Employee
Enrollment Information

***Please Note:** *If the information being submitted is for a **change** to an enrolled employee, please fill out a payroll change notice located in your enrollment packet.*

******Completed Enrollment Forms must be submitted **PRIOR** to payroll being issued by Momentum Resources******

Work-Site
Employer : _____ Start Date: ____/____/____

Employee Name: _____ S.S.#: ____-____-____

Address: _____ Phone #: ( ) _____

_____

Date of Birth: ____/____/____ *Under 18:* ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married

No. of Exemptions: Federal _____ State _____

☐ Part-time ☐ Full-time Work State: _____ Withholding State: _____

Job Description: _____

Direct Deposit Information: ☐ Checking ☐ Savings ☐ None
(If Direct Deposit is desired please complete the attached form titled Employee Direct Deposit Authorization Agreement and attach a "VOIDED" check)

****Please Provide COMPLETED W4, I9 & State Withholding Documentation****

Home Office Use Only
****Check all that apply****

W. C. Code: _____

Pay Type: ☐ *Hourly* ☐ *Salary* ☐ *Commission*
☐ *Tips* ☐ *Other*

Frequency: ☐ *Weekly* ☐ *Bi-Weekly*
☐ *Monthly* ☐ *Semi-Monthly*

Pay Rate: $ _____ *Overtime Factor:* _____

Form W-4 (2012)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at *www.irs.gov/w4*. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** _____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

. . . **B** _____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . **E** _____

F Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to seven eligible children or **less** "2" if you have eight or more eligible children.
- If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child . . . **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $40,000 ($10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

---------- **Separate here and give Form W-4 to your employer. Keep the top part for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074
2012

1 Your first name and middle initial	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	**4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ► ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) **5**

6 Additional amount, if any, you want withheld from each paycheck . . . . . **6** $

7 I claim exemption from withholding for 2012, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here . . . . . ► **7**

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

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

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	**9** Office code (optional)	**10** Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	$
2	Enter: { $11,900 if married filing jointly or qualifying widow(er) / $8,700 if head of household / $5,950 if single or married filing separately }	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2012 Form W-4* worksheet in Pub. 505.)	5	$
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero or less, enter "-0-"	7	$
8	**Divide** the amount on line 7 by $3,800 and enter the result here. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1	9	
10	**Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**)	1	
2	Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3"	2	
3	If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet	3	

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	**Subtract** line 5 from line 4	6	
7	Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here	7	$
8	**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	$
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	$

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $5,000	0	$0 - $8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $70,000	$570	$0 - $35,000	$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

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 who claims no withholding allowances; 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.

FORM G-4 (Rev. 01/04)

STATE OF GEORGIA

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1. YOUR FULL NAME	2. YOUR SOCIAL SECURITY NUMBER
HOME ADDRESS (Number, Street, or Rural Route)	CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: enter 0 or 1 ..... [ ]

B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 ..... [ ]

C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 ..... [ ]

D. Married Filing Separate: enter 0 or 1 or 2 ..... [ ]

E. Head of Household: enter 0 or 1 or 2 ..... [ ]

4. DEPENDENT ALLOWANCES ..... [ ]

5. ADDITIONAL ALLOWANCES ..... [ ]
(complete worksheet below)

6. ADDITIONAL WITHHOLDING ..... $_____

7. LETTER USED (Marital Status A, B, C, D, or E) _____

TOTAL ALLOWANCES (Total of Lines 3 - 5) _____

(Employer: The letter indicates the tax tables on pages 16 through 35 of the Employer's Tax Guide)

8. EXEMPT: I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. **Check here** ☐.

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 if the employee claims over 14 allowances or exempt from withholding. Mail entire form to Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS:

EMPLOYER'S FEIN: _____

EMPLOYER'S WH#: _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:
   Yourself: Age 65 or over ☐ Blind ☐
   Spouse: Age 65 or over ☐ Blind ☐ Number of boxes checked ____ x 1300 ..... $_____
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:
   A. Federal Estimated Itemized Deductions ..... $_____
   B. Georgia Standard Deduction (enter one): Single/Head of Household $2,300
   Each Spouse $1,500 $_____
   C. Subtract Line B from Line A ..... $_____
   D. Allowable Deductions to Federal Adjusted Gross Income ..... $_____
   E. Add the Amounts on Lines 1, 2C, and 2D ..... $_____
   F. Estimate of Taxable Income not Subject to Withholding ..... $_____
   G. Subtract Line F from Line E (if zero or less, stop here) ..... $_____
   H. Divide the Amount on Line G by $3,000. Enter total here and on Line 5 above ..... _____
   (This is the number of additional allowances. If the remainder is over $1,500 round up).

