Alfred Palma, LLC
GENERAL CONTRACTORS

P.O. Box 1565, Lake Charles, LA 70602
422 7th Street, Lake Charles, LA 70601
(337) 436-0830 phone
(337) 436-2530 fax
www.apalmainc.com

EMPLOYMENT APPLICATION

Alfred Palma, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Date of Application: _____

Applicant Full Name: _____
LAST FIRST MIDDLE

Home Address: _____

City/State/ZIP: _____

Daytime phone: (____)_____ Evening phone: (____)_____

Mobile phone: (____)_____

Driver's License (State/Number): _____

Employment Position

Position(s) applying for: _____

Full or Part Time? _____

Salary Desired: $_____ per _____

Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes, state name and relationship:

_____

_____

Have you applied to, or worked for, our company previously?	Yes	No
If yes, when? _____		
Are you 18 years of age or older?	Yes	No
If under 18, can you furnish a work permit?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
Are you willing to work any shift, including nights and weekends?	Yes	No

Alfred Palma, LLC
GENERAL CONTRACTORS

P.O. Box 1565, Lake Charles, LA 70602
422 7th Street, Lake Charles, LA 70601
(337) 436-0830 phone
(337) 436-2530 fax
www.apalmainc.com

If no, please state any limitations: _____

Do you have reliable transportation to and from work?	Yes	No
If needed, are you available to work overtime?	Yes	No
If hired, on what date can you start working?	_____	
Will you consent to a mandatory controlled substance test?	Yes	No
Do you have any condition which would require job accommodations?	Yes	No

If yes, please describe accommodations required below.

_____

_____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

_____

_____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience.

Skill	Years of Experience
_____	_____
_____	_____
_____	_____

Applicant Employment History

List your current or most recent employer first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back of this application.

1. Employer Name: _____
   Supervisor Name: _____
   Address: _____
   City/State/ZIP: _____
   Job Duties: _____

Alfred Palma, LLC
GENERAL CONTRACTORS

P.O. Box 1565, Lake Charles, LA 70602
422 7th Street, Lake Charles, LA 70601
(337) 436-0830 phone
(337) 436-2530 fax
www.apalmainc.com

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

2. Employer Name: _____

   Supervisor Name: _____

   Address: _____

   City/State/ZIP: _____

   Job Duties: _____

   Reason for Leaving: _____

   Dates of Employment (Month/Year): _____

3. Employer Name: _____

   Supervisor Name: _____

   Address: _____

   City/State/ZIP: _____

   Job Duties: _____

   Reason for Leaving: _____

   Dates of Employment (Month/Year): _____

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Alfred Palma, LLC
GENERAL CONTRACTORS

P.O. Box 1565, Lake Charles, LA 70602
422 7th Street, Lake Charles, LA 70601
(337) 436-0830 phone
(337) 436-2530 fax
www.apalmainc.com

Military Service:

_____ Yes _____ No

Branch: _____

Specialized Training: _____

References

Please provide 3 personal or professional reference(s) below:

Reference	Contact Information

Additional Information:

Are you on lay-off and subject for recall?

_____

_____

Will you relocate if job requires it?

_____

_____

Will you travel if job requires it?

_____

_____

Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/ZIP: _____

Daytime phone: _____ Evening phone: _____

Alfred Palma, LLC
GENERAL CONTRACTORS

P.O. Box 1565, Lake Charles, LA 70602
422 7th Street, Lake Charles, LA 70601
(337) 436-0830 phone
(337) 436-2530 fax
www.apalmainc.com

Affirmative Action Voluntary Information
(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, natural origin, age, disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purpose. To be filled separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position(s) applied for _____ Date _____/_____/_____

Referral Source

___Walk-in ___Government Employment Agency ___Relative
___Employee ___Private Employment Agency ___School
___Advertisement ___Other

