



Please fill out the enclosed documents as much as possible. If you have already turned in an application than you do not have to fill out another one.

Please make sure you have all Social Security #'s for all dependents and for the Beneficiary section on the Lincoln Life Insurance form. This is very important.

Also please make sure you mark a Primary Doctor on the Priority Health Form

Please return as soon as possible so I can get you entered into ADP for Payroll.

Questions? Please call me at the office 231-258-5870

Thanks,


Julie

Excel Site Rentals, LLC.

P.O. Box 1088

Kalkaska, MI. 49646

MI 231-258-5870

PA 215-280-7862

231-357-1016 – Don Tinker

231-342-9520 – Tim Tinker

www.excelssiterentals.com

APPLICATION FOR EMPLOYMENT

EDUCATION

	High School	Technical School College/University	Graduate/ Professional
School name			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Did you Graduate?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Diploma/Degree Or Certification?			
Specialized Licensing			
Expiration of Certificates/Licenses			
Specialized Training, Trucking School, Apprenticeship			

EMPLOYMENT EXPERIENCE

List all jobs in order starting with your present or last job. Include military service for the last 10 years. Drivers please check box if subject to FMCSR or Part 40 US DOT drug test.

Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason For Leaving				Subject to FMCSR ___ yes ___no Part 40 US DOT Drug Test ___yes ___no
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason For Leaving				Subject to FMCSR ___ yes ___no Part 40 US DOT Drug Test ___yes ___no
Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason For Leaving				Subject to FMCSR ___ yes ___no Part 40 US DOT Drug Test ___yes ___no

Employer ()	Telephone		Dates Employed		Work Performed
			From	To	
Address					
Job Title	Hourly Rate/Salary		Starting		Final
Supervisor					
Reason For Leaving					Subject to FMCSR ____ yes ____ no Part 40 US DOT Drug Test ____ yes ____ no

You must attach a separate sheet if you have been employed by any other employer not listed above.

Are you physically and mentally able to perform the essential duties of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

Trucking Applicants Only

Driving Experience

Class/Type of Equipment (Buses, Trucks, Tractor-Trailer)	Dates	Yrs	Total Miles
_____	___/___/___ to ___/___/___	_____	_____
_____	___/___/___ to ___/___/___	_____	_____
_____	___/___/___ to ___/___/___	_____	_____

Have you driven standard transmission trucks ____ yes ____ no If "yes", approximate miles driven _____

Have you operated heavy machinery? (back hoes, tractors, dozers, etc) Describe: _____

Has your operators/chauffeurs license ever been suspended ☐ Yes ☐ No If yes, when/ explain: _____

CDL Licensing By State (past 3 years)

State	License Number	Type	Expiration Date
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___

Violations of motor vehicle laws or ordinances – 3 years preceding this application date (convicted or forfeited bond)

Date	Location	Charge	Penalty
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

Motor Vehicle Accidents – 3 years preceding this application date

Date	Nature of Accident	Fatalities	#Injuries
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

Applicants Signature: _____ Date: _____

READ BEFORE SIGNING

1. I understand this application will be considered current for 90 days and that a new application must be completed for further consideration after 90 days.
2. In consideration of any employment of me by your Company, I agree that my employment is at the will of the Company, which means that the Company has the right to discharge me or lay me off at any time, with or without cause, and with or without notice. It is expressly agreed and understood that this is the entire agreement between the Company and myself on the subject of discharge, termination and/or layoff, and that this agreement may be changed only by an agreement in writing signed by the President of the Company and addressed specifically to me.
3. I further recognize that if employed by the Company, I agree, in partial consideration of my employment, to file a demand for arbitration to resolve any disputes arising from my employment, as required under Paragraph 10 below. I agree to file such demand within six (6) months after the claim arises or within the applicable statutory limitations period(s) provided by law, whichever occurs first.
4. I understand that any offer of employment made to me by the Company is contingent upon a favorable health evaluation which may include a physical examination (including drug screening) by a doctor selected by the Company. I hereby agree to complete a health evaluation form.
5. Excel is an English speaking companies, mandates that all applicants, employees speak, read, and write English fluently.
6. I have been given and read a separate consumer report disclosure, and I hereby authorize an investigation of my education, employment, driving, criminal and credit histories, including related statements contained in this application, and specifically authorize the Company to consult with all third parties with whom or which I have been associated concerning those histories and/or any other aspect of my qualifications, or with any third parties who may have information bearing thereon and to receive and utilize any information which may be material to my histories or qualifications; and I hereby release all third parties who provide information to the Company with or without notice to me, from any and all liability for the transmittal of any information bearing on my histories or qualifications, in connection with any such request. I further authorize and release the Company from all liability for forwarding to any other entity to which I may apply for employment, any information concerning me and/or my histories or qualifications as the Company has at the time of my application for employment or hereafter acquires. I further release from all liability any and all third parties for any statements made or any action taken in connection with this application or any other applications made simultaneously herewith, or in connection with any other form of review of my histories or qualifications. I hereby waive on behalf of the Company any and all third parties any and all notice(s) I would otherwise be entitled to receive by law in connection with any reference check.
7. I will hold in strictest confidence and will not disclose directly or indirectly to any unauthorized persons, without the Company's prior written permission, at any time during or subsequent to my employment, any knowledge not already available to the public, respecting the inventions or respecting designs, methods, systems, improvements, trade secrets, techniques and processes, sales promotions and ideas, customer lists or other confidential matters of the Company.
8. I understand that if I have a disability I must timely tell you in writing of my need for accommodation after I know or reasonably should know that an accommodation is needed. I further understand failure to do so will prevent me from alleging a violation of the accommodation requirements otherwise imposed by law.
9. I certify that all information submitted by me in this application is true, complete and correct and understand that if any such information is found to be misrepresented, omitted or otherwise incorrect, it may result in discharge from employment.
10. **ANY DISPUTE ARISING OUT OF OR IN CONNECTION WITH ANY ASPECT OF MY EMPLOYMENT OR ANY TERMINATION THEREOF (INCLUDING BY WAY OF EXAMPLE BUT NOT LIMITATION, DISPUTES CONCERNING ALLEGED CIVIL RIGHTS VIOLATIONS, EMPLOYMENT DISCRIMINATION OF ANY KIND INCLUDING ON THE BASIS OF ANY PROTECTED CATEGORY UNDER FEDERAL OR STATE LAW, RETALIATION, WRONGFUL DISCHARGE, ENTITLEMENT TO OVERTIME PAY, SEXUAL HARASSMENT, BREACH OF EXPRESS OR IMPLIED CONTRACT OR TORT), SHALL BE EXCLUSIVELY SUBJECT TO BINDING ARBITRATION UNDER THE NATIONAL RULES FOR THE RESOLUTION OF EMPLOYMENT DISPUTES OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA"), provided all substantive rights and remedies including any applicable damages provided under any pertinent statute(s) related to such claims, the right to representation by counsel, a neutral arbitrator, a reasonable opportunity for discovery, a fair arbitral hearing, a written arbitral award containing findings of facts and conclusions of law, and any other provision required by law, shall be available in the AAA forum. Any decision of the Arbitrator shall be final and binding as to both parties, and enforceable by any court of competent jurisdiction. Nothing contained herein shall prohibit me from filing any claims or charges with any appropriate governmental agency. I UNDERSTAND THAT MY AGREEMENT HEREIN CONSTITUTES A WAIVER OF MY RIGHT TO ADJUDICATE CLAIMS AGAINST THE COMPANY IN COURT, AND THAT I AM OPTING INSTEAD TO ARBITRATE ANY SUCH CLAIMS.**
11. In the event that one or more provisions of this application are declared void, the balance of the provisions shall remain in force.

I hereby acknowledge that I have read the above statements, understand same, and certify as true and accurate all information I have provided herein. I further understand that any false or inaccurate information provided by me on this application may result in my rejection as an applicant or my termination from employment.

SIGNATURE

DATE

AUTHORIZATION FOR RELEASE OF INFORMATION/RECORDS

Excel Site Rentals

1. I hereby authorize all corporations, companies, organizations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and government entities, military services and persons to release any and all information they may have about me to Excel (the "Company"), or its agents, and release all such parties involved from any liability for doing so.
2. I hereby authorize the procurement by the Company of an investigative consumer report and understand that it may contain information about, among other things, my background and reputation including but not limited to information relating to my credit, criminal, civil litigation, education, driver license (motor vehicle report) and employment histories. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time.
3. I authorize the custodian of my military records to release to the Company, or its agents, information or photocopies of my military personnel and related medical records.

