

QUICK MART
Employment Application

Position: _____

Store Location: _____

Personal Information

Full Name: _____

Social Security No.: _____

Present address (City/State/Zip): _____

Permanent address (City/State/Zip): _____

Telephone numbers (Home / Mobile / Other): _____.

How will you get to work? _____

Are you willing to work any shift, any day (if not, specify): _____

Desired starting pay per hour: _____

Are you at least 18 years old? _____

Are you legally eligible for employment? If you are not eligible to work legally, please inform the manager before completing the rest of the application form.

Please provide three references not related to you:

_____.
_____.
_____.

Education:

_____.
_____.
_____.

Skills and Experience

Please list any special qualifications, training, education, skills, or experience and any business equipment operating abilities

_____.
_____.
_____.

Work Experience (last 3 employers, including current employment):

Name of previous employer: Dates of employment: Job title: Job Description: Type of business: Street Address: City, State, Zip Starting salary:			
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Legal

Have you been convicted of/plead 'no contest' to a crime other than traffic violation? Yes / No

If yes or no contest, date of conviction or plea: _____.

Conviction of a crime will not necessarily disqualify you from consideration for employment.

Authorization

I certify that I have read and understand all parts of it and certify that I have truthfully and completely answered all questions. I understand that falsification of any of the information given herein or on any other employment form is grounds for immediate termination, regardless of when such falsifications may be discovered.

I authorize Quick Mart and its representatives to investigate my education, employment experience, criminal conviction records, and all other aspects of my background relevant to my proposed employment, including all statements made by me in my application for employment. I release Quick Mart and its representatives, as well as any person to whom such inquiry is directed, from any liability arising directly or indirectly from any such investigations.

Further, I understand that employment will be contingent upon successfully passing a pre-employment drug-screening test (except where prohibited). I understand that surprise/random drug-tests may be conducted during my employment and that I accept taking these tests. I understand my employment with Quick Mart is for no definite length of time. I understand my employment may be terminated at any time with or without cause, at the option of Quick Mart. I understand that I will be held responsible for my actions during or after my employment. I understand that no employee other than the directors of Quick Mart has any authority to make any agreement, which is contrary to the foregoing. By signing this application and if accepted for employment, I agree to comply with all company policies and procedures and with all rules and regulations made known at the time of employment and at any other time thereafter, written and verbal, and to perform all duties assigned to me to the best of my ability.

I agree that I will be under probation for 90 days and that my employment can be terminated any day with immediate effect if I do not meet the company's expectations in work performance. I agree that I am responsible for cash and merchandize shortages during my shift, and I understand that if I take/consume any items for myself I will pay for them and retain receipts and staple the original receipt to my paper work; and if any of my friends or family members visit the store during my shift I will ensure that I will treat them as any other customer and charge them the correct amounts and if I do not charge them the correct amounts, I will be responsible for making good such shortages and I hereby authorize the company to take necessary action to recover such amounts. I understand that the office phone, fax and other equipment are for office use only. However, if I use any of the office equipment against the company policy for personal benefit, I agree inform it and I agree to pay the fees and penalties as set by the administration. I agree to work the hours assigned to me. I also agree that I will not harass any other company employee, be it sexual harassment or any other harassment and should such an issue be taken to the court of law because of my involvement, I will bear the complete fees and penalties legally declared including any amounts that the company owes the beneficiary due to such miscount by me. I understand that I am not allowed to play lottery or any other games during my shift. I am not allowed to sell tobacco products to minors and follow all of Tobacco Control Board's regulations. If I play lottery or sell tobacco products to minors, the company may penalize me each day I am found defaulting these policies. I will not use the company's authority to make any purchases for personal benefit. I will not make any unauthorized purchases. I will not allow any individual or a company or myself make a sale or purchase on a charge account for payment on a later date, except for those that are specifically authorized by the owner in writing. Any shortages beyond \$5.00 per shift will be my responsibility and I agree to be responsible for it immediately or when discovered and claimed whether during employment or after separation. I understand that this company is an US Equal Employment Opportunity employer and follows all EEOC regulations and that I understand that I have all the regulation details available at <http://www.eeoc.gov/laws/index.cfm> and I will read and abide by them. I will not post any abusive or derogatory posts on any social media groups like FB, Twitter, etc, personal or public. I agree that I will not fraternize with any other employee. I will consult my manager or supervisor on any policy that I am not clear about before providing my acknowledgement to work.

I, by signing this application, indemnify Quick Mart group, the employer, Managers, Supervisors, any other co-employees, assigns or invitees against all fines, expenses, liabilities, and claims of every kind, including reasonable counsel fees arising out of failure to confirm to the Company's rules, regulations and policies current and at any other time thereafter, written and verbal including but not limited to Cash Shortages, Sexual Harassment, Playing lottery while on work shift, Selling tobacco to minors, etc.

EEOC (Voluntary Information)

Equal Employment Opportunity Commission (EEOC) information is voluntary and this information will not be used when considering your employment. (Please check one of the descriptions below corresponding to the ethnic group with which you identify.

☐ Hispanic or Latino. ☐ White (Not Hispanic or Latino) ☐ Black or African American (Not Hispanic or Latino) ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) ☐ Asian (Not Hispanic or Latino) ☐ American Indian or Alaska Native (Not Hispanic or Latino) ☐ Two or more races (Not Hispanic or Latino)

Signature

Date



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

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

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

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

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

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

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

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

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

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

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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
<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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 		<ol style="list-style-type: none"> 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 For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS 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.

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 online estimator, and privacy.

