



1708 Center St
 Deer Park, TX. 77536
 Phone: 281-545-1011
 Fax: 281-545-8886
 www.starcoolingtowers.com

FOR OFFICE USE ONLY

BKD _____ BP _____
 DISA _____ NASAP _____

EMPLOYMENT APPLICATION
APPLICANT INFORMATION

Full Name: _____ D.O.B: _____
 First Last M.I

Address: _____
 Street Address Apartment#

 City State Zip Code

Phone No.: _____ Email Address: _____

Social Security#: _____ Driver License#: _____ State _____

Position Applying For:: _____ Date Available:: _____

Are You a Citizen of the United States : Yes _____ No _____

If No, Are You Authorized to Work in the U.s? _____

Have You Ever Worked for This Company? Yes _____ No _____

If So When? _____

Do You Have a Twic? Yes _____ No _____ Have You Been Convicted of a Felony? Yes _____ No _____

If Yes, Please Explain : _____

EMPLOYMENT APPLICATION
APPLICANT INFORMATION
EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did You Graduate? Yes _____ No _____ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes _____ No _____ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did You Graduate? _____ Degree: _____

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 _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: : _____ Type of Discharge: _____

If Other Than Honorable, Explain: _____

DISCLAIMER AND 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.

Signature: _____ Date: _____

DIRECT DEPOSIT AGREEMENT FORM

AUTHORIZATION AGREEMENT

I hereby authorize Star Cooling Towers to initiate automatic deposits to my account at the financial institution named below. I also authorize Star Cooling Towers to make withdrawals from this account in the event that a credit entry is made in error.

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

This agreement will remain in effect until Star Cooling Towers receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking: _____ Saving: _____

SIGNATURE

Authorized Signature (Primary Account Holder): _____

Date: _____

Employee's Withholding Certificate

2020

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

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ 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 www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: 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.

Multiple Jobs or Spouse Works

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents	If your 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 and enter the total here	3	\$
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Step 4 (optional): Other Adjustments	a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page	4(b)	\$
		4(c)	\$

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

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.

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.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2021 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 15, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy. As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2021 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.

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 2(b)—Multiple Jobs Worksheet (Keep for your records.)

- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040SR)). 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: { • \$24,800 if you're married filing jointly or qualifying widow(er) • \$18,650 if you're head of household • \$12,400 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 or 1040SR)). 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 possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Widow(er)

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	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,950	3,130	3,250	3,250	3,440	4,440	5,400	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,080	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,080	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,080	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,160	4,440	5,570	5,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,020	3,260	5,010	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,500	7,870	9,190	10,390	11,590	12,790	13,900	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,500	7,870	9,190	10,390	11,590	12,790	13,900	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,500	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,700	19,770
\$280,000 - 299,999	2,040	4,440	6,500	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,270	21,370
\$300,000 - 319,999	2,040	4,440	6,500	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,780	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,630	12,100	14,530	16,830	19,130	21,430	23,730	26,030	28,980	29,280
\$525,000 and over	3,140	6,840	10,200	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

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	\$460	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,470	3,460	3,640	3,840	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,120	5,120
\$30,000 - 39,999	1,020	2,060	3,130	4,100	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,550	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,180
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,990	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,600
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,090	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,640	15,840	17,140	18,440	19,730	20,830	22,230
\$250,000 - 399,999	2,970	5,660	8,240	10,540	12,840	14,640	15,840	17,140	18,440	19,730	20,830	22,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,540	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,900	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,870
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,890	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	6,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,670
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,570	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,340

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 <i>(Family Name)</i>	First Name <i>(Given Name)</i>	Middle Initial	Other Last Names Used <i>(if any)</i>
Address <i>(Street Number and Name)</i>	Apt. Number	City or Town	State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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	QR Code - Section 1 Do Not Write In This Space
<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>	

*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.*

1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
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Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> 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 <i>(mm/dd/yyyy)</i>
Last Name <i>(Family Name)</i>	First Name <i>(Given Name)</i>
Address <i>(Street Number and Name)</i>	City or Town State ZIP Code

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p align="center">For persons under age 18 who are unable to present a document listed above:</p> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOTVALIDFOREMPLOYMENT (2) VALIDFORWORKONLYWITHINS AUTHORIZATION (3) VALIDFORWORKONLYWITHDHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Dear Prospective Employee
PLEASE READ

In 2009 the government initiated the American Recovery and Reinvestment act, better know as the Stimulus Package. You are being asked for the following information to determine if your potential employer will be eligible for certain tax credit benefits for hiring employees that meet specific eligibility requirements.

