

## EMPLOYMENT APPLICATION

POSITION APPLIED FOR: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I am seeking a full-time position:     Yes             No

**Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.**

Are you able to perform the essential functions of the position with or without accommodations?     Yes     No

Are you able to provide a valid Florida Drivers License?     Yes     No

Full Name (Last)	(First)	(Middle)	
Home Address	(City)	(State)	(Zip Code)
Phone Numbers	(Home)	(Work)	(Cell)
Best time to contact you is _____ AM _____ PM			
Are you able to meet the attendance requirements of the position?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available to work overtime if required? In no, please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been bonded?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### EDUCATIONAL HISTORY

Schools	Name & Location	Major	Degree or Certificate	Date Completed
High				
Technical				
Undergraduate College				
Graduate				
Training				

## GENERAL INFORMATION / PERSONAL INTEREST

<b>List below any extra-curricular activities, specialized training, apprenticeship, and skills:</b>

<b>Driver's License #:</b>	<b>Expiration date:</b>	<b>State:</b>
<b>Class</b>		

<b>List below any foreign languages you can read, speak, and/or write:</b>			
	<b>FLUENT</b>	<b>GOOD</b>	<b>FAIR</b>
<b>READ</b>			
<b>SPEAK</b>			
<b>WRITE</b>			

### PERSONAL REFERENCES (Do not include relatives or previous employers)

<b>Name:</b>	<b>Address:</b>	<b>Phone No.:</b>

### EMPLOYMENT HISTORY

<b>READ CAREFULLY: Starting with your present or most recent employer, working backwards, account for all time, including periods of unemployment. Include five (5) years of employment history. (Attach resume if necessary)</b>			
<b>Employer:</b>	<b>Dates Employed</b>		<b>Duties / Responsibilities</b>
	<b>From</b>	<b>To</b>	
<b>Address:</b>			
<b>Telephone No.:</b>	<b>Base Wage / Salary</b>		
	<b>Start</b>	<b>Final</b>	
<b>Job Title</b>			
<b>Explain Reason for Leaving</b>	<b>Supervisor</b>		

<b>Employer:</b>	<b>Dates Employed</b>		<b>Duties / Responsibilities</b>
	<b>From</b>	<b>To</b>	
<b>Address:</b>			
<b>Telephone No.:</b>	<b>Base Wage / Salary</b>		
	<b>Start</b>	<b>Final</b>	
<b>Job Title</b>			
<b>Explain Reason for Leaving</b>	<b>Supervisor</b>		

<b>Employer:</b>	<b>Dates Employed</b>		<b>Duties / Responsibilities</b>
	<b>From</b>	<b>To</b>	
<b>Address:</b>			
<b>Telephone No.:</b>	<b>Base Wage / Salary</b>		
	<b>Start</b>	<b>Final</b>	
<b>Job Title</b>			
<b>Explain Reason for Leaving</b>	<b>Supervisor</b>		

<b>Employer:</b>	<b>Dates Employed</b>		<b>Duties / Responsibilities</b>
	<b>From</b>	<b>To</b>	
<b>Address:</b>			
<b>Telephone No.:</b>	<b>Base Wage / Salary</b>		
	<b>Start</b>	<b>Final</b>	
<b>Job Title</b>			
<b>Explain Reason for Leaving</b>	<b>Supervisor</b>		

**PERSONAL DATA**

<b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>In no, Visa or Alien Resignation No.:</b>		
<b>Have you ever been convicted of a criminal offense, pled no contest to a charge or agreed to enter into a pre-trial diversion or similar program in lieu of criminal prosecution for any crime, other than a minor traffic violation?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "yes", list convictions, dates and locations below:</b>		
<b>Conviction</b>	<b>Date</b>	<b>Location</b>

*I hereby affirm and represent that all of the above information is true and correct. If I am employed and it is later determined any information is false or misleading, I recognize the misrepresentation or omission will be considered cause for immediate termination from employment.*

*By submitting this Application, I authorize the Employer to contact any of persons or organizations listed in this Application above (e.g., personal references, employers, educational institutions) so that Employer may verify the accuracy of any of the information I have provided herein. I hereby release from liability the Employer and its representatives from obtaining all such information as well as all other persons or organizations who provided such information.*