CREATE AS MANY COPIES AS NEEDED

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1 and 2.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

A. Single - enter 1 if you are claiming yourself
B. Married Filing Joint, both spouses working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
C. Married Filing Joint, one spouse working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
D. Married Filing Separate - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
E. Head of Household - enter 1 if you claim yourself but the individual(s) for whom you maintain a home does not qualify as a dependent; or 2 if you claim yourself and a qualified dependent for whom you maintain a home

Do not claim a deduction on Line 4 for a dependent used to qualify you as head of household

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Use the worksheet at the bottom of Form G-4 to determine the number of additional allowances to which you are entitled and enter the total here.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3 - 5.

Line 8: Check the box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and did not have a tax liability, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You can not claim exempt if you did not file a Georgia income tax return for the previous tax year.

O.C.G.A. 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year.

NOTE: Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

MOMENTUM RESOURCES, Inc.

Authorization Agreement

For Automatic (ACH) Credits and Automatic (ACH) Debits

Date Completed (MM/DD/YY)

Client Name: _____ Date: _____

Employee Name: _____ Social Security#: ____-____-____

☐ **ADD** ☐ **DELETE** ☐ **CHANGE**

Depository Name: _____

Depository Address: _____

☐ **CHECKING**

Transit / ABA Number: | | | | | | | | | |

Account Number: _____

Amount of Deposit: $ _____ (if net due, write net)

Description: Payroll Check

Depository Name: _____

Depository Address: _____

☐ **SAVINGS**

Transit / ABA Number: | | | | | | | | | |

(Call Your Bank To Obtain the correct information)

Account Number: _____

Amount of Deposit: $ _____ (if net due, write net)

Description: Payroll Check

I hereby authorize Momentum Resources, Inc. (via, ACH Processing) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the depository to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me of its termination in such time in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

I understand that it is my responsibility to research my banks ACH Direct Deposit policies, as the funds availability may differ from the actual date of pay.

_____ Date: _____

Signature of Employee

ATTACH A VOIDED CHECK HERE

Standards of Conduct

Momentum Resources, Inc. and your Job-Site COMPANY have always emphasized that outstanding employees and a positive, productive working environment are the keys to success. To ensure continued success, it is important that all employees understand the minimum ***Standards of Conduct*** that govern all employees of Momentum Resources and the Job-Site Company. **Please** know that any of the following infractions may lead to immediate termination.

1. **THEFT OR MISUSE OF PROPERTY, MERCHANDISE, OR CASH, WHETHER IT BELONGS TO A CO-WORKER, CUSTOMER, OR JOB-SITE COMPANY.**

   Examples include: theft of property, merchandise or cash; damage or destruction of a co-worker's, customer's, or company's property; unauthorized removal of company property or products whether finished or unfinished goods.

2. **IMPROPER OR ILLEGAL USE WHILE ON THE JOB, OF ALCOHOLIC BEVERAGES, ILLEGAL DRUGS, OR CONTROLLED SUBSTANCES.**

   Examples include: drinking alcoholic beverages or using illegal drugs on the job; working under the influence of alcohol on the job; possession, transfer, sale, or use of narcotics, hallucinogens, or other types of illegal drugs or controlled substances on the job. Under circumstances where a doctor specifically prescribes the use of a controlled substance, an employee should notify Management in order to protect the safety of the individual and the workplace. In circumstances where an employee is found to be under the influence of alcohol or drugs, **he or she will be required to leave immediately** and assistance will be provided to ensure that the employee arrives home safely.

3. **FALSIFICATION OF ANY MOMENTUM RESOURCES OR JOB-SITE COMPANY RECORDS OR DOCUMENTS.**

   Examples include: partaking in the falsification of or asking another to falsify employment applications; time records, production records; and/or batch cards; payroll records, documents, and/or systems; expense reports, request for check forms, and/or purchase orders on behalf of yourself or anyone else, inside or outside the employment of the COMPANY.