The company that you are interviewing with may be able to obtain certain valuable tax credits based upon your answers to the questions on the two attached documents. Please take your time and answer the questions carefully, completely, and accurately. The information is requested voluntarily, you are not required to complete this questionnaire; however, the information is required for your potential employer to receive the Federal Tax Credit.

Government Tax Credits have been expanded in recent years. Your answers to these questions will not affect eligibility for employment or any benefits you or your family may currently be receiving. Your assistance is appreciated.

Sincerely
Jim Smith
Star Cooling Towers, LP.

Paycom Tax Credit Questionnaire

Paycom will not disclose or use information provided by applicant except in connection with providing the subject services or to the extent otherwise authorized by Client. Answering the following questions is voluntary and does not affect any benefits you or your family may be receiving or your job opportunity. I hereby authorize the release of any information from any federal or state Government Agency including SSA, Dept. of Veterans Affairs, or DMV of any state as to my eligibility for federal or state tax credit programs.

Print Name:	First	Last	Social security number (1 st 4 digits only) XX__XX__
1. Are you at least age 16, but under age 40? If YES, enter your date of birth.			Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever worked for this employer before? If Yes, enter last date of employment			Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation?			Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you a Veteran of the U.S. Armed Forces? If NO, go to Question 5			Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, are you a member of a family that received SNAP (Food Stamps) benefits for at least a 3-month period during the past 15 months before you were hired?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, enter name of primary recipient _____ and _____ city and state where benefits were received _____ OR, are you a veteran entitled to compensation for a service-connected disability?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, were you discharged or released from active duty within a year before you were hired?			Yes <input type="checkbox"/> No <input type="checkbox"/>
OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?			Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) for the 6 months before you were hired?			Yes <input type="checkbox"/> No <input type="checkbox"/>
OR, received SNAP for at least a 3-month period within the last 5 months but you are no longer receiving them? If YES to either question, enter name of primary recipient and city and state where benefits were received			Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State?			Yes <input type="checkbox"/> No <input type="checkbox"/>
OR, by an Employment Network under the Ticket to Work Program?			Yes <input type="checkbox"/> No <input type="checkbox"/>
OR, by the Department of Veterans Affairs?			Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired?			Yes <input type="checkbox"/> No <input type="checkbox"/>
OR, are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired?			Yes <input type="checkbox"/> No <input type="checkbox"/>
OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES to any question, enter name of primary recipient _____ the city and state where benefits were received _____ and the city and state where benefits were received _____			Yes <input type="checkbox"/> No <input type="checkbox"/>
8. In the past 12 months, have you had a felony conviction, work release, or prison release?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, enter date of conviction _____ and date of release _____ Was it a Federal <input type="checkbox"/> or a State <input type="checkbox"/> conviction? (Check one)			
9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?			Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer use only

Please send this Questionnaire, both pages of the 8850, and any available supporting documentation to:

Paycom, ATTN: Tax Credit Dept.
7501 W Memorial Rd, MS # 150 Oklahoma City, OK 73142

Certification for tax credits is not guaranteed.

These forms are time sensitive and must be received by Paycom no later than 28 days from the new employee's start date.

Starting Wage \$ _____

Position Title _____

Hire Date _____

Start Date _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

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

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

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

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 • Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 6 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

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

Job applicant's signature ►

Date

Para Información en español, visit www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Para Information en español, visit www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

- You must &lite your consent for reports to be provided to employers. A consumer reporting agency may not give out Information about you to 'Your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more Information, go to www.ftc.gov/credit.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers far credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. Yau may opt-out with the nationwide credit bureaus at 1-BBB-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit:

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more Information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:

Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 1-877-382-435
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except. National banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) PO Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: Email Address:.....
Savings associations and federally chartered savings banks (word "Federal" or Initials "F.S.8." appear in federal Institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in Institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator GIPSA Washington, DC 20250 202-720-7051

STAR COOLING TOWERS
MINIMAL TOOL REQUIREMENTS FOR CARPENTERS

VALID STATE ID
CURRENT HASC CARD (BASIC PLUS and SITE SPECIFIC)
STEEL-TOED LEATHER BOOTS (NO HOLES IN LEATHER or SOLES)
TOOLBOX FOR PERSONAL TOOLS
TOOL BELT with DOUBLE SIDE BAG (5 POCKET)
20 oz. HAMMER (NO WOODEN or FIBERGLASS HANDLES)
NAIL PULLER
25 ' (foot) TAPE MEASURE
SPEED SQUARE
CARPENTERS PENCIL
½" (inch) DRIVE RATCHET
¾" and 9/16" (inch) DEEP WELL SOCKETS
¾" AND 9/16" (inch) BOX OPEN END WRENCHES
ROLLING WEDGE BAR or DRIFT PIN
RAIN SUIT (COMPANY DOES NOT SUPPLY or ALLOW TRASH BAGS TO BE USED)