*It is the policy of Employer to provide an equal opportunity for employment to all applicants. Employer does not unlawfully discriminate on the basis of race, color, creed, pregnancy, religion, sex, national origin, age, disability, veteran status, or marital status. Employer complies with all provisions of applicable federal, state, and local equal opportunity laws, orders, rules and regulations and will cooperate with all agencies established under such laws in guaranteeing compliance.*

*Nothing contained in or implied by this Application creates or shall be deemed to create or constitute a contractual obligation to be employed by Employer. Any employment by Employer is at-will. No oral statement made by any representative of Employer concerning any term or condition of employment shall be regarded as or constitute a promise or a contract between Employer and Employee. This Application is not intended to create an expectation of employment for a specified time period or duration.*

### WAIVER

*David Mancini & Sons, Inc. is committed to maintaining a Drug Free Workplace.*

*I agree to submit to a physical examination which I must successfully pass before being finally processed for employment, and I also agree that in the event that I shall be employed by David Mancini & Sons, Inc., I will submit to further physical examinations when requested. I also agree to undergo a screening for illegal drugs prior to and during my employment with David Mancini & Sons, Inc. I authorize the investigation of all information contained in this application, and I understand that if the results of such investigation are not satisfactory in the judgment of David Mancini & Sons, Inc., any offer of employment made by David Mancini & Sons, Inc. may be withdrawn. If I have been employed, and if in the judgment of David Mancini & Sons, Inc. a misrepresentation has been made by me herein, my employment may be terminated immediately without any obligation or liability to David Mancini & Sons, Inc., other than for payment at the rate agreed upon for services actually rendered.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 05/31/2027

**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
<p><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></p>		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.</b> and <b>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)	<p><b>Additional Information</b></p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (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="https://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	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*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 05/31/2027

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 05/31/2027

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.)

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> )
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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.)

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> )
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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.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

# 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) Social security number _____
	Address _____		Does your name match the name on your social security card? 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"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (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).

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

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

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is 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 . . . . .

**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 pay period . . . . .	<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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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
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 }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

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# Drug-Free Workplace Policy Statement

Issued November 1, 2010

To maintain a drug-free work force and to eliminate the safety risks and reduced productivity that results from the use and the influence of alcohol and/or drugs in the workplace, **David Mancini & Sons, Inc.** (hereafter called "the company"), has adopted this substance abuse policy. The intention of this is to make the company a better place to work.

The company's goal of this policy is to balance our respect for individual privacy with our need to keep a safe, productive, drug-free environment. We intend to prevent and treat substance abuse. We want to encourage those who use drugs or abuse alcohol to seek help in overcoming their problem. In this way, fully rehabilitated abusers who remain drug free can return to work as employees in good standing.

With these objectives in mind, the company has established the following policy with regard to use, possession, or sale of alcohol and drugs. The results of the controlled substance abuse screening are strictly confidential and retained only by the Chief Personnel Officer of the company.

The company's policy is to employ a work force free from illegal drug use and alcohol abuse either on or off the job. It is a condition of employment that an employee refrains from reporting to work or working with the presence of drugs or alcohol in his or her body. Any employee determined to be in violation of this policy is subject to disciplinary action, which may include termination, even for the first offense.

The company may test for any of the following as part of the drug-free workplace policy: Amphetamines (Binhetamine, Desoxyn, Dexedrine), Cannabinoids (Marijuana, hashish, hash oil, pot, joint, roach, spleaf, grass, weed, reefer), Cocaine (coke, blow, nose candy, snow, flack, crack), Phencyclidine (PCP, angel dust, hog), Methaqualone, Opiates (Opium, dover's poeder, paregoric, parepectolin), Barbiturates (Phenobarbital, tuinal, amytal), Benzodiazepines (Ativan, azene, Clonopin, dalmone, diazepam, vertron, xanax), Methadone (Dolophine, methadose), Propozyphene (Darvocet, darvon N, dolene), Codeine, Heroin, Hydromorphone, LSD, Morphine, and Alcohol.

Drug and alcohol addiction is a complex, yet treatable disease. For this reason, therefore, it is company policy that an employee found using, possessing, purchasing, selling or manufacturing alcohol, illegal drugs, or non-prescribed drugs while on company property, or while operating company vehicles or equipment, or while engaging in company business is in violation of this policy and will be subject to disciplinary action, which may include termination. Testing, will be performed and is implemented pursuant to Florida Statute 440.102 and the administrative rules 38F-9.001 through 38F.103 of the Florida Department of Labor and Employment Security Division of Workers Compensation. This will include Pre-employment, Reasonable Suspicion, Routine Fitness for duty, Random Selections, Post Accident, and Follow up.