4. **SIGNIFICANT IMPROPER BEHAVIOR IN PERFORMING THE ASSIGNED JOB.**

   Examples include: absenteeism or habitual lateness; spending too much time away from the job; violation of Company dress code of the policy regarding uniforms; waste, destruction, or misuse of Company material, time, or property; gambling of any form that involves money or property values at more the One ($1.00) Dollar; showing improper favoritism to a subordinate; insubordination, refusing to do the assigned work, or to follow the supervisor's instruction; unapproved solicitation or distribution of goods, materials, or services; leaving the work area without authorization, as in the case of sleeping, or hiding with the intent to sleep; causing or participating in an unauthorized work stoppage or slowdown; failure to report to work on scheduled workdays notifying the immediate supervisor (if THE COMPANY receives no acceptable explanation, it will assume that the employee has resigned); failure or refusal to cooperate in a Company investigation dealing with the loss of assets or violation of Company policy.

5. **CONFLICTS OF INTEREST, CONFIDENTIALITY, HANDLING OF PROPRIETARY INFORMATION.**

   Examples include: providing managerial or consultation services, soliciting or accepting gratuities from other businesses, or serving as an employee for any outside concern which does business with the Company, or is in a competing business except with the prior knowledge and approval of an officer of the Company; using the Company information or matters, held to be strictly confidential, to unauthorized persons. Your agreement not to use or disclose proprietary information and property without specific written authorization is interminable an remains an agreement between you and the COMPANY even if you are no longer employed by the COMPANY.

6. **CAUSING, BREEDING, OR DISPLAYING A HARMFUL ATTITUDE TOWARDS A CO-WORKER, A CUSTOMER, OR COMPANY.**

The COMPANY directs its employment and personnel practices towards ensuring equal opportunity for everyone. Therefore, we intend that all matters related to hiring, training, promotions, and discharge be free of any form of discrimination or intimidation (be it sexual, racial, age, religious, or otherwise). Examples include: any behavior, that might be harmful to you, your co-worker's, or COMPANY, or that might be viewed unfavorably by current or potential customers, or by the public at large, including: being a disruptive influence, spreading rumors, malicious gossip or showing a lack of respect; disclosing information about another that the COMPANY holds personal and confidential, inflicting practical jokes or horseplay on others; abusive or indecent language which is offensive to customer, or anyone on COMPANY property, due to their sex, race, religion, or other distinguishing characteristics.

7. **VIOLATION OF COMPANY POLICIES OR PROCEDURES THAT HAVE BEEN ESTABLISHED TO PROTECT COMPANY ASSESTS OR TO PROTECT THE HEALTH AND SAFETY OF ANY CO-WORKER.**

Examples include: violation of safe work practices or rules; failure to observe Employee Guideline's policies and practices; unauthorized use of equipment or material; possession, selling, transferring, or use of illegal substances off the job.

8. **FAILURE TO INFORM THE COMPANY OF ILLEGAL OR IMPROPER ACTIONS BY CO-WORKER'S OR CUSTOMERS.**

Examples include: failure to report incidents of theft to management; failure to report violations of Company Employee Guidelines, as cited in this policy.

The ***Standards of Conduct*** above are provided to outline the actions that may result in immediate termination. They are not intended to convey that absent any offense, employment with the COMPANY reserves the right to end our relationship with any employee at the time, with or without notice for any reason not prohibited by law.

I, _____ , acknowledge and understand that my place of work utilizes a Managed Care Organization (MCO) to treat my work-related injuries under our worker's compensation coverage.

I understand that I am to report all work related injuries promptly to my supervisor, and that I am to seek medical treatment from an eligible managed care provider.

In an emergency, I understand that I should seek immediate medical treatment. As soon as practicable, I should then contact my supervisor and seek medical treatment within the MCO physician network that is available to me.

The selection and use of our managed care physicians has been explained to me.

I acknowledge that there is a Bill of Rights, a pink physicians panel (WC-P3), and a notice of a pharmacy program currently posted in my place of work and that and employee's guide is available to me at my place of work.

Read and understood by:_____

Employee's Signature

This _____ day of _____ ,20 _____

Sexual Harassment Policy

It has been the policy of this organization that all our employees should be able to enjoy a work environment ***free from all forms of discrimination, including sexual harassment.***

Sexual harassment is a form of misconduct, which undermines the integrity of the employment relationship. ***No employee, either female or male, should be subject to unsolicited and unwelcome sexual overtures or conduct,*** either verbal or physical.