ATTENDANT/HOLEWATCH TOOLS NEEDED

BACKPACK
PEN
CLIPBOARD
WATCH (SMART WATCHES ARE NOT ALLOWED)

***** IT IS ADVISABLE TO MARK YOUR TOOLS and KEEP YOUR TOOLBOX LOCKED *****

STAR COOLING TOWER ASSUMES NO RESPONSIBILITY FOR LOST OR STOLEN TOOLS

***** YOUR TOOLS ARE YOUR OWN RESPONSIBILITY *****

STAR COOLING TOWER CREDENTIALS

PLEASE ANSWER THE QUESTIONS BELOW:

1. Have you taken a Basic Plus class ? Yes _____ No _____
2. Have you taken Confined Space class? Yes _____ No _____
3. Do you have a TWIC Card? Yes _____ No _____
4. Are you in the ASAP Program? Yes _____ No _____
5. Are you in the DISA Program? Yes _____ No _____
6. Have you ever failed a DISA or NASAP Drug Test (urinalysis)? Yes _____ No _____

PLEASE ANSWER THE QUESTIONS BELOW:

- Texas Driver License or Texas Identification Card (picture Id)
- Social Security Card
- TWIC Card
- Basic Plus Card (from safety council where taken)
- Any other credentials you may have including certifications, for example: manlift training, forklift training, OSHA training, etc.

OCCUPATIONAL MEDICAL HISTORY

Have you worn Personal Protective Clothing or Equipment routinely?

Yes _____ No _____

Have you ever worked with or have been frequently around the following in a previous/current employment?

• Welding / Soldering

Yes _____ No _____

• Dust

Yes _____ No _____

• Engine Exhaust

Yes _____ No _____

• Foam Blowing

Yes _____ No _____

• Degreasing/Plating/Paints/Solvents

Yes _____ No _____

• Excessive Noise

Yes _____ No _____

• Heavy Metals

Yes _____ No _____

• Toxic Chemicals

Yes _____ No _____

• Pesticides

Yes _____ No _____

• Asbestos

Yes _____ No _____

• Silica

Yes _____ No _____

• Repetitive Motion

Yes _____ No _____

• Heavy Lifting/Handling

Yes _____ No _____

If you answered Yes to any of the above, please explain: _____

Have you ever had a Workers' Compensation Injury that required doctor's care? Yes _____ No _____

If Yes, list all injuries and describe in detail: : _____

PERSONAL MEDICAL HISTORY

PLEASE CHECK EACH ITEM YES / NO

- Headaches, Dizziness, Fainting Yes ____ No ____
- Eyes, Ears, Nose, Throat Trouble Yes ____ No ____
- Glasses / Contact Lenses Yes ____ No ____
- Epileptic Seizures Yes ____ No ____
- Nervousness/Fear of Heights Yes ____ No ____
- Heart Disease/Heart Attack Yes ____ No ____
- High/Low Blood Pressure Yes ____ No ____
- Operations/Surgeries Yes ____ No ____
- Extremity Paralysis Yes ____ No ____
- Diabetes Yes ____ No ____
- Presently Taking Medication(s) Yes ____ No ____
- Muscle Cramps/inflammation Yes ____ No ____
- Shortness of Breath Yes ____ No ____
- Frequent Bronchitis/Coughing Yes ____ No ____
- Tuberculosis or Asthma Yes ____ No ____
- Contagious Diseases Yes ____ No ____
- Bone/Joint/Foot Problems Yes ____ No ____
- Arthritis/Rheumatism Yes ____ No ____
- Hernia or Rupture Yes ____ No ____
- Skin Rash or Allergies Yes ____ No ____
- Other Serious Illnesses Yes ____ No ____
- Hospitalization (List All) Yes ____ No ____

If you answered yes to any of the above, please explain: _____

Signature: _____

Printed name: _____

Date: _____

BACKGROUND CHECK CONSENT FORM

I hereby authorize Star Cooling Towers to receive any Criminal History, Employment Verification, Credit Reporting, or Driver Record Information pertaining to me which may be in the files of any State, Local, or Federal Criminal Justice Agency or Credit Database, or Federal or State Repository. I do hereby release and hold harmless any and all agencies involved in conducting this search. This authorization shall be valid for this and any further requests.

