your tax return	D _____					
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____					
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____					
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)							
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____					
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H _____					
For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 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 below.		
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.							
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 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 below.							

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017	
► 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.					
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, 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 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►				7 _____	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
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)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1** Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) **5** \$ _____
- 6** Enter an estimate of your 2017 nonwage income (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8** **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not 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 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. 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 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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 are not required to provide the information requested on a form that is 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.

COMPLETE PROPERTY SERVICES, INC.

Corporate Safety Policies

Personal Protective Equipment

1. Hard Hats to be worn on all jobs by all employees of CPS **(no exceptions)**
2. No shorts to be worn on any project
3. All shirts must have sleeves
4. Work boots must be worn on all jobs. **(no tennis shoes)**
5. Safety glasses to be worn during any operation that involves danger to your eyesight
6. Face shields to be worn along with your safety glasses during any grinding operation
7. Dust masks to be worn during any operation involving dust, fumes or particles
8. Leather gloves to be worn when working around or lifting metal or sharp items of any kind
9. Back braces to be worn when lifting equipment or material
10. No use of alcohol or drugs permitted on any job at any time
11. All non emergency treatment for accidents must be authorized by the Office first
12. Report all job accidents immediately to you Supervisor
13. Wear seat belts at all times in Company Vehicles
14. You are responsible for keeping the area where you work NEAT and CLEAN
15. DO NOT REMOVE OR BYPASS any guards on any machinery, at any time.
16. Advise your Supervisor if you need additional equipment or instruction to get the job done safely
17. Lift with your legs and not with your back. Get assistance with loads over 50 lbs.
18. Advise your Supervisor of any Hazardous conditions
19. Follow all other written and spoken safety rules.

Personal Safety Precautions

1. No radios or personal music devices to be used on any project
2. No phones to be used on jobs except for business and emergencies
3. No exposed jewelry to be worn on jobsites
4. No smoking on jobsites, **(except in designated areas)**
5. No baggy clothes

Penalties for violation of company safety rules

1. **FIRST OFFENSE:** Verbal Warning / **Written Documentation**
2. **SECOND OFFENSE:** Written Warning / **One week Suspension**
3. **THIRD OFFENSE:** Employee is / **DISMISSED**

FLAGRANT VIOLATIONS

1. Failure to properly wear a safety harness, hooked to a properly rigged, independent lifeline, while working from a swing scaffold or other surface that requires a safety belt.
2. Reporting to work under the influence of ALCOHOL or DRUGS or consuming either during the workday.
3. Unauthorized removal, defeating or destroying of a required safety guard or device.

ANY OF THE ABOVE THREE "**AUTOMATIC DISMISSAL**"

**I HAVE READ THESE RULES, UNDERSTAND THEM
AND WILL OBEY THEM FOR MY OWN BENEFIT.**

Michael Krueger, President

Safety Director

Employee sign

Date

Employee Print Name

* Where injury is caused by the willful refusal of the employee, the use of safety equipment or to obey safety rules, the compensation benefits can be reduced by (25%), (Florida Statute 440.09-(4))

PLEASE SIGN THIS FORM

If the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provided greater family or medical leave rights.

FMLA section 109 (29 U.S.C. 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. 825.300 (a) may require additional disclosures. For additional information: 1-866- 4USWAGE (1-866 -487-9243) TTY: 11-877-889-5627 WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor/Employment Standards Administration/Wage and Hour Division.

I have read this notice and I agree to read the employee manual.

Employee Signature: _____

Employee Witness: _____

Complete Property Services, Inc
13505 Prestige Place
Tampa, Florida 33635
Office: 727-793-9777 Fax: 727-793-0727
www.completeproperty.com

DIRECT DEPOSIT AUTHORIZATION

OFFICE: _____

Date: _____

Employee ID: _____

Employee Name: _____

For your convenience CPS will direct deposit your checks into the account of your choice. Please read below and fill out form. **THIS IS THE ONLY MEANS OF PAYROLL WE OFFER.**

By signing this agreement, you authorize Complete Property Services, Inc. to initiate credits and make adjustments, if necessary, for any entry made in error. Any changes must be made in writing on the Direct Deposit Authorization form.

New Payroll Deposit

Change Deposit Information

Revoke Authorization

Direct Deposit #1	Financial Institution Name _____ Routing & Transit Number _____ Account Number _____ Checking/Savings _____	Amount or Net Net Pay/ _____ % \$ _____
Direct Deposit #2	Financial Institution Name _____ Routing & Transit Number _____ Account Number _____ Checking/Savings _____	Amount or Net Net Pay/ _____ % \$ _____
Direct Deposit #3	Financial Institution Name _____ Routing & Transit Number _____ Account Number _____ Checking/Savings _____	Amount or Net Net Pay/ _____ % \$ _____

It is the employee's responsibility to verify the routing/transit number and account number. Direct Deposit requires a 10-day-pre-note. The pre-note process will be activated with your first payroll.

This authorization will remain in effect I until I give written notice or revoke it upon my termination of employment with Complete Property Services, Inc.

Employee Signature _____ **Date** _____

You **MUST** attach a **VOIDED CHECK, a copy of a VOIDED CHECK**, or a Financial Institution Specification Sheet for saving accounts. **DEPOSIT SLIPS ARE NOT ACCEPTABLE.**

Credit union members must call their Financial Institutions and request a Specification Sheet for their direct deposit.

Please forward this document to Complete Property Services, Inc. Office immediately after signing to ensure timely processing.

EMPLOYEE COPY

FMLA General Notice

(Please see employee manual for additional information)

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reason:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee 's child after birth, or placement for adoption or foster card;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post -deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee 's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is for reasonable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

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