An employee reporting for work visibly impaired, unable to properly perform the required duties will not be allowed to work. If possible, the supervisor will first seek another supervisor's opinion of the employee's status. Then the supervisor will speak privately with the employee about the situation to rule out the possibility that the problem may be caused by prescription drugs. The employee should notify the supervisor if the use of properly prescribed prescription drugs will affect the employee's work performance. Abuse of prescription drugs will not be tolerated.

All applicants for part-time or full-time positions at the company will be directed to submit to a controlled substance abuse screening which may include testing of the applicant's urine, hair, or blood. Applicants, for positions that are not regulated by the Department of Transportation, may begin work pending the results of the drug test. **All CDL truck drivers must receive a negative test result before starting employment with this company.** Illegal drugs or non-prescribed drugs in his/her system will be verified by further tests on the original sample taken. Verified positive results will be cause to deny employment to any individual. A Medical Review Officer (MRO) will be available to discuss any positive results from the testing. Any applicant refusing

to submit to a controlled substance screening will be disqualified for employment.

Applicants will be required to submit to a urinalysis test at a laboratory certified by the United States Department of Health and Human Services or licensed by the Agency for Health Care Administration, and chosen by the company. By signing a consent agreement, the applicant will release the company from liability.

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. However, the company will not tolerate any current drug or alcohol abuse.

All current employees of the company could be subject to a controlled substance abuse screening no less than 60 days from this policy date and for CDL positions at least once every (2) two years. If follow-up testing to and EAP program is required, testing will be conducted at least once a year for a two (2) year period. Advance notice of a follow-up testing date will not be given.

The company will inform the employee or job applicant in writing of a positive test result, the consequences of the test result, and the options available to the employee or job applicant. The company will provide to the employee, upon request, a copy of the test results.

Test results indicating that an employee has illegal drugs or non-prescribed drugs in his/her system will be verified by additional lab procedures. Positive results may be cause to terminate employment. A Medical Review Officer (MRO) will be available to discuss any positive results from the testing. Any employee refusing to submit to a controlled substance screening will be subject to termination from employment. Additionally, refusing to test or testing positive will result in workman's compensation, medical, and indemnity benefits to be forfeited.

An employee or job applicant who receives a positive confirmed drug test result from the medical review officer may contest or explain the result to the medical review officer within five (5) working days after receiving written notification of the positive test result. If an employee or job applicant's explanation or challenge is unsatisfactory to the employer, the person may contest the drug test result as provided by administrative rule 38F-9.009. If an employee's explanation or challenge is unsatisfactory to the MRO, within fifteen (15) days from receipt of the written notification, the MRO will provide to the employee or job applicant a written explanation of the MRO's findings along with the report of positive test results. The employee or job applicant has the responsibility to notify the laboratory of any administrative or civil action brought pursuant to Florida Statute 440.102 and the administrative rule 38F-9.

In the event an employee wishes a re-test of the specimen or wishes to challenge the test the employee and/or their legal counsel will be responsible to notify the MRO and pay for any charges incurred.

Employees who drive company vehicles subject to the rules and regulations of the U.S. Department of Transportation (DOT) will be tested according to the National Institute on drug Abuse (NIDA) protocols. If any employee, while operating a company vehicle or equipment, is involved in an accident that results in a fatality, or that results in bodily injury requiring a person to be treated away from the scene of the accident, or is issued a citation for a moving traffic violation, or there is information that the employee has caused, or contributed to or been involved in an accident while at work, will be required to submit to a controlled substance abuse screening. Samples for testing will be taken within thirty-two (32) hours of such an accident.

All employees of the company will be subject to random testing for controlled substance abuse. Random testing will be done on a percentage basis for a fair and equal manner. Reasonable suspicion testing will be done when a report or documentation of drug use, provided by a reliable and credible source.

Prescription drugs must be listed on the Chain-of-Custody Form submitted for analysis. The use of legal drugs prescribed by a licensed physician for specific treatment will not result in disciplinary action. However, any employee who must use such prescribed medication while engaged in company business and who has been advised by a physician that his/her performance or behavior might be adversely affected by such

medication, particularly in safety sensitive situations, should report these facts to his/her manager with appropriate documentation. The manager, with input from Personnel, will determine if temporary reassignment of duties is appropriate. The MRO will consult with any employee regarding technical information for any medication.