Last Name: _____

Maiden Name (if applicable); _____

First Name: _____

Present Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Home Phone Number: _____

Cell Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of this nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was requested.

The Fair Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find the rights summarized on the next documents.

Applicant signature: _____

Printed name: _____

Date: _____

DRUG and ALCOHOL ABUSE POLICY

1. No employee may report to work while under the influence of illegal drugs or alcohol.
2. The use, sale, purchase, transfer of possession of alcohol or illegal drugs on customer property or in company provided vehicles is prohibited. Violation of this will subject the employee to immediate discharge.
3. Confidential drug and / or alcohol testing will occur:
 1. a) Pre-Employment or Pre-Job
 2. b) Random
 3. c) For Cause
 4. d) Post-Accident
4. Applicants will not be permitted to begin work until completion of drug and alcohol testing with negative results.
5. Any employee who fails a drug screen will be terminated immediately. There will be a mandatory 30 day waiting period before being reconsidered for employment at which time the applicant must pay for the drug and/ or alcohol test themselves.
6. Any current employee who refuses to be drug and / or alcohol tested will be immediately terminated.
7. Any employee on a job site that requires the North American Substance Abuse Program (NASAP) or OISA must abide by the NASAP and DISA rules. Such rules and policies will be provided by the clinic when the employee or applicant takes the drug and/ or alcohol tests.

I acknowledge that I have received a copy, and understand the provisions of the Star Cooling Towers Drug and Alcohol Policy. I also acknowledge that the provisions of the policy are part of the terms and conditions of employment and / or contract, and that I agree to abide by them.

Date: _____

Employee signature: _____

Printed name: _____

Employee Social Security Number: _____

ATTACHMENT 1

Acknowledgement of Drug and Alcohol Contraband Policy receipt

I hereby acknowledge that I have been provided a copy of the Star Cooling Towers, LP. Drug/ Alcohol Policy Requirements. I understand that disciplinary action up to and including termination, will result if I violate this Policy.

I also hereby authorize and consent to disclosure by Star Cooling Towers, LP. and its agents, including, but not limited to, any collecting and testing agencies, of the drug and alcohol test results and any related information to customers of Star Cooling Towers, LP. and its authorized agents, assigns, or representatives.

Employee signature: _____

Employee Printed name: _____

Date: _____

AUTHORIZATION FOR PAYROLL DEDUCTION

The ECS Group, L.L.C.
dba Star Cooling Towers

EMPLOYEE NAME: : _____

SOCIAL SECURITY NUMBER: : _____

In the event of the termination of my employment with The ECS Group, L.L.C., I fail to return any of my Personal Protective Equipment that was issued to me. I authorize the ECS Group, L.L.C., to deduct the cost of replacement from my final paycheck.

Replacement Cost: \$80.50

Amount to be deducted: _____

Pay Period Ending: _____

Employee signature: _____

Date: _____

Supervisor/Safety/Foreman Signature: _____

Date: _____

****PLEASE FAX THIS COMPLETED FORM INTO THE OFFICE****



American Substance Abuse Professional Drug Solutions, Inc.
 455 East Carson Plaza Dr., Carson, CA 90746
 Tel.: (562) 624-2720 Fax: (562) 628-9397

Company Acct. # (Required)
Work Location/PO#

BACKGROUND SCREEN CONSENT FORM

**NOTICE AND ACKNOWLEDGMENT
 (IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT)**

NOTICE REGARDING BACKGROUND INVESTIGATION

Star Cooling Tower your employer, may obtain information about you from a consumer reporting agency for employment or other permissible purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may include employment history and reference checks, motor vehicle history ("driving records"), sex offender status, Social Security Verification/Trace, national criminal database searches, and Terrorist Watch list information. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment.

These reports will be reported to Star Cooling TowerInformation in these reports may result in restricting your access to some Owner's facilities who are participating in the North American Background Screening Consortium (NABSC). For more information on the NABSC Program, refer to the NABSC program description.

The information in the consumer report will be used to generate a background screen grade. Each Owner participating in the NABSC will provide the NABSC Program Custodian with the maximum background screen grade that will be allowed for Contractor Employees to be eligible for access to that Owner's site. The NABSC Program Lookup Application will compare the Owner's requirements to the background screen grade provided by ASAP Drug Solutions, Inc. to classify you with either an Active or Inactive status for that Owner's site.

- If you do not meet a particular Owner's background screen security requirements, you will be classified as Inactive for that Owner' site;
- If you meet a particular Owner's background screen security requirements, you will be classified as Active for that Owner's site.