Sexual Harassment is specifically prohibited, whether committed by flirtations, advances or propositions, continued or repeated verbal abuse of a sexual nature; graphic or degrading comments about an individual or his or her appearance; the display of sexually suggestive objects or picture; or any uninvited physical contact.

No one should imply or threaten that an applicant or employee's "cooperation" of a sexual nature (or refusal thereof) will have any effect on the individual's employment, placement, compensation, training, promotion or any other condition of employment.

Any incident of sexual harassment must be reported immediately. Any charge of this nature will be investigated and any person found guilty of sexual harassment will be subject to strict disciplinary actions up to and including dismissal.

Workers' Compensation Claims

State Regulations require your employer to report an accident or injury to the Workers' Compensation Insurer promptly. We must comply with that request or face the loss of coverage for injuries that were not reported at the time they happened.

It is the policy of this company to test an employee for the presence of alcohol or illegal drugs immediately following any accident or injury involving that employee. If the employee is found to be under the influence of alcohol or illegal drugs, the employee will be subject to immediate dismissal. If an employee refuses the test, it will result in immediate dismissal, and a refusal may jeopardize the employee's entitlement to workers' compensation benefits. The results of the alcohol/drug test will remain confidential between the employer and employee, except as provided under OCGA 34-9-17 (a) (b1) (b2) (3) and (3c), which govern the grounds for denial of workers' compensation benefits. The test results will not be maintained in the employee's personnel file.

Failure to report an Accident or injury may be grounds for immediate dismissal and the employee may have waived their rights to coverage under the applicable Workers' Compensation statutes of the state in which the accident takes place. These regulations are the benefit of all employees and we ask that each employee help us in maintaining 100% compliance.

Read and understood by: _____

Employee's Signature

This _____ day of _____ ,20 _____

Post-Offer Medical Questionnaire

Momentum Resources, Inc.
139 Drayton Street
Savannah, GA 31401
(912) 238-5200

(To be maintained in a separate file of confidential medical records)

IF THERE IS ANY QUESTION OR STATEMENT ON THIS FORM THAT YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE FROM THE PERSON INTERVIEWING YOU.

Employee Name _____ **Social Security #** _____-_____-_____

Date of Birth _____/_____/_____ **Height** _____ **Weight** _____
Month Day Year

By completing this form, I am verifying that the above named company has already presented a conditional job offer to me.

The Georgia Subsequent Injury Trust Fund protects employers from excess liability for workers' compensation when an injury to a worker merges with a preexisting impairment to cause a greater liability than would have resulted from the subsequent injury alone. In order to qualify for this protection, we must have prior knowledge of any preexisting illness or other ailment/injury you may have sustained in the past that may contribute to a percentage of permanent impairment. The presence of one or more impairments does not automatically render you unfit as an employee. All decisions will be made on job-related criteria. Reasonable accommodation will be made if appropriate, provided it does not pose an undue hardship upon the company making the conditional job offer.

Circle the appropriate yes or no and complete the appropriate blanks.

Have You Ever Had?			Have You Ever Had?		
Yes	No	Asthma	Yes	No	Hay fever
Yes	No	Migraine headaches	Yes	No	Diabetes
Yes	No	A head injury	Yes	No	Color blindness
Yes	No	A fear of heights	Yes	No	An amputated foot, leg, arm, or hand
Yes	No	Heart trouble	Yes	No	Loss of sight of one or both eyes
Yes	No	Fainting spells or dizziness	Yes	No	Cerebral palsy
Yes	No	Swelling of the legs or ankles	Yes	No	Multiple sclerosis
Yes	No	Skin rashes or Eczema	Yes	No	Parkinson's disease
Yes	No	Joint pains or Arthritis	Yes	No	Cardiovascular disorder
Yes	No	Epilepsy	Yes	No	Tuberculosis
Yes	No	Cancer	Yes	No	Mental retardation
Yes	No	Varicose veins	Yes	No	Hemophilia
Yes	No	Sickle cell anemia	Yes	No	Chronic infection of bone
Yes	No	Tendonitis	Yes	No	Muscular dystrophy
Yes	No	Repetitive Motion Disorder	Yes	No	Ruptured disc
Yes	No	Stiffness of major weight-bearing joints	Yes	No	Nervous trouble or treatment
Yes	No	Kidney Problems	Yes	No	Depression
Yes	No	Knee problems	Yes	No	Hyperinsulinsim (hypoglycemia)
Yes	No	Pulmonary Disease (lung)			