Name of person who referred you (if applicable): _____

Applicant Information

Name _____(_____)_____
LAST FIRST MIDDLE Area Code PHONE

Address _____
STREET CITY STATE ZIP CODE

Please check one of the following Equal Employment Opportunity Identification Groups:

___White ___Black ___Hispanic
___American Indian/Alaskan Native ___Asian/Pacific Islander

Please circle: Male Female

Alfred Palma, LLC
GENERAL CONTRACTORS

P.O. Box 1565, Lake Charles, LA 70602
422 7th Street, Lake Charles, LA 70601
(337) 436-0830 phone
(337) 436-2530 fax
www.apalmainc.com

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

_____

_____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Alfred Palma, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Alfred Palma, LLC, except in specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

_____ _____

APPLICANT SIGNATURE DATE

Alfred Palma, LLC
GENERAL CONTRACTORS

P.O. Box 1565, Lake Charles, LA 70602
422 7th Street, Lake Charles, LA 70601
(337) 436-0830 phone
(337) 436-2530 fax
www.apalmainc.com

ACKNOWLEDGEMENT

I have read and understand the Company Drug, Alcohol and Contraband Policy of Alfred Palma, LLC and agree to submit to all its requirements (including Urine, Alcohol Testing, Searching and Inspections).

I understand that compliance with the **Policy** is a condition of my employment and/or continued employment with this company or my remaining on the property if I am a non-employee. I understand the disciplinary action that will be taken if I am found in violation of this policy.

I further consent to release of Drug or Alcohol Test results to Alfred Palma, LLC as long as I am an employee of the Company.

EMERGENCY HIRE WAIVER STATEMENT:

I understand that I may be employed pending results of a drug screen or pending the Company's right to perform a drug screen at a later date. I agree to abide by the Company's **Emergency Hiring Procedure** within the Drug, Alcohol, and Contraband Policy.

PRINT NAME OF APPLICANT/EMPLOYEE	SOCIAL SECURITY NUMBER
SIGNATURE OF APPLICANT/EMPLOYEE	DATE
SIGNATURE OF COMPANY REPRESENTATIVE	DATE

EMPLOYEE MEDICAL HISTORY QUESTIONNAIRE FOR THE SECOND INJURY FUND

Please answer the following questions by checking either **YES** or **NO.**

FAILURE TO ANSWER TRUTHFULLY MAY RESULT IN FOREITURE OF YOUR WORKERS' COMPENSATION BENEFITS UNDER LA R.S. 23:1208.1.

1. Have you ever had a disease or disability arising from your occupation?
   ☐ **YES** ☐ **NO**

   If **YES**, please explain:

   _____

   _____

2. Have you ever received workers' compensation benefits for and injury that occurred at work?
   ☐ **YES** ☐ **NO**

   If **YES**, when? _____

   How long were you on compensation? _____

   Name of employer: _____

   Nature of injury: _____

3. Have you ever been rejected for employment, insurance, or military service because of your health or a metal condition?
   ☐ **YES** ☐ **NO**
   If **YES**, please explain:

   _____

   _____

4. Have you ever had back trouble or injury to your back, head or neck?
   ☐ **YES** ☐ **NO**

   If **YES**, please explain:

   _____

   _____

5. Do you have any restrictions or limitations upon your physical activities?
   ☐ **YES** ☐ **NO**
   If **YES,** please explain:

   _____

   _____

6. What operations, accidents, broken bones, strains or serious illnesses have you had?

   _____

   _____

7. Please check in the appropriate space whether or not you currently have or previously have had the following medical conditions:

	YES	NO
Amputation (foot, leg, arm, hand or total loss thereof)	____	____
Ankylosis of Joints	____	____
Arteriosclerosis	____	____
Arthritis	____	____
Asbestosis	____	____
Asthma	____	____
Back/Neck Problem	____	____
Brain Damage	____	____
Bronchitis	____	____
Cancer	____	____
Cardiac Disease	____	____
Carpal Tunnel Syndrome	____	____
Cerebral Vascular Accident	____	____
Communicable Disease	____	____
Compressed Air Sequelae	____	____
Chronic Headaches	____	____
Chronic Osteomyelitis	____	____
Diabetes	____	____
Dizziness	____	____
Double Vision (Blurred Sight)	____	____
Emphysema	____	____
Head Injury	____	____
Heart Condition	____	____
Heavy Metal Poisoning	____	____
Hemophilia	____	____
High/Low Blood Pressure	____	____
Hodgkin's Disease	____	____
Hyperinsulinism	____	____
Hypertension	____	____
Ionizing Radiation Injury	____	____
Kidney Disorder	____	____
Loss of Hearing (more than 75%)	____	____

	YES	NO
Loss of Sight (of one or both eyes or a partial loss of uncorrected vision)	____	____
Loss of Use of Limbs	____	____
Mental Disorder	____	____
Metal Retardation	____	____
Multiple Sclerosis	____	____
Muscle, Ligament or Tendon Injury	____	____
Muscular Dystrophy	____	____
Nervous Disorder	____	____
Numbness of Extremities	____	____
Parkinson's Disease	____	____
Psychoneurotic Disability (following treatment in a recognized institution)	____	____
Reflex Sympathetic Dystrophy	____	____
Repetitive Motion Injury	____	____
Residual Disability from Polio	____	____
Rheumatism	____	____
Rotator Cuff Injury	____	____
Ruptured Intervertebral Disc	____	____
Silicosis	____	____
Spinal Fusion	____	____
Stroke	____	____
Sugar in Urine	____	____
Surgical Removal of Intervertebral Disc.	____	____
Thrombophlebitis	____	____
Thorasic Outlet Syndrome	____	____
Thyroid Condition	____	____
"Trick" Knee or Shoulder	____	____
Tuberculosis	____	____
Varicose Veins	____	____

Other_____

If **YES**, please explain:

_____

_____

8. Do you have any other long-term health problems or adverse physical conditions?
   YES NO

If **YES**, please explain:

_____

_____

Signature:_____

Date:_____

Name Printed:_____

Emergency Number:_____ **Contact:**_____

Form W-4 (2018)

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

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

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

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

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

General Instructions

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

You can also use the calculator at ***www.irs.gov/W4App*** to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

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

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

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

---------- **Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you're 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.**

OMB No. 1545-0074

2018

1 Your first name and middle initial	Last name	2 Your social security number

Home address (number and street or rural route)

3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.
Note: If married filing separately, check "Married, but withhold at higher Single rate."

City or town, state, and ZIP code

4 **If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.** ▶ ☐

5	Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5	
6	Additional amount, if any, you want withheld from each paycheck	6	$
7	I claim exemption from withholding for 2018, and I certify that I meet **both** of the following conditions for exemption. • Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and** • This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability. If you meet both conditions, write "Exempt" here ▶	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.) ▶ **Date** ▶

8 Employer's name and address (**Employer:** Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)	9 First date of employment	10 Employer identification number (EIN)
Alfred Palma, LLC, P O BOX 1565, LAKE CHARLES,LA 70602		72-1079444

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A
B	Enter "1" if you will file as married filing jointly	B
C	Enter "1" if you will file as head of household	C
D	Enter "1" if: • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	D
E	**Child tax credit.** See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from $175,551 to $200,000 ($339,001 to $400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-"	E
F	**Credit for other dependents.** • If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than $175,550 ($339,000 if married filing jointly), enter "-0-"	F
G	**Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here	G
H	Add lines A through G and enter the total here ▶	H

For accuracy, complete all worksheets that apply.