If you have an Active status for an Owner's site, you will be eligible for access to that Owner's property. However, any Owner reserves the right to allow or deny access without regard to background screening eligibility.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants or employees is an investigation into your employment history conducted by ASAP Drug Solutions, Inc. 455 East Carson Plaza Dr., Carson, California 90746, 562-624-2720 or 877-877-8758 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Star Cooling Tower to obtain from any outside organization all manner of consumer rerts and investigative consumer reports now and, throughout the course of your employment with Star Cooling Tower the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Owners, Contractor Employers and reciprocal Safety Councils participating in the NABSC Program will have access to the NABSC Program Lookup Application to verify your background screen security status (Active or Inactive) for a particular Owner's site. Participating Owners and reciprocal Safety Councils will not have access to the details of the background report without additional authorization by you..



American Substance Abuse Professional Drug Solutions, Inc.
757 Pacific Avenue, Long Beach CA. 90803
Tel.: (562) 624-2720 Fax: (562) 628-9397

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understood both of those documents. I hereby authorize the obtaining of "consenter reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, for a period of two years from the completion of the background screen. I further authorize and direct ASAP Drug Solutions, Inc. to make available my subsequent background screen grade to the NABSC Program Lookup Application for the purpose of determining my eligibility for access to Owner's facilities. To these ends, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or any other source to furnish any and all background information requested by ASAP Drug Solutions, Inc., another outside organization on behalf of ASAP Drug Solutions, Inc., the NABSC Program Custodian, and/or ASAP Drug Solutions, Inc. itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Print Name: _____

Current Address: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Driver's License State: _____ License Number: _____

The following is for identification purposes only to perform the background check and will not be used for any other purpose:

Social Security Number: _____

Date of Birth (MM/DD/YYYY): ____/____/____

Other Names Known by or Former

Names: _____

List all States and Counties you have resided in during the past seven (7) years:

Signature: _____ Date: _____

The Consortium TPA will include:

- "A Summary of Your Rights Under the Fair Credit Reporting Act"
- Any state specific consent requirements



American Substance Abuse Professional Drug Solutions, Inc.
 Corporate Office: 757 Pacific Avenues, Long Beach, CA 90913
 Tel.: (562) 624-2720 Fax: (562) 628-9397

FAX (5102) 1628-93917
 Regional Office Houston, TX 77019
 Tel: (073) 526-2727
 Toll Free: (677) H77-5758

**North American Substance Abuse program (NASAP)
 AUTHORIZATION & CONSENT/NEW EMPLOYEE MEMBERSHIP FORM**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understood both of those documents. I hereby authorize the obtaining of "consenter reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, for a period of two years from the completion of the background screen. I further authorize and direct ASAP Drug Solutions, Inc. to make available my subsequent background screen grade to the NABSC Program Lookup Application for the purpose of determining my eligibility for access to Owner's facilities. To these ends, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or any other source to furnish any and all background information requested by ASAP Drug Solutions, Inc., another outside organization on behalf of ASAP Drug Solutions, Inc., the NABSC Program Custodian, and/or ASAP Drug Solutions, Inc. itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

1-Company Name:	2-Company Account:	3-P.O. (If applicable):
4-Employee First Name:	5-M.I.	6-Last Name
7-Social Security #:	8-Date of Birth (mm/dd/yyyy)	9-Employee Telephone:
10-Employee Address: (Optional)	Street	
	City	State
		Zip Code

Contractor Representative/CER MUST FAX TITS FORM IMMEDIATELY TO ASAP Drug Solutions, Inc. (562) 636-9396

Primary Collection Site Name: _____ City: _____ Code: _____

**AUTHORIZATION FOR RELEASE OF TEST
 RELEASE AND EVENT RECORD INFORMATION**

I acknowledge that the NASAP policy was made available to me. I authorize the Third Part Administrators approved to administer the North American Substance Abuse Program (NASAP) in disclose my drug and alcohol test results to the Participating Contractor that required me to take the drug and alcohol test. I also authorize the NASAP-approved Third Party Administrators to disclose a summarized event record of my drug and alcohol test to the Houston Area Safety Council (HASC) and I understand that this information may affect my status as Active or Inactive in NASAP. I further authorize HASC and the NASAP-approved Third Party Administrators to disclose information about my status as Active or Inactive, my eligibility for membership in NASAP, and/or my eligibility to cater onto Participating Owners' sites to Participating Contractors and to those Participating Owners on whose sites I seek to work or am currently working.

