



**SUPERMARKET**

Employment Application

# Western Beef New Hires



Name \_\_\_\_\_

Position \_\_\_\_\_



Location \_\_\_\_\_

Date of Hire \_\_\_\_\_

Its mandatory to work **weekends and holidays**.  
I understand that calling out from work without proper documentation may lead to termination after 3 call outs.

## Your Availability

Please Check the days you are available.

<b>Sunday Mandatory</b> 	<b>Monday</b> _____	<b>Tuesday</b> _____	<b>Wednesday</b> _____	<b>Thursday</b> _____	<b>Friday</b> _____	<b>Saturday Mandatory</b> 
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Employee Signature \_\_\_\_\_

Manager Print Name \_\_\_\_\_

Manager Signature \_\_\_\_\_

Note - Availability will determine eligibility

# Application for Employment

Please fill out form completely for employment consideration. This form is only to be sent when completed. Western Beef Supermarket is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of actual or perceived race, color, Religion, creed, sexual orientation, national origin, ancestry, ethnicity, age, disability, citizenship, marital status, military or veteran status, genetic predisposition information, status as a victim of domestic violence or any other characteristics protected by law.

## Personal Information

Last Name	First Name	Middle	Date
Street Address			Home Phone
City,	State	Zip	Cell Phone
Email Address			Social Security Number
What was your Previous Address		How Long at present address Months          Years	Date of Birth
Are you over 18 years of age? If not, employment is subject to verification of minimum age			<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of birth (County or State)			Race Ethnicity
Have you ever applied for employment with us?		If Yes how long? Months          Years	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
How did you hear about Western Beef?			
Are you legally authorized to work in the United States? (You will be required to furnish proof of a lawful work status if you are extended a job offer in accordance with the Immigration Reform and Control Act of 1986.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date you are available to begin working?			Date
Are you employed now? If so, may we inquire of your present employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been convicted of a Crime? (If yes please explain below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note** - This question does not apply to convictions which have been expunged, sealed, pardoned, or otherwise exonerated or eradicated, or relate to a youthful offender adjudication or violation (a conviction record will not necessarily be a bar to employment)

## Education

School	Name and Location of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Employment History

Please give accurate, complete full-time and part-time employment record, including self-employment, military services, and full-time education. Start with the present or most recent employer.

1.	Company Name	Telephone #
	Address	Employed (Start month & Year
	Name of Supervisor	Hourly Rate Start _____ Last _____
	Start Job Title and describe your work.	Reason for leaving
2.	Company Name	Telephone #
	Address	Employed (Start month & Year
	Name of Supervisor	Hourly Rate Start _____ Last _____
	Start Job Title and describe your work.	Reason for leaving

3.	Company Name	Telephone #
	Address	Employed (Start month & Year
	Name of Supervisor	Hourly Rate Start_____ Last_____
	Start Job Title and describe your work.	Reason for leaving

4.	Company Name	Telephone #
	Address	Employed (Start month & Year
	Name of Supervisor	Hourly Rate Start_____ Last_____
	Start Job Title and describe your work.	Reason for leaving

Below, give the names of three persons not related to you, Whom you have known for at least one year

### References

We may contact the names of three persons not related to you, Whom you have known for at least one year

Name & Phone #	Address	Business	Years Acquainted

# READ BEFORE SIGNING

I have read and fully understand the questions asked in this application. I understand that any offer of employment is conditioned upon receipt of satisfactory references, verification of employment and education as appropriate for the position being applied. I understand that any offer or employment may be conditional on the results of a physical examination and/or alcohol screening test by a physician and/or laboratory designated by Western Beef. I understand that in connection with my application for employment with Western Beef, I may be required to consent in writing, to the issuance to Western Beef of an Investigative Consumer Report about me. If this is the case, Information about my rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq. will be provided to me.

I give Western Beef, its affiliates, and parent company permission to verify all information provided on the application or in the interview(s), including contacting any and all of my previous employers and references and authorize them to provide all information requested of them by Western Beef: I release Western Beef, my former employers and others providing information from all liability whatsoever resulting from the disclosure of such information.

I certify that I have provided truthful and complete responses to all inquiries in the application or interviews and understand that the discovery of any false, misleading information and or the failure to provide information will result in the immediate rejection of my application or, if am hired, will result in my immediate termination from my employment.

All hiring and employment at Western Beef is at-will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Western Beef has no specific term and may be terminated by Western Beef with or without notice. I acknowledge that Western Beef has not made any promises or representations that differ from those contained in this paragraph.

AS A CONDITION OF MY EMPLOYMENT I AGREE THAT I MAY BE ASSIGNED, AS THE NEEDS OF THE COMPANY DICTATE. TO ANY WESTERN BEEF STORE LOCATION. \_\_\_\_\_(INITIAL)

I ACKNOWLEDGE THAT I AM BEING HIRED AS A PART-TIME EMPLOYEE, AS DESCRIBED IN THE EMPLOYEE HANDBOOK \_\_\_\_\_ (INITIAL)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Ability \_\_\_\_\_

Position \_\_\_\_\_ Store \_\_\_\_\_ Store # \_\_\_\_\_

Salary Wage \_\_\_\_\_ Date Reporting to work \_\_\_\_\_

Approved \_\_\_\_\_  
Employment Manager

Approved \_\_\_\_\_  
Department Head

Approved \_\_\_\_\_  
General Manager

I agree to permit email communication and notifications via email between myself and the company. My email address is:  
\_\_\_\_\_  
Initial \_\_\_\_\_

## Employee's Withholding Certificate

**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.**

2025

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial _____	Last name _____	<b>(b) Social security number</b>
	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 or Qualifying surviving spouse</b> <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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

<b>Step 2: Multiple Jobs or Spouse Works</b>	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 <b>only one</b> of the following. (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b> (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b> (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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . <input type="checkbox"/>
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**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.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ <b>Employee's signature</b> (This form is not valid unless you sign it.)	_____ <b>Date</b>	

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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.

- 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 2025 itemized deductions (from Schedule A (Form 1040)). 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: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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)). 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 territories 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



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

**USCIS**  
**Form I-9**  
 OMB No.1615-0047  
 Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)				
		If you check <b>Item Number 4.</b> , enter one of these:				
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>  <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>	AND	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

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

**USCIS  
Form I-9  
Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
--	--

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
--	--

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
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# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
  
- 2  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
  
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
  
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 6  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
  
- 7  Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

**Job applicant's signature ►**

**Date**

**For Employer's Use Only**

Employer's name Western Beef Inc. Telephone no. 718 417 3770 EIN ► 11-2778081

Street address 47-05 Metropolitan Avenue

City or town, state, and ZIP code Ridgewood NY 11385

Person to contact, if different from above Claurus Solutions Telephone no. 614-545-9100

Street address 1233 Dublin Road

City or town, state, and ZIP code Columbus, OH 43215

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) . . . . . ► \_\_\_\_\_

Date applicant:

Gave information	_____	Was offered job	_____	Was hired	_____	Started job	_____
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Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

<b>Employer's signature ►</b>	<b>Title</b>	<b>Date</b>
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### Privacy Act and Paperwork Reduction Act Notice

*Section references are to the Internal Revenue Code.*

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . 6 hr., 27 min.
- Learning about the law or the form** . . . . . 24 min.
- Preparing and sending this form to the SWA** . . . . . 31 min.

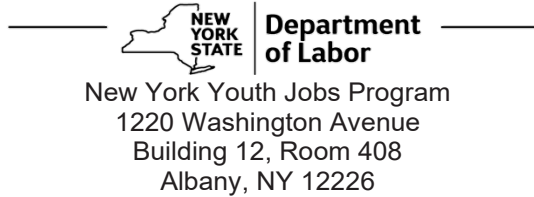
If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from [www.irs.gov/formspubs](http://www.irs.gov/formspubs). Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service  
Tax Forms and Publications  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



# WE ARE YOUR DOL



## New York Youth Jobs Program: 2024 Youth Certification

Use this form to apply for 2024 youth certification in the New York Youth Jobs Program.

The applicant (you), must complete all items: one through eighteen, except item 11. Item 11 is optional.

- If you are 16 or 17 years old your parent or guardian must sign and submit the application for you.
- If you have little or no access to a computer, mail the completed and signed application to the address above or fax it to (518) 457-3617. We do not accept applications submitted for you by a business or tax consultant.
- If you have questions or need help, please call (877) 226-5724 or email [info@youthworks.ny.gov](mailto:info@youthworks.ny.gov).

1. Last name: \_\_\_\_\_  
First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

2. Birth date (mm/dd/yyyy): \_\_\_\_\_ 3. Social Security Number: \_\_\_\_\_

4. Home address: \_\_\_\_\_

5. City: \_\_\_\_\_ 6. State: \_\_\_\_\_ 7. Zip: \_\_\_\_\_

8. I currently live in the town, or city limits, of the following target area, check one:

- |                                       |   |                                    |  |                                       |
|---------------------------------------|---|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Albany       | <input type="checkbox"/> Brookhaven                 | <input type="checkbox"/> Buffalo   | <input type="checkbox"/> Hempstead             | <input type="checkbox"/> Mount Vernon |
| <input type="checkbox"/> New Rochelle | <input type="checkbox"/> New York City (5 boroughs) | <input type="checkbox"/> Rochester | <input type="checkbox"/> Schenectady           | <input type="checkbox"/> Syracuse     |
| <input type="checkbox"/> Utica        | <input type="checkbox"/> White Plains               | <input type="checkbox"/> Yonkers   | <input type="checkbox"/> Any Other Area: _____ |                                       |

9. Email: \_\_\_\_\_

10. Main phone: \_\_\_\_\_ 11. Other phone (optional): \_\_\_\_\_

12. a. I am currently attending high school .....  Yes  No

b. I am currently enrolled in a High School Equivalency (HSE) program .....  Yes  No

13. Are any of the following four statements true? .....  Yes  No

- a. I am currently unemployed.
- b. I was unemployed prior to completing this application.
- c. I do not have enough paid work.
- d. The work I have does not make use of my skills and training.

14. I am 16 or 17 years old. I have my parent's or guardian's permission to submit this application .....  Yes  No

If 'Yes,' complete items a through c.

- a. Parent/Guardian First name: \_\_\_\_\_
- b. Last name: \_\_\_\_\_
- c. Phone: \_\_\_\_\_

15. I have working papers .....  Yes  No

16. a. I am 18 to 24 years old .....  Yes  No

b. Are any of the following five statements true? .....  Yes  No

- I have a high school diploma.
- I have a General Education Development diploma (GED).
- I have High School Equivalency (HSE) diploma.
- I have satisfactorily completed a Test for Assessing Secondary Completion (TASC) exam.
- I am enrolled in a Treatment Accountability for Safer Communities (TASC) program.

17. I would like the Department of Labor to contact me by  Phone or  Email

Note: Unless you choose phone, we will use your email for more efficient communication.

## New York Youth Jobs Program: 2024 Youth Certification Qualifications:

To participate in the New York Youth Jobs Program:

- You must be 16 to 24 years old, and
- You must live in one of the target areas of New York State listed in item nine on page one, and
- You must be unemployed, and
- At least one of the following statements must apply to you:
  - I am over 18 years of age and do not have a high school diploma or a General Educational Development (GED) or High School Equivalency (HSE) diploma.
  - I am a member of a family that is receiving:
    - Assistance from Temporary Assistance for Needy Families (TANF).
    - Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps).
    - Social Security Income (SSI) benefits.
  - I am receiving a free or reduced-cost school lunch.
  - I was referred to this program by a rehabilitation agency approved by the state, or an employment network under the Ticket to Work Program.
  - I have served time in jail or prison or I am on probation or parole.
  - I am pregnant or a parent.
  - I am homeless.
  - I am currently or was in foster care or the custody of the Office of Children and Family Services.
  - I am a veteran.
  - I am the daughter or son of a parent who is currently in jail or prison, or was in jail or prison within the past two years.
  - I am the daughter or son of a parent who is collecting unemployment insurance.
  - I live in public housing or receive housing assistance such as a Section 8 voucher.
  - I have another risk factor not identified above

### 18. Agreement:

**I swear** that I currently meet the qualifications listed above in the New York Youth Jobs Program: 2024 Youth Certification Qualifications section.

**I understand** that I must provide private, personal information on this application to qualify for the program.

**I understand that I do not** need to explain why I qualify to anyone I ask for a job, or who gives me a job, or anyone who I work with.

**I agree** to allow the New York State Department of Taxation and Finance to share my wage record with the New York State Department of Labor.

**I believe** the information submitted in this application is true, correct and complete.

**I understand** that the New York State Department of Labor will make sure the information submitted in this application is true and may ask me for more information or details.

**I am aware** that there are consequences for filing false documents or other information with the government.

**I agree to the statements above.**

- a. Signature (If you are under 18, your parent or guardian must sign): \_\_\_\_\_ b. Date: \_\_\_\_\_
- c. Print name: \_\_\_\_\_
- d. **Note:** Please be sure to add [info@youthworks.ny.gov](mailto:info@youthworks.ny.gov) to your list of email contacts to ensure you receive your certificate by email.



# Direct Deposit of Paycheck

## Authorization Agreement

I authorize my employer to deposit my paycheck: each payday directly into my account. This authority will remain in effect until I have given written notice that I have terminated it or until my employer has notified me that this deposit service is no longer available. I understand that I must give advance notice to allow reasonable time for making a change. I authorize my bank to honor my employer's instructions to refund any amount it has deposited to my account.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Employee Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Account Information

Branch Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

Please check the appropriate Account

Checking  Savings  Money Market

## For existing checking accounts:

attach a personal check with the word-"VOID" written in large letters in ink across the face of it. - **Do not** sign the check

# Notice of Employee Rights: Safe and Sick Leave

If you work part time or full time at any size business or nonprofit in NYC or if you work in an NYC household as a domestic worker, you have the right to safe and sick leave to care for yourself or anyone you consider family. You have this right regardless of your immigration status. Your employer must give you this notice explaining your rights.

## Amount of Safe and Sick Leave:

- All employers must provide up to **40 hours** of safe and sick leave each calendar year.

### Beginning January 1, 2021:

- **Employers with 100 or more employees** must provide up to **56 hours** of safe and sick leave each calendar year.

Your employer's calendar year is: \_\_\_\_\_ to \_\_\_\_\_  
First month Last month

You earn safe and sick leave at a rate of **1 hour for every 30 hours worked**.

You have a right to **PAID** safe and sick leave if:

- Your employer has 5 or more employees.
- Your employer has fewer than 5 employees but a net income of \$1 million or more. (effective January 1, 2021)
- You work in someone's home as a domestic worker; for example, babysitter, housekeeper, or companionship worker. *Note: The law covers 1 or more domestic workers working in a household.*

You have a right to **UNPAID** safe and sick leave if:

- Your employer has fewer than 5 employees and a net income of less than \$1 million.

You can carry over unused safe and sick leave to the next calendar year.

## Use of Safe and Sick Leave:

- Use it for your health, including to get medical care or to recover from illness or injury.
- Use it to care for a family member who is sick or has a medical appointment.
- Use it when your job or your child's school closes due to a public health emergency.
- Use it for your safety or for a family member's safety because of domestic violence, unwanted sexual contact, stalking, or human trafficking.

Your employer can require you to give advance notice of a planned use of safe and sick leave; for example, to attend a scheduled doctor's appointment or court hearing. You do not have to give advance notice of an unexpected use of safe and sick leave; for example, a sudden illness or medical emergency.

You have a right to privacy. You do not have to give your employer details about why you used safe or sick leave.

If you use more than three workdays in a row of safe and sick leave, your employer can require documentation. Your employer must reimburse you for any fees you pay for required documentation. Documentation should *not* include the details of your private medical or personal situation.

## Required Written Disclosures about Safe and Sick Leave:

Your employer must:

- Give you a written safe and sick leave policy that explains how to use your benefits.
- Tell you how much safe and sick leave you have used and have left each pay period.

## No Retaliation:

It is illegal to punish or fire employees for requesting or using safe and sick leave or for reporting violations.



Contact Consumer and Worker Protection to learn more or to file a complaint.

Visit [nyc.gov/workers](https://nyc.gov/workers) | Call 311 and ask for "Paid Safe and Sick Leave"

You can also make an ANONYMOUS tip.

# Aviso de derechos de los empleados: ausencia laboral debido a seguridad y enfermedad

Si trabaja a tiempo parcial o tiempo completo en una empresa de cualquier tamaño o en una organización sin fines de lucro en la ciudad de Nueva York o si trabaja en una casa de la ciudad de Nueva York como trabajador doméstico, tiene derecho a la ausencia laboral debido a seguridad y enfermedad para cuidar de usted mismo o de cualquier persona que considere parte de su grupo familiar. Tiene este derecho independientemente de su estado migratorio. Su empleador debe darle este aviso explicando sus derechos.

## Duración de ausencia laboral debido a seguridad y enfermedad:

- Todos los empleadores deben dar hasta **40 horas** de ausencia laboral debido a seguridad y enfermedad cada año calendario.

### A partir del 1 de enero de 2021:

- **Los empleadores con 100 empleados o más** deben dar hasta **56 horas** de ausencia laboral debido a seguridad y enfermedad cada año calendario.

El año calendario de su empleador es: \_\_\_\_\_ a \_\_\_\_\_  
Primer mes Último mes

Usted gana la ausencia laboral debido a seguridad y enfermedad a razón de **1 hora por cada 30 horas trabajadas**.

Tiene derecho de ausencia laboral debido a seguridad y enfermedad **PAGADA** si:

- Su empleador tiene 5 empleados o más.
- Su empleador tiene menos de 5 empleados pero un ingreso neto de \$1 millón o más.  
(Fecha de entrada en vigor 1 de enero de 2021)
- Trabaja en la casa de alguien como empleada doméstica; por ejemplo, niñera, ama de llaves o acompañante.  
*Nota: La ley cubre a 1 o más trabajadores domésticos que trabajan en una casa.*

Tiene derecho de ausencia laboral debido a seguridad y enfermedad **NO PAGADA** si:

- Su empleador tiene menos de 5 empleados y un ingreso neto de menos de \$1 millón.

Puede transferir la ausencia laboral debido a seguridad y enfermedad no usada al próximo año calendario.

## Uso de ausencia laboral debido a seguridad y enfermedad:

- Úsela para su salud, incluso para recibir atención médica o para recuperarse de una enfermedad o lesión.
- Úsela para cuidar a un familiar que está enfermo o tiene una cita médica.
- Úsela cuando su trabajo o la escuela de su hijo cierren debido a una emergencia médica pública.
- Úsela para su seguridad o para la seguridad de un familiar por violencia doméstica, contacto sexual no deseado, acecho o trata de personas.

Su empleador puede exigirle que avise con antelación el uso planificado de ausencia laboral debido a seguridad y enfermedad; por ejemplo, para asistir a una cita médica programada o una audiencia judicial. No es necesario que avise con antelación el uso inesperado de ausencia laboral debido a seguridad y enfermedad; por ejemplo, una enfermedad repentina o una emergencia médica.

Tiene derecho a la privacidad. No es necesario que le dé a su empleador información sobre por qué usó la ausencia laboral debido a seguridad o enfermedad.

Si usa más de tres días laborables seguidos de ausencia laboral debido a seguridad y enfermedad, su empleador puede exigir documentación. Su empleador debe reembolsarle las tarifas que pague por la documentación requerida. La documentación *no* debe incluir la información de su situación médica ni personal privada.

## Revelaciones exigidas por escrito sobre la ausencia laboral debido a seguridad y enfermedad:

Su empleador debe:

- Darle una política de ausencia laboral debido a seguridad y enfermedad por escrito que explique cómo usar sus beneficios.
- Decirle cuánto de ausencia laboral debido a seguridad y enfermedad usó y cuánto le queda en cada período de pago.

## Sin represalias:

Es ilegal castigar o despedir a los empleados por pedir o usar la ausencia laboral debido a seguridad y enfermedad o por denunciar violaciones.



Comuníquese con Protección al Consumidor y al Trabajador para obtener más información o para presentar una queja.

Visite [nyc.gov/workers](https://nyc.gov/workers) | Llame a 311 y pregunte por la "Ausencia laboral debido a seguridad y enfermedad"

También puede hacer un aviso ANÓNIMO.

# New Employee Safety Checklist



Store # \_\_\_\_\_

## Instructions to Management

This orientation must be completed before the employee starts work. A copy of the form will be kept in the employee file as well as given to the safety director.

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

1. Review the Western Beef Safety Program with the Employee. The Policy statement must be read in its entirety to the Employee. In the review process describe in detail the safety and Health Rules that are expected of all employees.

2. Review the Western Beef Disciplinary Policy and Procedures to the Employee and emphasis the consequences for non-compliance.

3. Instruct the **Employee** of the following:

- Unsafe conditions will be reported immediately to Management.  
(Explain that they will not get fired or in trouble for reporting unsafe conditions)
- All injuries no matter how minor must be reported to management immediately.
- Personal Protective Equipment Policy and emphasize the Department they are going to work for and what is required.
- Explain the Fire, Evacuation and Emergency Plan.
- Review the Hazard Communication Policy.
- You are required to attend Training Sessions and may be re-trained as necessary by management

4. Review the Western Beef Safety Commandments.

**I acknowledge that the information on the above subjects was furnished to me during my orientation and that I understand this information.**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

# Lista de Verificación de Seguridad para Nuevos Empleados



Store # \_\_\_\_\_

## Instrucciones para la Administración

Esta orientación debe completarse antes de que el empleado comience a trabajar. Una copia del formulario se guardará en el archivo del empleado y se entregará al director de seguridad.

nombre del emplead \_\_\_\_\_ departamento \_\_\_\_\_

1. Revise el Programa de Seguridad de Western Beef con el empleado. La declaración de políticas debe ser leída en su totalidad al empleado. En el proceso de revisión, describa en detalle las normas de seguridad y salud que se esperan de todos los empleados.

2. Revise con el empleado la Política y Procedimientos Disciplinarios de Western Beef y enfatice las consecuencias por el incumplimiento.

3. Instrúyale al **empleado** lo siguiente:

- Las condiciones inseguras se informarán inmediatamente a la administración.  
(Explique que no serán despedidos ni tendrán problemas por reportar condiciones inseguras).
- Todas las lesiones, sin importar cuán menores sean, deben ser informadas a la administración de inmediato.
- Política de Equipos de Protección Personal y enfatice el departamento en el que van a trabajar y lo que se requiere.
- Explique el Plan de Incendios, Evacuación y Emergencias.
- Revise la Política de Comunicación de Peligros.
- Se requiere que asista a las sesiones de capacitación y puede ser reentrenado según sea necesario por la administración.

4. Revise los Mandamientos de Seguridad de Western Beef.

**Reconozco que la información sobre los temas mencionados anteriormente me fue proporcionada durante mi orientación y que entiendo esta información.**

imprimir nombre \_\_\_\_\_ fecha \_\_\_\_\_

# Employee Purchase Policy

PLEASE READ CAREFULLY

All employees are encouraged to shop at western beef. Purchases must be handled in accordance with employee purchase policy so that misunderstandings will be avoided and protect the integrity of the employee. This policy applies to all employees.

1. All purchases must be made on the employee's own time: i.e before punching in, after punching out or on scheduled break.
2. All food purchased for consumption during meal or break period must be paid for before being eaten, removed from the store or taken to the break room. A paid sticker must be affixed to the item and the register tape must be retained until the item is taken from the store or consumed.
3. Any purchased made by an employee must be witnessed by a member of management: i.e Front ends, assistant or store manager. They must sign the receipt when the order is completed. Front ends and Bookkeeper purchases must be witnessed and have a receipt signed by the Front End Manager.
4. All merchandise purchased to be remove from the store must be taken from the store immediately upon payment. Merchandise cannot be stored or brought back into Store without prior management approval.
5. Employee is not permitted to process themselves, relatives or friends through register.
6. Employee is required to pay for items at the full retail price effective at the time of purchase.
7. Employee may not purchase reduced or damaged merchandise.
8. Special orders, from meat or deli departments should be wrapped as regular items, sealed, priced and initialed by the associate in charge of department.
9. Employee is not permitted to hold or have merchandise held for them in the store for later purchase.
10. All Merchandise being returned must be processed through the store manager or his designate.
11. It will be considered a violation to request, see or purchase merchandise below the establish retail price at the time or purchase. Any exception to this must be authorized by store manager.
12. Concealment of any merchandise is a violation.
13. Bags will be checked at the exit by management or security. All items purchase must appear on the receipt.

**Violation of the Employee Purchase Policy may result in termination.**

**I have read and fully understand the employee Purchase Policy.**

Print \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Política de Compra para Empleados

**POR FAVOR LEA  
CUIDADOSAMENTE**

Se alienta a todos los empleados a hacer compras en Western Beef. Las compras deben manejarse de acuerdo con la política de compra para empleados para evitar malentendidos y proteger la integridad del empleado. Esta política se aplica a todos los empleados.

1. Todas las compras deben realizarse en el tiempo libre del empleado: es decir, antes de fichar, después de fichar o durante el descanso programado.
2. Todos los alimentos comprados para consumo durante el período de comida o descanso deben pagarse antes de ser consumidos, retirados de la tienda o llevados al cuarto de descanso. Se debe colocar una etiqueta de pago en el artículo y el recibo de caja registradora debe conservarse hasta que el artículo sea retirado de la tienda o consumido.
3. Cualquier compra realizada por un empleado debe ser presenciada por un miembro de la gerencia, como el gerente de la tienda, un asistente o el gerente de las cajas. Deben firmar el recibo cuando se complete el pedido. Las compras realizadas por cajeros y contadores deben ser presenciadas y el recibo debe ser firmado por el gerente de las cajas.
4. Toda la mercancía comprada para ser sacada de la tienda debe ser retirada inmediatamente después de su pago. La mercancía no puede ser almacenada ni devuelta a la tienda sin la aprobación previa de la gerencia.
5. No se permite al empleado procesar a sí mismo, a familiares o amigos a través de la caja registradora.
6. El empleado está obligado a pagar los artículos al precio completo de venta vigente en el momento de la compra.
7. El empleado no puede comprar mercancía reducida o dañada.
8. Los pedidos especiales de los departamentos de carne o charcutería deben envolverse como artículos regulares, sellarse, etiquetarse e inicializarse por el asociado a cargo del departamento.
9. No se permite al empleado retener mercancía en la tienda para su compra posterior ni que se retenga mercancía para ellos.
10. Toda la mercancía devuelta debe ser procesada a través del gerente de la tienda o su designado.
11. Se considerará una violación solicitar, ver o comprar mercancía por debajo del precio de venta establecido en el momento de la compra. Cualquier excepción a esto debe ser autorizada por el gerente de la tienda.
12. Ocultar cualquier mercancía es una violación.
13. Las bolsas serán revisadas en la salida por la gerencia o seguridad. Todos los artículos comprados deben aparecer en el recibo.

**La violación de la Política de Compra para Empleados puede resultar en terminación.**

**He leído y comprendido completamente la Política de Compra para Empleados.**

Nombre impreso: \_\_\_\_\_

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

# Notice to Employees Regarding Shortages



Cashiers who are short more than **\$5.00** may be restrained at any time and at the discretion of management.

Cashiers who are short \$5.00 but not more than \$10.00 on five occasions, and cashiers who are short more than \$10.00 on two occasions shall be subject to disciplinary actions including termination.

I \_\_\_\_\_ Have fully read this and fully understand my responsibilities as a cashier in reference to shortages

# Random Drug Testing



Western Beef inc. Believes in a drug free workplace the company wishes to protect the safety of all its employees and to minimize any possibility of injury to employees in the workplace due to the impairment of an individual using drugs.

**Western Beef reserves the right to randomly drug test all employees.**

I acknowledge that I have read the Western Beef Policy on drug testing.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Sign Name \_\_\_\_\_ Date \_\_\_\_\_

# Smoking Policy

**Our Company is committed to providing a safe and healthy environment for out employees and visitors therefore smoking is not permitted anywhere inside our stores.**

I acknowledge that I have read the Western Beef Smoking Policy.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Sign Name \_\_\_\_\_ Date \_\_\_\_\_

# Photo Release Form



I, \_\_\_\_\_, hereby grant Western Beef Retail, INC. and its subsidiaries, affiliates, agents and employees (“Western Beef”), an irrevocable permission to use my likeness edited, copied, exhibited, published or distributed and I waive any right to royalties or other compensation. I also understand that the photo may be used in diverse educational settings within unrestricted geographic area.

The Photo may be used for following purposes:

- Conference presentations
- Educational presentations
- Informational presentations
- Educational videos

I understand and agree that all photos will be property of the Western Beef Retail INC, and will not be returned.

There is no time limit on the validity of this release nor there any geographic limitations on where these materials may be used.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release and forever discharge Western Beef from and all claims that may be arising by using the photo for educational purposes.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Checking underneath Shopping Carts



On a daily basis there are many customers who place items underneath the shopping carts and fail to place them on the register for processing. Some customers do this unintentionally while others do it intentionally. When the total is pressed at the register displays “check under cart, enter cart, enter number items” the purpose of this is for the cashier to look at the shopping cart and make sure that there are no items placed underneath the cart. Going forward, when the “TOTAL” key is pressed you MUST walk around and check beneath all shopping carts to assure that there are no items left underneath that have not been scanned. If any customer tries to leave the premises with unpaid merchandise the cashier who processed the order will be TERMINATED.

## Alcoholic Beverages

It is the law for the company to make sure that no alcoholic beverages are sold to anyone under the age of 21. Company procedures are to call the front end for assistance when you have a customer with alcoholic beverages on your line. Do not yell “Alcohol”. Ask the customer for identification. the front end will verify the ID and enter it at the register. Failure to do so will result in termination.

Print \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

# Manual Entry Protocol for EBT (Food Stamp) Cards



- Cashiers are authorized to override a manual entry for EBT (Food Stamp Cards)  
When overriding a card for manual entry, the cashier **MUST** have the card present and enter the exact number on the card.
- **AT NO POINT ARE CASHIERS ALLOWED TO ENTER AN EBT CARD NUMBER UNLESS THE CARD IS PRESENT**
- If an employee is observed entering an EBT number without the card present it will result in the employee being pulled from their register and would make them subjected to immediate termination.

