



HR Tasks: *date and initial when complete*

ezLM "Pay Group": _____

Focus Card in USB: _____

Employee Group/ID: _____

NEW HIRE NOTICE
INTERSTATE PARKING COMPANY

Employee Information				email address: _____	
Name of Employee (Last) (First) (Middle)			Phone Number ()		
Address (Street)		(City)	(State)	(Zip Code)	
Social Security Number		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> New Hire <input type="checkbox"/> Re-Hire Start Date		<input type="checkbox"/> Full Time (40 hrs/week, Health and VK/Sick Time Benefits Eligible) <input type="checkbox"/> Part Time (3 0 - 3 9 hrs/week, Health Benefits Eligible only) <input type="checkbox"/> Part Time (1 - 2 9 hrs/week, Not Benefits Eligible) <input type="checkbox"/> Seasonal – Projected end date _____			
Company		Entity/Lot PK-		Department	
Starting hourly rate \$	Job Title		Supervisor		
Ethnic Origin <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Two or More Races					

New Hire Checklist

- New Hire Notice – completed & signed by the Manager
- Application and Voluntary Self Identification Form
- W4 Employee Tax Withholding
- State Withholding Form(s) *(If Applicable)*
- I-9 Eligibility Verification and copies of valid documents and signatures
- Employee Drug and Alcohol Consent Form
- Acknowledgement of Handbook Form
- Acknowledgement of Drug and Alcohol Policy
- Acknowledgement of Weapon Free Workplace Policy

(Date)

(Supervisor's Signature)

APPLICATION FOR EMPLOYMENT

This Company does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry, age, disability, sexual orientation, arrest record, or conviction record. No question on this application is intended to secure information to be used for such discrimination.

Please PRINT the following information.			
Last Name	First Name	Middle Name	Date of Application
Present Address		Home/Cell Phone:	Social Security Number
City	State	Zip Code	Position Applied For
Please complete application in your <i>NORMAL HANDWRITING</i> .			
Type of work desired		Salary Requirements \$	
How were you referred to us?		Date available for work ____/____/____	
Hours desired	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	
To assist us in checking your work, school, or other records please indicate if you have ever been known by any other name.			
Are you over 18 years of age? Yes <input type="checkbox"/> No If not, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATIONAL SKILLS					
Institution's Information			Major Course	Circle Last	Diploma/
Name	City	State	or Subject	Year Completed	Degree
High School or Preparatory				1 2 3 4	
Business/Technical School				1 2 3 4	

REFERENCES			
Provide three (3) business references (not a relative) whom we may contact.			
Name	Address	Phone	Relationship
May we contact your current employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT INFORMATION

Starting with PRESENT or MOST RECENT, list all previous employers in the last ten years. Include self-employment, summer and part-time jobs, and military service. Use separate sheet, if necessary.

Employer _____ Telephone _____ Job Title _____ Supervisor _____ Street Address _____ City _____ State _____ Zip _____ Describe your Duties _____ Reason for Leaving _____	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th colspan="2">From</th><th colspan="2">To</th></tr><tr><th>Mo.</th><th>Yr.</th><th>Mo.</th><th>Yr.</th></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="4">Rate of Pay</td></tr><tr><td colspan="4"> </td></tr></table>	From		To		Mo.	Yr.	Mo.	Yr.					Rate of Pay							
From		To																			
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From		To																			
Mo.	Yr.	Mo.	Yr.																		
Rate of Pay																					

PLEASE READ BEFORE SIGNING

I certify that the answers given in this application and in the employment interview(s) are true and complete to the best of my knowledge.

I authorize previous employers and schools which I have attended, credit agencies and bank relationships, along with criminal records and other legitimate business sources to furnish any information concerning my credit, employment, criminal and educational background. This investigation may be made through a credit bureau or other investigative agencies. I hereby release all employers, schools, references and investigative agencies from any liability for providing information concerning me.

I understand that if I am offered a position with Interstate Parking Company LLC, it is contingent on the results of the investigation listed above. I further understand that if for any reason Interstate Parking Company of MN LLC is not satisfied with the investigation, the offer of employment will be withdrawn and/or employment with this company will be terminated. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I hereby acknowledge that I have read and understand the above statement.

Signature of Applicant

Date

EQUAL OPPORTUNITY EMPLOYER



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 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)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 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)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

All documents must be UNEXPIRED

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

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 Birth Abroad issued by the Department of State (Form FS-545)
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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
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. Native American tribal document
		6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:	
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		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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		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 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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. <input type="checkbox"/>			
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. <ul style="list-style-type: none">• 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)	



EMPLOYEE HANDBOOK ACKNOWLEDGEMENT

Interstate Parking Company, LLC believes wholeheartedly in the policies and procedures, business and employment practices and benefit programs described in this Employee Handbook. However, they should not be considered conditions of employment, but merely guidelines. The Company reserves the right to change or eliminate any policies, practices, programs or employee benefits, in whole or in part, at any time, without notice.