I understand that this Authorization will expire live (5) years from the last date of my Active status in the NASAP and that I have a right to a copy of this Authorization.

Applicant/Contractor Employee Member Name	Signature
Applicant/Contractor Employee NASAP identification Number (Social Security Number)	
Code:	

Client ID: _____
Client Name: _____
**DISA Background Screening Consent Form
NABSC and Reciprocal Consortiums**

DISA Contractors Consortium, 10900 Corporate Centre Drive Suite 250, Houston, TX 77041

**NOTICE AND ACKNOWLEDGEMENT FOR BACKGROUND INVESTIGATION IMPORTANT - PLEASE READ CAREFULLY
BEFORE SIGNING ACKNOWLEDGMENT**

Your employer may obtain information about you from a consumer reporting agency for employment or other permissible purposes. Thus, you may be the subject of a "consumer report" and/or an "Investigative consumer report which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may include employment history and reference checks, motor vehicle history ("driving records), sex offender status, Social Security Verification/Trace, national criminal database searches, and Terrorist Watch list information. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment.

These reports will be reported to the employer of record. Information in these reports may result in restricting your access to some Owner's facilities who are participating in the North American Background Screening Consortium (NABSC) or the DISA Contractor Consortium, For more information on the NABSC Program, refer to the NABSC program description.

The information in the consumer report will be used to generate a background screen grade. Each Owner participating will provide the maximum background screen grade that will be allowed for Contractor Employees to be eligible for access to that Owner's site. DISA Global Solutions, Inc or the NABSC Program Lookup Application will compare the Owner's requirements to the background screen grade provided by DISA Global Solutions, Inc. Inc to classify you with either an Active or Inactive status for that Owner's site.

- If you do not meet a particular Owner's background screen security requirements, you will be classified as Inactive for that Owner's site.
- If you meet a particular Owner's background screen security requirements, you will be classified as Active for that Owner's site.

If you have an Active status for an Owner's site, you will be eligible for access to that Owner's property. However, any Owner reserves the right to allow or deny access without regard to background screening eligibility.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any Investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants or employees is an investigation into your employment history conducted by DISA Global Solution, Inc. (10900 Corporate Centre Drive, Suite 250, Houston, TX, 77041 (800)752-6432) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment with the employer to the extent is permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. Owners, Contractor Employers and Reciprocal Safety Councils participating in the NABSC Program and DCC will have access to verify your background screen security status (Active or Inactive) for a particular Owner site.

Participating Owners and reciprocal Safety Councils will not have access to the details of the background report without additional authorization by you.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "Investigative consumer reports" at any time after receipt of this authorization and for a period of two years from the completion of the background screen. I further authorize and direct DISA to make available my subsequent background screen grade to the NABSC Program Lookup Application or any other Owner participating in a DISA Background Screening Consortium for the purpose of determining my eligibility for access to Owner's facilities. To these ends, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, Insurance company, or any other source to furnish any and all background information requested by DISA, another outside organization acting on behalf of DISA, the NABSC Program Custodian, and/or the employer itself. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

Please Note: This form does not place a background. Order.

Applicant SSN: _____

Applicant Name: _____ Location: _____

Signature: _____

Date: _____

**Authorization for the Social Security Administration (SSA) To Release
Social Security Number (SSN) Verification**

Printed Name:

Date of Birth:

Social Security Number:

I want this information released because I am conducting the following business transaction:

EMPLOYMENT

Reason (s) for using CBSV: (Please select all that apply)

- | | |
|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> Others |

with the following company ("the Company"):

Company Name:

Company Address:

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature:

Date Signed:

Relationship (if not the individual to whom the SSN was issued):

Contact information of individual signing authorization:

Address:

City/State/ZIP: Phone

Phone Number:

Privacy Act Statement Collection and Use of Personal information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

Employee Acknowledgment of Workers' Compensation Network

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

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

1. 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 at (800) 859-5995 to notify them of my choice.
2. 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. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. 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: Texas Star Network

Network service areas are subject to change. Call (800) 381-8067 if you need a network treating provider.

Please indicate whether this is the:

- Initial Employee Notification
- Injury Notification (Date of injury: _____ / _____ / _____)

DO NOT RETURN THIS FORM TO TEXAS MUTUAL INSURANCE COMPANY UNLESS REQUESTED

You must provide an original or certified copy of identify/citizenship status documentation during the application process and the names on all documents must match exactly with the name provided on the application. If you have legally changed your name, you must provide an original or certified name change document (such as marriage certificates and divorce decrees) in addition to the required documentation.

Please bring one of the documents in List A

If you do not have a document from List A please see List B documents.

Unexpired U.S. Passport (book or card)

Unexpired Enhanced Tribal Card (ETC)

Unexpired Free and Secure Trade (FAST) Card-designates U.S. citizenship if indicated on the document

Unexpired NEXUS Card - designates U.S. citizenship if indicated on the document

Unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) Card - designates U.S. citizenship if indicated on the document

Unexpired Global Entry Card-designates U.S. citizenship if indicated on the document

Unexpired L.S. Enhanced Driver's License (EDL) or Unexpired Enhanced Identification Card (EIU) -designates U.S. citizenship if indicated on the document

Permanent Resident Card ((-551) often referred to as a "Green Card"

Unexpired Foreign Passport AND immigrant visa with 1-551 annotation of "Upon Expiry Segment Serves as Temporary 1-551 Evidencing Permanent Residence of 1 Year"

Unexpired Re-entry Permit (1-327)

At least two documents are required if you do not have a document from List A. The documents must include:

a valid photo ID and

a document that meets citizenship requirements. (e.g. one document from each column below)

Unexpired COL/driver's license issued by a State or outlying possession of the US.

Unexpired temporary COL/driver's license plus expired driver's license (constitutes one document)

Unexpired photo ID card issued by the federal government or by a State or outlying possession of the U.S. This must include a federal agency, State or State agency seal or logo (such as a State university ID). Permits are not considered valid Identity documents (such as gun permits).

Unexpired US. military ID card

Unexpired U.S. retired military ID card

Unexpired U.S. military dependent's card

Native American tribal document with photo

Unexpired Department of Homeland Security (DHS)/

Transportation Security Administration (TSA)

Transportation Worker Identification Credential (TWIC)

Unexpired Merchant Mariner Credential (MMC)

Expired U.S. passport within 12 months of expiration

U.S. Birth Certificate

US. Certificate of Citizenship (N-560 or N-561)

U.S. Certificate of Naturalization (N-550 or N-570)

U.S. Citizen Identification Card (0-179 or 1-197)

Consular Report of Birth Abroad (FS-240)

Certification of Report of Birth Abroad (DS-1350 or F5-545)

Expired U.S. passport within 12 months of expiration

Acceptable immigration Status/Categories

For HME applicants, please check with your licensing state if it has citizenship or lawful presence requirements that are stricter than TSA's requirements.

- Lawful permanent resident (LPR) of the U.S.
- Refugee admitted under 8 USC 1157 (Employment Authorization Document (EAD) with category A03)
- Alien granted asylum under & USC 1158 (Employment Authorization Document (EAD) with category A05)
- Citizen of Micronesia, Marshall Islands, or Palau
- An alien granted voluntary departure under the Family Unity Program established by section 301 of the Immigration Act of 1990, (Employment Authorization Document (EAD) with category A13).
- An alien granted Family Unity benefits under section 1504 of the Legal Immigrant Family Equity (LIFE) Act Amendments, Public Law 106-554, and the provisions of 8 CFR part 245a, (Employment Authorization Document (EAD) with category A14),
- TPS: Temporary protected status (Employment Authorization Document (EAD) with category A12 or C19).
- Alien granted withholding of deportation or removal (Employment Authorization Document (EAD) with category A10).
- Commercial driver who is a citizen of and licensed in Canada or Mexico to transport hazardous materials or admitted to US. to conduct business under & CFR 214.2(b)(4)(i)
- Alien in valid F-1 non-immigrant status enrolled at the US. Merchant Marine Academy or comparable State maritime academy and sponsored by the US Maritime Administration (MARAD).
- Alien in valid J-1 non-immigrant status enrolled at the US. Merchant Marine Academy or comparable State maritime academy and sponsored by MARAD.
- Alien in valid M-1 non-immigrant status enrolled at the Marine Academy or comparable State maritime academy.
- Alien in valid R-1 (Religious Workers) status sponsored by MARAD.
- Alien in a lawful nonimmigrant status with unrestricted authorization to work in the US. holding one of the following visas:
 - A-1: Principal alien and immediate family members of an Ambassador. Public Minister, Career Diplomat, Consular Officer, Head of State, with a bilateral agreement in place:
 - A-2: Principal alien and immediate family members of other foreign government officials or employees coming to the United States. including technical and support staff of A-1, with a bilateral agreement in place
 - E-1: Spouse and dependent children of a treaty trader:
 - E-2: Spouse of a treaty investor or employee of a treaty investor spouse;
 - G-1: Principal alien and immediate family member of a principal resident representative of recognized foreign member government to international organization and staff, with a bilateral agreement in place:
 - G-3: Principal alien and immediate family member of a representative of a non-recognized or nonmember foreign government to international organization, with a bilateral agreement in place
 - G-4: Principal alien and immediate family member of an international organization officer or employee with a bilateral agreement
 - 3-2: Spouse or minor child of exchange visitor
 - K-3: Spouse of US. Citizen (under LIFE Act provisions):
 - K-4: Child of K-3
 - L-2: Spouse or child of L-1,
 - N-8: Parent of alien classified SK-3 "special immigrant";
 - N-9: Child of N-8, SK-1, SK-2, or SK-4 "special immigrant"
 - Principal alien and immediate family members of North Atlantic Treaty Organization (NATO) officials and representatives with bilateral agreement in place: NATO-1, NATO-2, NATO-3, NATO-4, NATO-5, NATO-6;
 - 5-7: Spouse, unmarried sons and daughters, and parents of witness or informant
 - T-1: Victim of a severe form of trafficking in persons:
 - T-2: Spouse of victim of a severe form of trafficking in persons
 - T-3: Child of victim of a severe form of trafficking in persons:
 - T-4: Parent of victim of a severe form of trafficking in persons (if T-1 is under 21 years of age).
 - T-5: Unmarried sibling under age of 18 of a T-1 under age of 21.
 - U-1: Victim of certain criminal activity,
 - U-2: Spouse of U-1;
 - U-3: Child of U-1;
 - U-4: Parent of U-1 (if U-1 is under 21 years of age);
 - U-5: Unmarried sibling under age 18 of a U-1 under age 21:
 - V-1: Spouse of an LPR who is the principal beneficiary of a family-based petition which was filed prior to December 21, 2000, and has been pending for at least 3 years;
 - V-2: Child of an LPR who is the principal beneficiary of a family-based visa petition that was filed prior to December 21, 2000, and has been pending for at least 3 years; OR
 - V-3: The derivative child of a V-1 or V-2
 - Alien with restricted authorization to work in the US, holding one of the following visas
 - B1 or B-1/B-2 with OCS: Business visitor/outer continental shelf (OCSI: B-1 or 8-1/8-2 with TWIC Letter Received annotation: Business visitor requiring a TWIC
 - BBBCV, 8-1/8-2, and Border Crossing Card (Mexicans only);
 - C-1/D: Combined transit and crewman visa
 - E-1 (Principal): Treaty trader or employee of treaty trader,
 - E-2 (Principal): Treaty investor, or employee of treaty investor
 - E-3: Australian nationals working in specialty occupations
 - Including spouser
 - E-3D: Spouse or child of E-3
 - E-3R: Returning National of Australia who are professionals coming to the U.S. to perform services in a specialty occupation to
 - uninterrupted employment
 - H-1B: Specialty occupations;
 - H1-81: Specialty occupations (professional) (Citizens of Chile or Singapore only):
 - L-1: Intracompany transferees
 - L-1A: Executive, managerial (Intracompany transferee
 - L-1B: Specialized knowledge professionals,
 - O-1: Extraordinary ability,
 - O-1A: Extraordinary ability in sciences, arts, education, business, or athletics,
 - O-18: Extraordinary achievement in motion picture and/or television productions: OR
 - TN: Trade visas for Canadian and Mexican business persons seeking to engage in professional activities under the North American Free Trade Agreement (NAFTA)
 - The following visa types with unrestricted work authorization are not permitted to obtain a TWIC or HME:
 - K-1: Fiancé or fiancée of US citizen:
 - K-2: Minor child of K-1:
 - S-5: Informant of criminal organization information: OR
 - S-fi: Informant of terrorism information.

ADDRESSES FOR OFFICE, DRUG TESTING AND CLASSES

1. Star Cooling Towers

1708 Center St.

Deer Park, TX. 77536

Office: {713} 645.3323

Fax: {713} 6 45-3029

2. BHP {drug testing}

1806 Center St.

Deer Park, TX.77536

Phone: {281} 402-8623

3. Houston Area Contractor Safety Council {HASC}

5213 Center St.

Pasadena, TX. 77505

Phone: {281} 476-9900

4. 24 Hr. Safety

4912 Railroad St.

DeerPark, TX.77536

Basic Plus Classes: (7:00 am to 10:30 am) and (11:00 am to 4:00 pm). Must arrive EARLY to get signed in, if you are 1 minute late getting into the class room, you will not be able to take the class until the following day.