I understand and have read the above policy and agree to its terms

Print \_\_\_\_\_

Sign \_\_\_\_\_

Store # \_\_\_\_\_

Date \_\_\_\_\_

# Cellphone Usage Policy



Employees are not permitted to carry cellular phones or any other electronic communication devices during shift. Telephone calls and/or texting during shift is not permitted. Calls either made or received in an emergency are permissible only with supervisor approval. Failure to comply may/lead to termination.

I understand and have read the above policy and agree to its terms

Print \_\_\_\_\_

Sign \_\_\_\_\_

Store # \_\_\_\_\_

Date \_\_\_\_\_

# Cash Handling Security Measures

As a cashier/front end with Western Beef you are charged with handling large sums of money on a daily basis. Therefore, it is important that you remember a few cash handling security measures that protect you, the employees as well as Western Beef, the company. Upon your employment with Western Beef you will be taught the “cash handling ropes” thus, you will be expected to employ common sense and keep in mind Western Beef policies and procedures.

The Following are some of the basic cash handling procedures that you are obligated to practice:

- The First rule of cash handling at Western Beef is to count/arrange your cash draw in a timely matter. It eliminates the possibility of tossing cash and other important items into the trash.
- Avoid displaying large amounts of cash at all times. Change orders should be placed in the provided drawer under the tilt.
- You should NEVER leave your cash draw unattended, you are responsible for the contents of that draw while you are working. If you step away, be sure to lock your register on terminal secure.
- When a pick up is done on your register you must remove all large bills. (100's, 50's,20's, etc.) from your tilt. Cashier is to write the quantity of each bill on pick up bag. Then you give cash to front end who will verify the money. He/She will put the total of each denomination on each bill and a grand total, Both cashier and front end are to sign pick up bag.
- At the end of your shift you and the front end (the person counting your drawer) must both in each others presence verify the closing balance of your cash draw only if you are on cash control. All others are to give your register drawer to the bookkeeper or manager in an orange bag and reseal.
- You are not allowed to perform any transactions for yourself, Family or Friends.

The foregoing list is only a fraction but the most important of all the cash handling procedures that you should follow. Remember you are charged with a great responsibility every time that you start your shift. You are expected to perform your duty honestly and accurately. Utilizing these basic cash handling procedures will serve to enhance your cashier abilities.

I understand and have read the above policy and agree to its terms

Print \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_



# Customer Handling Security Measures



Outstanding customer service is Western Beef's primary goal. Customer satisfaction is a direct result of the positive interaction between you, the employee and the customer. Your attitude and the quality of the service given reflects directly back on the company. Western Beef expects 100% commitment to outstanding customer service. We welcome you with the expectations that you will become a valued member of our team.

Remember to treat others the you would want to be treated....  
Service with a smile

Print \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

# Personal Transactions and Accepting Tips



As stated on page 16 on the Employee Purchased policy application; Employees are not permitted to perform personal transactions or transactions for family members and/or friends.

The acceptance of tips is prohibited. Such policies are enforced to eliminate being charged with unethical claims and other wrongdoings.

Similarly, it is unacceptable to borrow money from your cash draw to pay for food, etc. No one at any time should remove money from his or her cash draw to put into his or her pocket or bag. This is considered an act of theft.

Please indicate your acceptance and understanding by signing below.

Print \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

# Employee Acknowledge Form



I have received a copy of the Western Beef Employee Handbook. I agree to read and familiarize myself with the policies and procedures contained in the handbook. I understand that the Employee Handbook provides an overview of the company's personnel policies and does not necessarily represent all policies in force.

The employee handbook describes important information about Western Beef and I understand that I should consult my supervisor or the Human Resources Department regarding any questions not answered in the Handbook.

Furthermore, I acknowledge that in this handbook is neither a contract of employment nor a legal document. I have received the handbook and I understand that it is my responsibility to read and become familiar with the policies contained in this handbook and any revisions made to it.

I acknowledge also that my employment with Western Beef is "at-will" meaning that either the company or I may terminate my employment at any time with or without cause. I understand that the "at-will" nature of my employment may not be changed except by written consent of the CEO of Western Beef specifying a change in the nature of my employment relationship.

I understand that no manager, supervisor, or representative of the company has authority to enter into any agreement, express or implied, for employment for any specific period of time or to make any agreements and then only in writing and signed by the CEO.

Print \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