Any employee, who is arrested for a work related drug or alcohol related violation, must report this fact to the Chief Personnel Officer within five (5) days after such an arrest. Any employee convicted of a work related drug or alcohol charge will be subject to disciplinary action up to and including termination of employment.

Employment Assistance Programs (EAP) will be available to all employees. The company will make available all providers through the U.S. Journal of Drug and Alcohol Dependency and a representative sampling of names, addresses, and telephone numbers of employee assistance programs and local drug rehabilitation programs. Employees are encouraged to use this resource file, which is located in the Pompano Beach office. If an employee should approach the company for assistance through rehabilitation for drug abuse or alcohol abuse prior to a testing request by the company, all possible and positive consideration for medical leave of absence for treatment and/or counseling will be pursued. If an employee is terminated, the company will not be obligated to provide assistance beyond the last day of employment.

All information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received by the company as a part of this Drug-Free Workplace program are confidential communications. Unless authorized by state laws, rules or regulation, the company will not release such information without a written consent form signed voluntarily by the employee or applicant as outlined in rule 38F.9.012.

Any questions regarding this policy should be directed to the company personnel and human resource office.

## **OVER-THE-COUNTER & PRESCRIPTION DRUGS WHICH COULD ALTER OF AFFECT THE OUTCOME OF A DRUG TEST**

### **Alcohol**

All liquid medications containing ethyl alcohol (ethanol. Please read the labels for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol. Comtrex is 20% (40 proof), Contac Severe Cold Formula Night Strength.

### **Amphetamines**

Obetrol, Biphphetamine, Desoxyn, Dexedrine, Didrex.

### **Cannabinoids**

Marinol (Dronabinol, THC)

### **Cocaine**

Cocaine HCl topical solution (Roxanne)

### **Phencyclidine**

Not legal by prescription

### **Methaqualone**

Not legal by prescription

### **Opiates**

Paregoric, Parepectolin, Donnagel, PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, etc.

### **Barbiturates**

Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butabital, Phrendilin, Triad, etc.

### **Benzodiazepines**

Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.

### **Methadone**

Dolphine, Methadose

### **Propoxyphene**

Darvocet, Darvon N, Dolene, etc.

List Prescription Drugs Taken Within the Past 30 Days. At this time, this is for your use only. \_\_\_\_\_

## APPROXIMATE DRUG-DETECTION PERIODS

<u>Controlled Substance</u>	<u>Time Period</u>
Alcohol	Several hours
Amphetamines (Stimulants)	2-4 days
Barbiturates (Depressants)	3 days (Phenobarbital: 2 weeks or longer)
Cannabinoids (Marijuana)	Infrequent user: Up to 10 days or Longer
Cocaine Metabolite	2-3 days
Methaqualone (Quaaludes)	Up to 14 days
Opiates (Heroin)	2-3 days
Phencyclidine (PCP)	3-8 days

NOTE: These guidelines are only averages and not intended to be applied to any one individual.

## **HELP LINES**

Advocacy Center	800-342-0823
AIDS Clinical Trial Information	800-trials-A
AIDS Hotline/Public Health Service	800-342-2437
AIDS Florida Hotline	800-FLA-AIDS
AIDS Vaccine Information	800-422-5448
Alcohol & Drug Problem Assoc. of N. America	202-737-4340
Alcoholics Anonymous	212-686-1100
Alcoholics Hotline	800-Alcohol
Al-Anon	800-356-9996
Alateen	517-485-9900
American Council on Alcoholism Helpline	800-527-5344
American Council for Drug Education	301-294-0600
AZT Information	800-843-9388
C.E. Mendez Foundation, Inc.	813-289-8065
Certification Board For Addiction Professionals	904-222-6314
Chemical Dependency Training Institute	305-534-3838
Coalition of Hispanic Health and Human Services Org. (COSSMHO)	202-371-2100
Cocaine Helpline	800-Cocaine
Employee Assistance Society of N. America (EASNA)	708-383-6668
Employee Assistance Professionals Assoc. South Florida	703-522-6272
Suncoast	305-665-0755
Central Florida	813-870-0392
West Florida	407-660-3814
North Florida	813-936-6767
Florida Alcohol & Drug Abuse Assoc. (FADAA)	904-384-9436
Florida Bar AIDS legal Network	904-878-2196
Florida, Department of Health & Rehab. Services	800-342-8011
Alcohol & Drug Abuse Program Headquarters	904-488-0900
District Offices:	
1. Pensacola	904-436-8365
2. Tallahassee	904-488-2419
3. Gainesville	904-395-1070
4. Jacksonville	904-723-2068
5. St. Petersburg	813-576-0035
6. Tampa	813-871-7660
7. Orlando	407-423-6258
8. Ft. Myers	813-936-2211
9. West Palm Beach	407-837-5151
10. Ft. Lauderdale	305-467-4247
11. Miami	305-377-5029
Florida Informed Parents for Drug-Free Use	904-385-7641
Florida Occupational Program Committee	904-634-1700
Florida School of Addiction Studies	407-269-6939
Governor's Drug Policy Task Force	904-488-1363

