



## **New Hire Checklist**

- ❖ Application Completed (email address)
- ❖ Copy of ID and Social Security Card
- ❖ W4
- ❖ Employee Worker's Compensation Form
- ❖ I-9
- ❖ Company Policy Form
- ❖ Company Credit Card Agreement (if issued)
- ❖ Direct Deposit
- ❖ Property of Busy B's Agreement (if issued any)
- ❖ Hotel/House Agreement
- ❖ OAG Form
- ❖ Daily Report and Safety Meeting Agreement

**Please return ALL COMPLETED forms to become a new employee at Busy B's Steel Erectors, LLC. We will not be able to process until all forms are completed.**

**Welcome and we appreciate you hard work!**





## Busy B's Steel Erectors

501 Walnut Creek Dr.

Azle, TX 76020

817-752-2131

### Employment Application

#### Application information

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ SS # \_\_\_\_\_ DOB: \_\_\_\_\_

Desired Salary \$ \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Are you a citizen of the U.S.? ☐ ☐ If no, are you authorized to work in the U.S.? ☐ ☐  
*yes no yes no*

Have you ever worked for this company? ☐ ☐ If yes, when: \_\_\_\_\_  
*yes no*

Have you ever been convicted of a felony? ☐ ☐  
*yes no*

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_



### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Diploma: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? ☐ ☐  
yes no

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? ☐ ☐  
yes no

Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? ☐ ☐  
yes no

Degree: \_\_\_\_\_

### References

Please list 3 professional references.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? ☐ ☐  
yes no

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? ☐ ☐  
yes no



Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? ☐ ☐  
yes no

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**Disclaimer Signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release of employment with Busy B's Steel Erectors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



# Form W-4 (2019)

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

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

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

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

#### Line C. Head of household please note:

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

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

#### Line F. Credit for other dependents.

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages)				<b>5</b>	
<b>6</b> Additional amount, if any, you want withheld from each paycheck				<b>6</b> \$	
<b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶			
<b>8</b> Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		<b>9</b> First date of employment		<b>10</b> Employer identification number (EIN)	





## WORKWELL, TX

### Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_

I live at: \_\_\_\_\_  
Street address

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name of employer: \_\_\_\_\_

Name of network: WorkWell, TX

#### To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgement was completed.

- ☐ Initiating the network program (companywide)
- ☐ Initial employee notification (new hire)
- ☐ Injury notification (Date of injury:     /     /     )

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.





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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<p>OR Code - Section 1 Do Not Write In This Space</p>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

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

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

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



Employer Completes Next Page







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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
<b>List A</b> Identity and Employment Authorization		<b>OR</b>	<b>List B</b> Identity	<b>AND</b> <b>List C</b> Employment Authorization
Document Title	Document Title	Document Title		
Issuing Authority	Issuing Authority	Issuing Authority		
Document Number	Document Number	Document Number		
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)		
Document Title	<b>Additional Information</b>		<b>OR Code - Sections 2 &amp; 3</b> Do Not Write In This Space	
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## **Busy B's Steel Erectors Company Policies**

### **Safety:**

*Busy B's employees are to follow ALL safety regulations. Not following safety regulations will result in suspension for the day and a written warning. NO EXCEPTIONS!!*

### **Attendance:**

*Being punctual is very important. A phone call to Bryan or your direct foreman is required if you will be more than 5 minutes late. Habitual tardiness will result in separation from the company.*

### **Dress Code & Tools:**

*If you are not dress properly and have all necessary tools, you will be suspended for the day. You will also receive a written warning.*

### **Substance Abuse:**

*Busy B's reserves the right to drug test any employee at any time for any reason. Substance abuse will not be tolerated. If a drug test is failed, you will be immediately terminated.*

### **90 Day Probation:**

*New hires within the first 90 days of being hired, Busy B's can terminate your employment for any reason.*

*Written Warning – if you receive a written waring you will be place on a 90-day probation; Busy B's reserves the right to terminate your employment for any reason during this time.*

### **Repayment:**

*If you quit with a 14 business day notice or are terminated: Per diem, lodging, equipment not returned, any cash advances received from Bryan Collins or another employee, and any certifications paid for by Busy B's will be held out of your last pay check.*

### **Written Warning:**

*Busy B's will issue a written warning when it's needed. (Foreman's: payroll mistakes, time mistakes, misuse of company credit cards, safety hazards on jobs, etc.) (Employee's: habitual tardiness, safety hazards, lacking proper tools, etc.) After a written warning you will be placed on a 90-day probation. During this probation, you can be terminated for any reason.*

Signature: \_\_\_\_\_

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



## Employee Direct Deposit Authorization

## Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

## Account 1

Account 1 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

Account 2 (remainder to be deposited to this account) \_\_\_\_\_

Account 2 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

*attach a voided check for each account here*

**Authorization** (enter your company name in the blank space below) \_\_\_\_\_

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_





501 Walnut Creek Drive  
Azle, TX 76020

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## PROPERTY OF BUSY B'S STEEL ERECTORS, LLC AGREEMENT

I \_\_\_\_\_, agree I am solely responsible for the care and upkeep of any company issued property. If lost or damaged, I agree to replace or reimburse, Busy B's Steel Erectors, LLC with the same or of equal value for the content issued at that time.

Items Issued	Initial
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please note if employee cannot afford to replace any wages owed to him will be withheld for payment or until he/she can replace any items issued that were not returned in same conditions issued.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Office personnel

\_\_\_\_\_  
Date





501 Walnut Creek Drive  
Azle, TX 76020

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## Hotel/House Agreement

I \_\_\_\_\_, agree I am solely responsible for the care and upkeep of any home or motels that I stay in. If anything is damaged, etc, I agree that myself and the crew will be responsible for **ANY AND ALL CHARGES**. The total of the charges will be split between each member in the crew. **I understand this will be withheld from payroll check.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Office personnel

\_\_\_\_\_  
Date



# Texas Employer New Hire Reporting Form



Submit within 20 calendar days of new employee's first day of work to:  
**ENHR Operations Center, P.O. Box 149224**  
**Austin, TX 78714-9224**  
 Phone: 1-800-850-6442 FAX: 1-800-732-5015  
 Online: [www.employer.texasattorneygeneral.gov](http://www.employer.texasattorneygeneral.gov)

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C

1 2 3

## Employer Information

1. Federal Employer ID Number (FEIN):  
 Please use the same FEIN that appears on quarterly wage reports.  
 8 3 2 7 1 7 1 9 5

2. State Employer ID Number (Optional):  
 [ ]

3. Employer Name:  
 B U S Y B S S T E P P E R E P C T O R S

4. Employer Address (Please indicate the address where the Income Withholding Orders should be sent):  
 8 8 9 3 S O U T H F M 7 3 0

5. Employer City (if US):  
 B o y d

6. State (if US):  
 T X

7. ZIP Code (if US):  
 7 6 0 2 3 - [ ] [ ] [ ] [ ]

8. Province/Region (if foreign):  
 [ ]

9. Country (if foreign):  
 [ ]

10. Postal Code (if foreign):  
 [ ]

11. Employer Telephone (Optional):  
 8 1 7 7 5 2 2 1 3 1

12. Employer FAX (Optional):  
 [ ]

13. New Hire Contact Person (Optional):  
 A P R I I A D A M S

## Employee Information

14. Social Security Number (SSN):  
 [ ]

15. Date of Hire (MM/DD/YYYY):  
 [ ]

16. Employee First Name:  
 [ ]

17. Employee Middle Name:  
 [ ]

18. Employee Last Name:  
 [ ]

19. Employee Home Address:  
 [ ]

20. Employee City (if US):  
 [ ]

21. State (if US):  
 [ ] [ ]

22. ZIP Code (if US):  
 [ ]

23. Province/Region (if foreign):  
 [ ]

24. Country (if foreign):  
 [ ]

25. Postal Code (if foreign):  
 [ ]

26. State Where Employee Was Hired (Optional):  
 [ ] [ ]

27. Employee DOB (MM/DD/YYYY) (Optional):  
 [ ]

28. Employee's Salary (Dollars and Cents) (Optional):  
 [ ]

29. Salary Frequency (Check One ONLY) (Optional):  
☐ Hourly ☐ Weekly ☐ Biweekly ☐ Semi-Monthly ☐ Monthly ☐ Annually