The language in this Handbook is not intended to create a contract between the Company and its employees. The material in this Handbook is presented in summary form as a matter of information only. If any conflicts or questions arise regarding information in this Handbook or the application of specific employee policies or benefits, questions should be referred to your Manager or the Human Resources Department.

Employees must be aware that depending on the particular circumstances, the Company's actions may vary from written policy and the Company specifically reserves this right. The final decision on any question regarding interpretation or application of the Company's policies rests with the Management of the Company.

The Employee Handbook does not affect the basic relationship between the Company and its employees. Employment at the Company is on an "at-will" basis, meaning that the employment relationship may be ended at the choice of either party, with or without notice, and with or without cause, at any time. While the Company hopes that the relationship will be long and mutually beneficial, it should be recognized that neither you nor we have entered into any contract of employment, either expressed or implied.

I acknowledge that I have received a copy of the Interstate Parking Company Employee Handbook which provides guidelines on the policies and procedures, business and employment practices and benefit programs affecting my employment with the Company. I also understand that any changes made by Interstate Parking Company LLC with respect to its policies, procedures, practices or programs may supersede, modify, or eliminate any of the policies, procedures, practices or programs outlined in this Handbook. I accept responsibility for familiarizing myself with the information in this Handbook and will seek verification or clarification of its terms or guidance where necessary. I understand that it is my responsibility to read and comply with the policies contained in this Handbook and any revisions made to it.

(Employee Name - please print)

(Date)

(Employee Signature)

INTERSTATE PARKING COMPANY

EMPLOYEE NOTICE AND ACKNOWLEDGEMENT OF EMPLOYER TESTING REQUIREMENTS

PART 1: NOTICE

This is to inform you that Interstate Parking Company conducts testing to identify job applicants and current employees who may be abusing drugs and/or alcohol.

A copy of the Company's policy on this matter is either attached to this notice or will be given to you upon request.

You have the right to refuse to undergo testing. However, the consequences of refusal to undergo testing or a refusal to cooperate in testing by an applicant will result in the termination of the pre-employment selection process, and the consequences of refusal to undergo testing or a refusal to cooperate in the testing by an employee will result in disciplinary action up to and including discharge.

An applicant who fails a test will not be hired, and an employee who fails a test will be subject to disciplinary action up to and including discharge.

Remaining drug-and/or alcohol-free and participation in the company's drug and/or alcohol testing program is a condition of continued employment.

PART II: ACKNOWLEDGEMENT

I acknowledge receipt and understanding of the above written notice and agree to abide by the terms of Interstate Parking Company's policy pertaining to drugs and alcohol.

(Employee Name – Please Print)

(Employee Signature)

(Date signed)



WEAPON-FREE WORKPLACE POLICY ACKNOWLEDGEMENT

To ensure that the Company maintains a workplace safe and free from violence for all employees, Interstate Parking Company prohibits the possession or use of dangerous weapons on Company Property or while the employee is fulfilling his or her job responsibilities. Possession of a valid concealed weapons permit authorized by the state shall **not** exempt any employee, client or visitor from application of this policy.

I am aware that violations of this policy may subject me to disciplinary action, up to and including termination of employment without prior warning.

I acknowledge that I have received, read and understand the company's weapon-free workplace policy.

(Employee Name - please print)

(Date)

(Employee Signature)



ELECTRONIC COMMUNICATIONS, INTERNET, OFFICE EQUIPMENT AND COMPUTER USAGE POLICY ACKNOWLEDGEMENT

As an employee of Interstate Parking Company, I understand that the Company owns the rights to all data and files in any computer, network or other information system utilized by the Company. I am aware that the Company reserves and will exercise the right to review, audit, intercept, access and disclose all matters on the Company's computer systems at any time, with or without employee notice, and that such access may occur during or after working hours. I am aware that use of a Company-provided password or code does not restrict the Company's right to access electronic resources and data.

I recognize and understand that the Company's computer systems are to be used for conducting the Company's business except as permitted by the Company's policy regarding electronic communications, the internet, office equipment and computer usage. I understand that use of this equipment for unauthorized private purposes is prohibited. Further, I agree not to access files or retrieve any stored communication other than where authorized unless there has been prior clearance by an authorized company representative.

I am aware that violations of this policy may subject me to disciplinary action, up to and including termination of employment.

I acknowledge receipt and understanding of the company's policy regarding electronic communications, the internet, office equipment and computer usage.

(Employee Name - please print)

(Date)

(Employee Signature)

(Department)