Halfway House (17yr-old)	800-433-1172
Health Line of St. Joseph (EAP)	813-870-4620
Healthy Baby Hotline	800-451-BABY
Institute on Black Chemical Abuse	612-871-7878
Maternal Addictions Center	312-226-7984
Mothers Against Drunk Drivers (MADD)	817-268-6233
	817-268-6233
Narcotics Anonymous	818-780-3951
Nar-Anon	213-547-5800
National AIDS Information	800-458-5231
National Asian Pacific American Families	
Against Substance Abuse	301-530-0945
National Assoc. for Children of Alcoholics (NACOA)	714-499-3889
National Assoc. of Alcoholism & Drug Abuse Counselors	703-920-4644
National Assoc. of State Alcohol & Drug Abuse Dir. (NASADAD)	202-783-6868
National Counsel on Alcoholism	800-NCA-CALL
National Clearinghouse for Alcohol & Drug Abuse Information	301-468-2600
National Drug Control Policy	202-673-2520
Executive Office of the President	
National Federation of Parents for Drug-Free Youth (NFP)	800-554-KIDS
National Institute on Drug Abuse	
(Referral & drug information)	800-662-HELP
National Institute on Drug Abuse (Technical asst.)	800-638-2054
National Institute on Drug Abuse	
(Drug-Free Workplace Helpline)	800-843-4971
National Institute of Health	
Intramural AIDS Studies	800-243-7644
National Safety Council	312-527-4800
National Runaway Switchboard	800-621-4000
Occupational Program consultants Assoc.	701-235-4440
Parents Resource Institute for	
Drug Education, Inc (PRIDE)	800-677-7433
Poison Control Center	800-282-3171
Smokers Anonymous	213-474-1161
Spanish Family Guidance Center	305-326-0186
Up-Front Drug Information	800-432-8255
U.S. Dept. of Justice Drug Enforcement Admin.	
(Enforcement)	202-633-1249
(Prevention)	202-786-4096

## **PRE-EMPLOYMENT DRUG-TESTING POLICY**

All job applicants, at this company, will undergo screening for the presence of illegal drugs or alcohol as a condition for employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company and, by signing a consent agreement, will release the company from liability.

Any applicant with positive test results will be denied employment at that time but may initiate another inquiry with the company after six months.

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. However, the company will not tolerate any current drug or alcohol abuse that prevents employees from properly performing their jobs.

I understand the above conditions and hereby agree to comply with them.

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(Applicant's Name-Print)

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(Date)

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(Applicant's Signature)

## CERTIFICATE OF ACKNOWLEDGEMENT

I do hereby certify that I have received and read this company's Drug-Free Workplace Program and Policy Regarding Substance Abuse and have had the entire program explained to me.

I understand that if my performance indicates it is necessary, I will submit to a substance-abuse screening. I also understand that failing to comply with a request for random testing or receiving a positive test result may lead to termination of employment

I understand that violation of any provision of this policy may lead to disciplinary action up to and including termination of employment, even for a first offense, and that I may forfeit my worker's compensation benefits.

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Name (Please Print)

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Signature

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Date

## **SAFETY PLEDGE**

I HEREBY ACKNOWLEDGE RECEIPT OF THE COMPANY SAFETY PROGRAM AND AGREE TO ABIDE BY ITS POLICIES AND PROCEDURES. HOWEVER, SHOULD AN ISSUE ARISE THAT I CANNOT ABIDE BY I HEREBY AGREE TO NOTIFY DAVID MANCINI, PRESIDENT OF DMSI INTERNATIONAL IN WRITING.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THIS PROGRAM AND ITS POLICIES MAY RESULT IN SUSPENSION OR TERMINATION OF MY EMPLOYMENT.