Yes No Compressed air sequelae (damage to lungs, ruptured ear drum, etc due to explosion, air concussion, etc)
Yes No Ankylosis (immobility) of major weight bearing joints (ankles, knee, hip)
Yes No Do you have partial loss of hearing?
Yes No Have you ever had an audiogram (hearing test)? If yes, results _____
Yes No Do you need glasses to read or for distance?
Yes No Any serious wrist problems including Carpal Tunnel Syndrome?
Yes No Any broken bones? Which bones? _____ **When?** _____
Yes No High blood pressure? If yes, do you take medication to control high blood pressure? Yes No
Yes No Any serious injuries? Month _____ **Year** _____ **Nature of the injury** _____
Yes No A hernia or rupture? Month _____ **Year** _____
Yes No Any neck pain or problems? Month _____ **Year** _____
Yes No Injured back? Month _____ **Year** _____
Yes No Surgery? Month _____ **Year** _____ **Type?** _____
Yes No Ever refused surgery? If yes, why? _____

Have You Ever Had?

Yes No An allergic reaction to any drugs? Which drugs? _____

Yes No Partial loss of uncorrected vision of more than 75 percent bilaterally?

Yes No Psychoneurotic disability following confinement for treatment in a recognized medical or mental institution for a period in excess of six months?

Yes No Any permanent condition that constitutes 20 percent impairment of a foot, leg, hand, or arm, or of the body as a whole?

Yes No Do you or have you within the past year participated in recreational drug use?

Yes No Have you ever participated in a drug abuse treatment program?
Where? _____

Yes No Do you currently take any prescription medications? If so, what? _____

Yes No Do you have any condition or have you sustained any injury that would have an effect on your capacity to perform the duties of this position without reasonable accommodations?

Estimate the number of workdays you have lost in each of the past two years._____ _____

Please list the name of any doctors you have seen during the past two years. List your family doctor first.

_____

Yes No Have you ever been hurt on the job or filed a worker's compensation claim in the past?

If yes, how many times? _____ What Years? _____ _____ _____ _____

Please provide pertinent facts to every previous ailment or injury contributing to impairment, as well as all previous worker's compensation claims in the space provided:

_____

_____

_____

Have You Ever Been Treated For?

Yes No Back pain **Yes No** Neck pain **Yes No** Hand pain **Yes No** Mental conditions

Have You Ever Been Refused Employment or Unable to Hold a Job Because of?

Yes No Sensitivity to dust

Yes No Inability to assume certain positions

Yes No Inability to perform certain motions

Yes No Other medical reasons? Please Specify below.

_____

*****OUR WORKERS COMPENSATION INSURANCE CARRIER MAY CHECK FOR PREVIOUS CLAIMS BY NAME AND SOCIAL SECURITY NUMBER. IF YOU HAD A PREVIOUS CLAIM OR INJURY, AND FAIL TO MAKE US AWARE OF IT, YOU MAY BE LEGALLY DENIED BENEFITS IN THE EVENT OF A NEW INJURY BY OPERATION OF THE LANDMARK RYCROFT RULING. FOR YOUR OWN PROTECTION AND APPROPRIATE MEDICAL CARE, PLEASE MAKE US AWARE OF ANY PREVIOUS INJURIES.*****

_____ _____
Signature **Date**

_____ _____
Company Representative **Date**

RECEIPT AND ACKNOWLEDGEMENT

This is to acknowledge that I understand that if my job ends with my worksite employer, I will be required to contact MOMENTUM RESOURCES' human resources department at (912) 238-5200 for possible reassignment and a verbal confirmation number which will also be sent to me by certified mail. If I refuse work that is comparable to my previous work, I understand that under Georgia Law O.C.G.A. Section 34-8-195(c) that I will be presumed to have voluntarily left employment without good cause and that unemployment benefits may be denied for my failure to make contact with MOMENTUM RESOURCES' human resources department within 7 days.

_____	_____
Employee Signature	Date
_____	_____
Employee Name (printed)	Worksite

TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE