



COMPLIANCE SOLUTIONS & CONTRACTING

Putting your plan to action to insure satisfaction..



# Human Resources Packet

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## EMPLOYEE INFORMATION

### Personal Information



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

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

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

Mobile Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

SSN or Gov't ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: \_\_\_\_\_

### Job Information

Title: \_\_\_\_\_ Co. Credit Card : \_\_\_\_\_  
(No, Exp: Cvc)

Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_ Company Cell Phone: \_\_\_\_\_  
(Model/Serial No)

Start Date: \_\_\_\_\_

Salary: \_\_\_\_\_ Co. Laptop : \_\_\_\_\_  
(Model/Serial No.)

### Emergency Contact Information

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

Address: \_\_\_\_\_  
*Street Address State ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Form I-9, Employment  
Eligibility Verification**

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 documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**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 #) \_\_\_\_\_  
☐ An alien authorized to work (Alien # or Admission #) \_\_\_\_\_  
until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

**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.*

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Cheryl Teague</i>	Print Name Cheryl Teague	Title Office Manager
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Bar 7 LLC PO Box 15223 Boise ID 83715		Date (month/day/year)

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

**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 (month/day/year)
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**Employee's Withholding Certificate****2020**

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ► **Give Form W-4 to your employer.**  
 ► **Your withholding is subject to review by the IRS.**

**Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		► <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**  
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**  
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ► ☐

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:  
Claim  
Dependents**

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ► \$ \_\_\_\_\_

Multiply the number of other dependents by \$500 . . . . . ► \$ \_\_\_\_\_

Add the amounts above and enter the total here . . . . . **3** \$ \_\_\_\_\_

**Step 4  
(optional):  
Other  
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** \$ \_\_\_\_\_

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** \$ \_\_\_\_\_

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . **4(c)** \$ \_\_\_\_\_

**Step 5:  
Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

► **Employee's signature** (This form is not valid unless you sign it.) ► **Date**

**Employers  
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may 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 . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

## Authorization Agreement

I hereby authorize CSC / BAR 7, LLC to initiate automatic deposits to my account at the financial institution named below. I also authorize CSC / BAR 7, LLC to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold CSC / BAR 7, LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until CSC / BAR 7, LLC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

## Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

☐ Checking | ☐ Savings

## Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check or deposit slip and return this form to the Payroll Department.



**Bar 7, LLC.**

All Employees operating a company owned vehicle agree to operate the vehicle according to the following guidelines. Failure to adhere to these guidelines may result in revocation of an employees privilege to operate vehicles or termination under some circumstances.



**Bar 7, LLC.**

- Employee must maintain a proper and current drivers license for the type of company vehicle they are operating and notify management immediately if they no longer have a valid license.
- Employee will notify the company of any citations received while operating a company vehicle.
- Employee must follow generally accepted safe driving practices and obey traffic regulations.
- Employee is responsible for maintaining a MVR within established company guidelines.
- Employee will ensure that all occupants of a company owned vehicle are properly wearing safety belts while the vehicle is in motion.
- Employee authorizes the company to obtain and review the motor record of the employee.
- Employee is responsible for ensuring that the vehicle is properly maintained. This includes having the vehicle serviced at regular service intervals by a qualified mechanic.
- The vehicle may be used for non-business use in accordance with the conditions outlined in this agreement. The Employee agrees to operate the vehicle in such a manner that will not expose the company to excessive liability or risk.
- Spouses may operate company vehicle if over the age of 25. The personal use privilege is not extended to children, parents, siblings or any other person.
- Company vehicles are not to be used for family vacations.
- Employee is responsible for any parking or traffic violations while operating a company vehicle.
- Employee must report all accidents immediately to foremen or supervisor.
- Employee will be responsible to pay any deductible in the event an accident is deemed avoidable.
- Employee will not make any modification or add equipment to any company vehicles.
- No hitchhikers are allowed in company vehicles.
- Vehicles are not to be loaned to any employees not allowed to operate vehicles.
- Towing of mobile homes, travel trailers, or any type of recreational or utility trailer is prohibited.
- Employee is responsible for parking in safe and legal areas.
- The use of alcohol and controlled substances prior or during operating vehicle is prohibited.
- Any hazardous substances, chemicals or dangerous goods are prohibited from being carried in company vehicle.

This authorization may be terminated by the company at any time.

**I have read, understand and agree to comply with the above conditions authorizing me to drive a company vehicle.**

Employee Name (Print):	Date:
Employee Signature:	

**Bar 7, LLC.**  
**DOT Drug Testing Consent Form**  
**Current Drivers**

As a condition of my continued employment as a driver of a commercial motor vehicle for **Bar 7, LLC.**, I consent to take a drug and/or alcohol test as required by the terms of the company's Substance Abuse Policy.

I understand that in the event that my specimen tests positive for drugs, I will be given an opportunity to discuss that result with an MRO for the purpose of providing a reasonable explanation regarding my positive drug test.

**I understand that if my test remains positive for illegal drugs or alcohol, I will be terminated from employment with the company.**

I also understand that if I have a positive drug test and am subsequently fired because of that positive test, I waive all rights to receiving unemployment benefits and insurance, and will be responsible for all incurred attorney fees if I choose to contest this firing because of my positive drug test.

I consent to the release of my drug and alcohol test results received by Minert & Associates, Inc., as the representative of the Medical Review Officer, to management officials at **Bar 7, LLC.**, and understand that those results will be held in confidence by all parties involved.

I have received, read, and understand the terms of **Bar 7, LLC.'s** Drug Free Workplace testing program, and agree to abide by those terms.

\_\_\_\_\_  
Driver's Name (print)

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date



As an employee with Compliance Solutions & Contracting / Bar 7, LLC I agree to the following  
Cell Phone Safety and use policy:



**Bar 7, LLC.**

### **Company Cell Phones**

- Employees provided with company cell phones must respect that these phones are meant for business purposes.
- Employees are encouraged to use their company cell phones sparingly when it comes to personal calls and texts.
- Employees must not make international calls using their company cell phones, unless those calls are explicitly for business purposes.
- Employees understand that the company cell phones are property of the company, and are therefore revocable at any time.

### **Cell Phone Use in the Office**

- Personal cell phone calls are to be kept a minimum during office hours, and must never disrupt the work of the employee or those around him/her.
- Employees must avoid loud or distracting ringtones, and should instead keep their phones on silent or vibrate whenever possible.

**USE OF A COMPANY OWED CEL PHONE IS PROHIBITED DURING THE OPERATION OF ANY COMPANY VEHICLE. VIOLATION OF THIS RULE MAY BE GROUNDS FOR DISMISSAL. DRIVING WHILE TEXTING AND/OR TALKING ON THE PHONE IS INCREDIBLY DANGEROUS, EVEN IN YOUR OWN PERSONAL VEHICLE.**

**I have read, understand and agree to comply with the above conditions of this agreement.**

Employee Name (Print):	Date:
Employee Signature:	

By accepting and using the CSC/BAR 7 Credit Card, I hereby agree to the following terms and conditions:



**Bar 7, LLC.**

- Use of this card will be restricted only to business purposes. I understand that use of this card for any expenses that are not strictly business-related is cause for immediate revocation of the card and disciplinary action up to and possibly including termination of my employment with CSC/BAR 7.
- I understand that I am responsible for the direct payment of all expenses due on the CSC/BAR 7 Credit Card and that I need to submit an approved Travel & Expenses form to the company's Account Payable department in order to be reimbursed for such business expenses.
- I agree to pay all balances due to promptly and in accordance with the issuing credit card company's terms and conditions. If CSC/BAR 7 receives notice from the credit card company that the balance on my card is past due, I understand that CSC/BAR 7 has the right to immediately revoke my cardholder privileges. I further agree that CSC/BAR 7 has the right to withhold from my paycheck any amounts due on my company credit card if I fail to meet payment obligations. I understand that such event may be considered cause for termination of my employment with CSC/BAR 7.
- Upon termination of my employment with CSC/BAR 7, I agree to promptly return the company card. I also agree to pay all amounts due to the issuing credit card company prior to my termination with CSC/BAR 7. If I fail to meet such payment obligations, I hereby authorize CSC/BAR7 to deduct amounts due from my paycheck to the extent necessary to satisfy my obligations thereunder.

This authorization may be terminated by the company at any time.

**I have read, understand and agree to comply with the above conditions of this agreement.**

Employee Name (Print):	Date:
Employee Signature:	

## **Employee Acknowledgement Form**

Compliance Solutions & Contracting is firmly committed to your safety. We will do everything possible to prevent workplace accidents and are committed to providing a safe working environment for you and all employees. You are encouraged to report any unsafe work practices or safety hazards encountered on the job. All accidents or incidents (no matter how slight) are to be immediately reported to the supervisor on duty.

A key factor in implementing this policy will be the strict compliance to all applicable federal, state, local, and Compliance Solutions & Contracting policies and procedures. Failure to comply with these policies may result in disciplinary actions. We will make every reasonable effort to provide a safe and healthful workplace that is free from any recognized or known potential hazards. Additionally, Compliance Solutions & Contracting adheres to these principles:

- 1) All accidents are preventable through implementation of effective Safety and Health Control policies and programs. These controls are a major part of our work on a daily basis.
- 2) Compliance Solutions & Contracting will comply with all safety and health regulations which apply to the scope of operations. Accident prevention minimizes human suffering, promotes better working conditions, holds our company in higher regard with customers, and increases productivity.
- 3) Management is responsible for providing the safest possible workplace for employees. They will establish lines of communication to solicit and receive comments, information, suggestions, and assistance from employees where safety and health are concerned.
- 4) Management and supervisors will set an exemplary example with good attitudes and strong commitment to safety and health in the workplace. They will monitor the company's safety and health performance, working environment, and conditions to ensure that program objectives are achieved.
- 5) Employees are responsible for following safe work practices, company rules, and for preventing accidents and injuries.
- 6) Compliance Solutions & Contracting's safety program applies to all employees and persons affected or associated in any way by the scope of this business.

Everyone at Compliance Solutions & Contracting must be involved and fully committed to safety. Together, we can prevent accidents and injuries while keeping a safe and healthy work environment.

By signing this document, I confirm that I have received Compliance Solutions & Contracting's employee safety handbook. I have read and agree to comply to all policies, programs, and actions as described.

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Employee Signature

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Date