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EMPLOYEE'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

# REQUEST FOR MVR

*Fair Credit Reporting Act Compliance Guidelines*

## AUTHORIZATION FOR DRIVING RECORDS TO BE OBTAINED

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

Name of Applicant/Employee: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ License State: \_\_\_\_\_

Consumer reports may be obtained as part of the David Mancini & Sons, Inc. (hereafter known as the "Company") evaluation of my job application/employment. The reports may be produced by a selected provider, and may include my driving record, as assessment of my insurability under the Company's insurance coverage's or other consumer reports.

By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability. Reports are obtained for employment purposes only and are not provided to a third party.

\_\_\_\_\_  
Signature of Job Applicant/Employee

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Typed or Printed Name of Job Applicant/Employee

**David Mancini and Sons, Inc.**  
**Employee Contact Information Form**

Please complete the following information to ensure we maintain a current record of contact information for you and your emergency contacts.

**Today's Date:** \_\_\_\_\_

**Job Information**

Title/Position: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Personal Information**

Full Name: \_\_\_\_\_  
*Last* *First*  
Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_ *City* *State* *Zip Code*  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Emergency Contact Information**

#1 Contact: \_\_\_\_\_  
*Last* *First*  
Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_ *City* *State* *Zip Code*  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

#2 Contact: \_\_\_\_\_  
*Last* *First*  
Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_ *City* *State* *Zip Code*  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Please return the completed form to:** \_\_\_\_\_ Jackie Bermudez



### NO-Harassment Policy

David Mancini & Sons, Inc. is committed to providing an environment for our employees, applicants, customers, subcontractors, vendors or other persons served by the Company that is free from harassment of any kind. Any type of harassment is a violation of this policy.

Harassment can take many forms. It may be, but is not limited to, the following: words, signs, jokes, pranks, intimidation, physical contact, or violence relating to an individual's race, color, sex, religion, national origin, citizenship, age or disability. Harassment does not have to be sexual in nature. Sexual harassment may include unwelcome sexual advances; requests for sexual favors; or other verbal or physical contact of a sexual nature when such conduct creates an intimidating environment or prevents an individual from effectively performing the duties of his or her position, or when such conduct is made a condition of employment or compensation, either implicitly or explicitly.

Any person, who believes that he or she has suffered harassment in violation of the Harassment Policy, should take the following action:

- a. If you are able to do so without conflict or danger, tell the harasser as clearly as possible that the behavior is unwelcome.
- b. If the behavior continues, advise your direct supervisor and HR of your complaint. Clearly identify the behavior surrounding the complaint. If you are not comfortable bringing a complaint regarding harassment to your immediate supervisor, please contact the President of our company, David Mancini directly. The matter will be thoroughly investigated and where appropriate disciplinary action will be taken.

Any employee may not retaliate against any victim, or witness, who reports a violation of this Harassment Policy. Any person who believes that he or she has been retaliated against should report it to your direct supervisor and HR.

**I have read, understand, and acknowledge receipt of the Harassment policy. I will comply with the guidelines set out in this policy and understand that failure to do so might result in disciplinary action including termination of employment.**

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

\_\_\_\_\_  
Date

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



DAVID MANCINI  
& SONS, INC.

2601 Wiles Road, Pompano Beach, FL 33073  
PH: (954) 977-3556 FAX: (954) 944-2040

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## Safety Equipment Policy

Due to the excessive amount of lost or misplaced safety supplies effective **immediately** every employee will only be issued one of each safety item (hard hat, safety glasses, gloves, dust mask, rain coat and boots). If you need a new item you need to return the damaged item you are replacing at the same time. **If the damaged item is not returned at the same time, the cost of the new item will be deducted from your paycheck.**

Luis and Clive (Scooter) will distribute the safety supplies and will be keeping track of them.

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

\_\_\_\_\_  
Date

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

AUTHORIZATION FOR DRIVING RECORDS AND BACKGROUND CHECK

David Mancini & Sons Inc. ("the Company") may obtain information about you from a third-party consumer reporting agency for Employment. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records").

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net).**

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

Name of Applicant/Employee: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ License State: \_\_\_\_\_

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