Military Branch: _____

Service #: _____ From _____ To _____

4. I hereby authorize those companies for which I have worked during the past 3 years to furnish Excel (or its subsidiaries) the following information about my DOT drug and alcohol tests in accordance with 49CFR Parts 40.25 and 391.23:
Alcohol tests with 0.04 BAC or greater Positive drug screens Follow up test results
Refusal to test (drug/alcohol-including adulterated or substituted specimens)
Documentation of successful completion of return-to-duty requirements
5. I hereby authorize those companies for which I have worked to release all safety performance history as by required by the Federal Motor Carrier Administration Safety Regulations, Part 391.23.

If you have not performed DOT function in the last 3 years please check here _____

Addresses you have resided during the 3 years preceding this application:

____/____/____ to ____/____/____ _____
____/____/____ to ____/____/____ _____
____/____/____ to ____/____/____ _____

This authorization for Release of Information will remain in effect for one year, or one year after my employment ends with the Company.

NAME OF APPLICANT (Please print)

Social Security Number

____/____/____
Date of Birth

SIGNATURE OF APPLICANT

Drivers License Number

____/____/____
Date

* Please fill out one of these sheets for each employee



Employee Name _____

Address _____

Social Security # _____

Marital Status _____

Dependents _____

DOB: _____

Phone: _____

Rate of Pay _____

Hire Date _____

Direct Deposit Information (If applicable)

☐ Checking

Account #: _____

☐ Savings

Account #: _____

Routing #: _____

Routing #: _____

☐ Entire Net Pay

☐ Entire Net Pay

☐ Dollar Amount: _____

☐ Dollar Amount: _____

E-Mail _____

All Employees must have an active E-mail to access your personal payroll information on ADP.

Emergency Contact: _____ Phone: _____ Relationship: _____



Dear Valued Employee:

Welcome to Excel Site Rentals! We are happy to have you on board and look forward to a long lasting working relationship. There are a few things that are required of you as part of your employment with Excel Site Rentals.

PHYSICALS AND DRUG SCREENS:

First and for most, you cannot start working until you have had a pre-employment Drug Screen and Physical. CDL drivers will be required to have a DOT Physical and a current Medical Card. Excel Site Rentals will cover the expense of your Physicals, either new or renewals. All DOT employees must remain employed for at least 1 year. In the event that employment is terminated before the year is up you will be responsible for the cost of the physical. This will be withheld from your final paycheck.

UNIFORM/EXPENSE ESCROW ACCOUNT:

Excel Site Rentals will supply you with 7 sets of uniforms and 3 pairs of coveralls. \$75.00 per paycheck will be withheld from each employee up to \$ 600.00. Upon termination, if all uniforms have been returned and no other expenses are owed to the company, these funds will be returned to you.

EQUIPMENT POLICY:

Equipment Policy Forms will be filled out and signed and kept in your employee file. In the event that the equipment assigned to you is lost or damaged you will held responsible for the replacement or repair costs.

COMPANY VEHICLES:

Personal use of Company Vehicles is strictly prohibited. No one other than an Excel Site Rentals employee shall be allowed to drive your company vehicle. Vehicles are to be kept clean and available for inspection at any time. Your Supervisor will do a "walk around" with you upon assigning you a vehicle. Any damages will be noted. Upon return of the vehicle you and your Supervisor will do another final inspection. Any damages or repairs needed will be your responsibility.

PAYROLL:

Excel Site Rentals uses a payroll app known as ADP Workforce Now. Once you have been uploaded into our system you will need to set up a Log in and use ADP to record your time. All Yard/Non Billable time must be recorded on a Yard Time paper ticket and approved by your Supervisor and submitted to the office. If you need assistance with this set up, please contact our office.

EVALUATIONS/HOLIDAYS/VACATION:

After 6 months of employment an Evaluation will be performed by your current Supervisor in regards to job performance, attitude, respect for company property, etc...

Holidays observed are as follows: New Year's Day, Good Friday, Memorial Day, 4th of July, Labor Day, Thanksgiving and the Friday after, Christmas Eve and Christmas Day. In order to receive Holiday pay you must have worked the day before or the day after.

Excel Site Rentals, LLC.

P.O. Box 1088

Kalkaska, MI. 49646

MI 231-258-5870

PA 215-280-7862

231-357-1016 – Don Tinker

231-342-9520 – Tim Tinker

dontinker01@gmail.com

tbtinker@excelsiterentals.com



Vacations are earned as the following: One Week after One Year of service, Two Weeks after Two full years of service. Three Weeks after Five full years of service. Upon your Anniversary Date only 40 hours of vacation can be rolled over. Please arrange with H/R for a VPO (Vacation Pay Out) if you are unable to use your vacation rather than lose it.

By signing below you understand and agree to the above policies.

Employee Signature Supervisor Signature Date: _____

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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: <ul style="list-style-type: none">• You're single and have only one job; or• 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.	B _____
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 _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• 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.

- 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	
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. <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 <input type="checkbox"/>	
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 lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)	
				10 Employer identification number (EIN)	



PA. Only

RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change. Use the Address Search Application at www.newPA.com/Act32 to determine PSD codes, EIT rates and tax collector contact information.

EMPLOYEE INFORMATION -- RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER
STREET ADDRESS (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE	TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION -- EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE	WORK LOCATION NON-RESIDENT EIT RATE	

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct, and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com/Act32

MI-W4

(Rev. 8-08)

**EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE
STATE OF MICHIGAN - DEPARTMENT OF TREASURY**

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

▶ 1. Social Security Number		▶ 2. Date of Birth	
▶ 3. Type or Print Your First Name, Middle Initial and Last Name		4. Driver License Number	
Home Address (No., Street, P.O. Box or Rural Route)		▶ 5. Are you a new employee? <input type="checkbox"/> Yes If Yes, enter date of hire <input type="checkbox"/> No	
City or Town	State	ZIP Code	
6. Enter the number of personal and dependent exemptions you are claiming		▶ 6. <input type="text"/>	
7. Additional amount you want deducted from each pay (if employer agrees)		7. \$.00	
8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions): a. <input type="checkbox"/> A Michigan income tax liability is not expected this year. b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____ c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____			
EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.		Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.	
INSTRUCTIONS TO EMPLOYER: Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010.		9. Employee's Signature ▶ Date	
		Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury. 10. Employer's Name, Address, Phone No. and Name of Contact Person EXCEL SITE RENTALS, LLC. P.O. BOX 1088 KALKASKA, MI. 49646	
		▶ 11. Federal Employer Identification Number 273187230	

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You **MUST** file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "Yes," enter your date of hire (mo/day/year).

Line 6: Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8: You may claim exemption from Michigan income tax withholding **ONLY** if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call the Michigan Tele-Help System, 1-800-827-4000. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Web Site

Visit the Treasury Web site at:
www.michigan.gov/business-tax



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
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 <i>Julie Shepherd</i>		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative <i>HR</i>	
Last Name (Family Name) <i>Shepherd</i>		First Name (Given Name) <i>Julie</i>	Employer's Business or Organization Name <i>Excel Site Rentals</i>	
Employer's Business or Organization Address (Street Number and Name) <i>P.O. Box 1088</i>		City or Town <i>Kalkaska</i>	State <i>Mi</i> <input checked="" type="checkbox"/>	Zip Code <i>49646</i>

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

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

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the Federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit

EXCEL SITE RENTALS, LLC.

Version 2012.1

to obtain information, where permitted, pertaining to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records. I understand that an "investigative consumer report" may result that could include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I specifically authorize the release of information by my former employers for the purpose of satisfying driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25. By signing below, I consent to and authorize the gathering of this information by my prospective employer and those whom my prospective employer has engaged to request and obtain this information, including from former employers and/or from or through iiX. I hereby release and hold harmless any person, firm, or entity, including iiX, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above.

This information may be obtained in whole or in part by iiX or its agents.

I consent to and authorize the processing of my information in a foreign country by persons providing services to my prospective employer and understand that this information may be accessible to law enforcement and national security authorities of that jurisdiction.

I understand and acknowledge that this release of information may assist my prospective employer to make a determination regarding my suitability as an employee. I further understand that under the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's Full Name _____ Date of Signature _____
(Print clearly)

X

Signature _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☐ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)