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

Deductions, Adjustments, and Additional Income Worksheet

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

1	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details	1 $
2	Enter: $24,000 if you're married filing jointly or qualifying widow(er); $18,000 if you're head of household; $12,000 if you're single or married filing separately	2 $
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3 $
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4 $
5	**Add** lines 3 and 4 and enter the total	5 $
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6 $
7	**Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 $
8	**Divide** the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8
9	Enter the number from the **Personal Allowances Worksheet,** line H above	9
10	**Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/ Multiple Jobs Worksheet,** also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10

R-1300 (4/11)

LDR
Contributing to a better quality of life

Employee Withholding Exemption Certificate (L-4)

Louisiana Department of Revenue

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

Block A

- Enter "0" to claim neither yourself nor your spouse, and check "*No exemptions or dependents claimed*" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "*Single*" under number 3 below. If you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "Single" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "Married" under number 3 below.

A.

Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.

Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**
Louisiana Department of Revenue

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial	Last name
2. Social Security Number	3. Select one ☐ No exemptions or dependents claimed ☐ Single ☐ Married
4. Home address (number and street or rural route)	
5. City / State / ZIP	
6. Total number of exemptions claimed in Block A	6.
7. Total number of dependents claimed in Block B	7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.	8.

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature	Date

The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
Alfred Palma LLC, POBox1565, LakeCharles, LA 70602	**5856695-001-300**

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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 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 *(See instructions)*

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.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy):

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

STOP *Employer Completes Next Page* STOP

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.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization

List A	List B	List C
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		
Issuing Authority		
Document Number		
Expiration Date *(if any)(mm/dd/yyyy)*		
Document Title		
Issuing Authority		
Document Number		
Expiration Date *(if any)(mm/dd/yyyy)*		

Additional Information

QR Code - Section 2 & 3
Do Not Write in This Space

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
		Payroll Clerk

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Fazzio	Cynthia	Alfred Palma LLC

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
P.O. BOX 1565	LAKE CHARLES	LA	70602

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

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
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)*

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
		Cynthia Fazzio

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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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.

IF YOU HAVE THE RIGHT TO WORK,
Don't let anyone take it away.

There are laws to protect you from discrimination in the workplace.

You should know that...

In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.

Employers cannot reject documents because they have a future expiration date.

Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

Contact IER

For assistance in your own language
Phone: 1-800-255-7688
TTY: 1-800-237-2515

Email us
IER@usdoj.gov

Or write to
U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

If any of these things happen to you, contact the Immigrant and Employee Rights Section (IER).

DEPARTMENT OF JUSTICE
IMMIGRANT & EMPLOYEE RIGHTS SECTION
CIVIL RIGHTS DIVISION

Immigrant and Employee Rights Section
U.S. Department of Justice, Civil Rights Division
www.justice.gov/ier

SI USTED TIENE DERECHO A TRABAJAR,
no deje que nadie se lo quite.

Existen leyes que lo protegen contra la discriminación en el trabajo.

Usted debe saber que...

En la mayoría de los casos, los empleadores no pueden negarle un empleo o despedirlo debido a su nacionalidad de origen o estatus de ciudadanía, ni tampoco negarse a aceptar sus documentos válidos y legales.

Los empleadores no pueden rechazar documentos porque tengan una fecha de vencimiento futura.

Los empleadores no pueden despedirlo debido a E-Verify sin darle una oportunidad de resolver el problema

En la mayoría de los casos, los empleadores no pueden exigir que usted sea ciudadano estadounidense o residente legal permanente.

Comuníquese con la IER

Para ayuda en su propio idioma:
Teléfono: 1-800-255-7688
TTY: 1-800-237-2515

Mándenos un correo:
IER@usdoj.gov

O escríbanos a:
U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

Si alguna de estas cosas le ha sucedido, comuníquese con la Sección de Derechos de Inmigrantes y Empleados (IER, por sus siglas en inglés)

DEPARTAMENTO DE JUSTICIA DE LOS EE. UU.
SECCIÓN DE DERECHOS DE INMIGRANTES Y EMPLEADOS
DIVISIÓN DE DERECHOS CIVILES

Sección de Derechos de Inmigrantes y Empleados
Departamento de Justica de los EE. UU., División de Derechos Civiles
www.justice.gov/ier
www.justice.gov/crt-about/espanol/ier