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

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App 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 2020 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 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** \$ _____

**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 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . **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 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. 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 2020 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 16, 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 the 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. Step 3 of Form W-4 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 2020 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 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	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	3,050	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	3,050	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	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	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	5,900	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	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	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	8,750	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	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	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	\$1,470	\$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	3,460	3,460	3,640	3,830	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	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	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	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	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	14,620
\$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	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	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	1,920	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	5,850
\$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	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	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	16,870
\$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	21,670	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	27,240



Asa Hutchinson
Governor

ARKANSAS TOBACCO CONTROL

101 E. Capitol Ave., Suite 401
Little Rock, AR 72201
Phone: 501-682-9756
Fax: 501-682-9760
<https://atc.arkansas.gov>



Steve Goode
Director

TOBACCO AND VAPOR SERVER AWARENESS FORM

Upon employment, all employees must initial each section, sign, and date this document before selling any tobacco, vapor, alternative nicotine, or e-liquid products. This form is to be kept on file at the store, be accessible to any clerk or employee present, and be available at all times for inspection by any employee of Arkansas Tobacco Control.

As an employee of a permitted outlet, I understand that there are certain things I am prohibited from doing and certain actions that I cannot allow to occur in the outlet. In accordance with Arkansas law and the rules of Arkansas Tobacco Control, I have read, initialed and acknowledged the following:

(Please initial below)

_____ I will not sell cigarettes, tobacco products, vapor products, alternative nicotine products or e-liquid products to anyone 21 years of age or older when I know the products will be provided to a person or persons under the age of 21.

_____ I understand that cigarettes or "tobacco products" includes any substance that contains tobacco, including but not limited to, cigarettes, cigars, smokeless tobacco, loose tobacco, hookah tobacco, shisha, and cigarette papers.

_____ I will not sell single cigarettes or any number of cigarettes less than a full pack (20 or 25 cigarettes packaged together constitutes a pack) and I understand it is against the law to do so.

_____ I understand that sales to anyone under the age of 21 can result in criminal charges being filed against me. I understand that as a clerk, if I am found guilty of a violation of A.C.A. § 5-27- 227, I shall be subject to a fine up to \$100 per violation, plus local court costs.

_____ I understand that this store may undergo inspection at any time to assess its compliance with the state law regarding the sale of cigarettes, tobacco products, vapor products, alternative nicotine products or e-liquid products to a minor under the age of 21.

_____ I understand it is illegal to reuse or refill tobacco boxes with cigars, little cigars, cigarillos or any other tobacco product. Any person doing this can be charged with a Class D Felony.

By signing below, I hereby certify that I have read and fully understand the above statements. I agree to always follow state law and not to sell cigarettes, tobacco, vapor, alternative nicotine, or e-liquid products to minors. I further consent to allowing any current or potential employer to contact Arkansas Tobacco Control to determine if I have received any citations for violations of Title 5, Chapter 27 of the Arkansas Code.

Employee Signature

Date Signed

Printed Name of Employee

Date Entered Employment

Signature of Owner, Manager or Supervisor

Date Signed

FORM ATC R-4 (08/2019)

(All blank lines on this form must contain information)

**ONE COPY MUST BE FILED IN
THE BINDER AT THE STORE.**

ARKANSAS SCHOLARSHIP LOTTERY

Lottery Server Awareness Form

Each employee must initial each section and sign and date this document. This form will be kept in the Employees File.

As an employee in a permitted outlet, I understand that there are certain things I cannot do, or certain actions that I cannot allow to occur in the outlet. In accordance with Arkansas law and the Rules and Regulations of the Arkansas Lottery Commission, I acknowledge the following:

_____ I will not sell lottery tickets to anyone 18 years of age. I understand that lottery sales to anyone under the age of eighteen is a violation under Arkansas Law.

_____ I understand that I can sell lottery tickets for CASH only. I will therefore not sell lottery tickets with credit or debit card or any other form of payment, such as store goods or any other compensation.

_____ I understand that I can sell tickets for the face value as printed on the tickets.

_____ I understand that there are penalties for violations and I assume complete responsibility for any violations caused by me and any and all penalties suffered by the company and me. I hold the company and other employees harmless.

_____ I will sell tickets only on my shift and at the store only.

By signing below, I hereby acknowledge that I have read and understand the above statements, and I agree to always follow state law and this store's policies, and not sell lottery (scratch off, online or any other kind of lottery products) to minors and I further consent to pay a penalty of \$2000.00 immediately upon breaking this rule.

Employee Signature

Date Signed

Date Entered Employment

Owner, Manager, or Supervisor's Signature

Date Signed

NOTICE – LOTTERY POLICY

Date: October 1, 2018

Whereas Quick Mart group of companies hereby notifies to all its employees currently in employment and all others that wish to enter into employment with Quick Mart group of companies that employees are not permitted to play Arkansas Scholarship Lottery (Scratch Offs, Online Lottery or any other game of chance of any kind) while they are working on a shift with any capacity or designation with the company. However this is not a limitation after their employment hours are complete and they sign off the day's work.

An employee found to be playing on their shift will be subject to Written and Verbal warning and the Company reserves the right to dismiss the employee without any notice. In addition, the employee would be required to pay a fine of up to \$2,000.00 (Two Thousand Dollars) and any other punishment allowed by law. This amount does not include any shortages due to lottery played without paying the store for them, and employees are responsible for these shortages. Employee authorizes company to take any and all recourse to recover these amounts.

This clause will survive the separation of the employment of the employees.

Employee, by affixing his or her signature at the bottom of this notice, hereby confirms to have read and understood the content and implication of this notice, and if necessary has had counsel from his or her attorney and agree to abide by this condition of employment.

Employee further indemnifies Quick Mart group, their employer, their Managers, Supervisors, any other co-employees, assigns or invitees against all fines, expenses, liabilities, and claims of every kind, including reasonable counsel fees arising out of failure to confirm to the above clause.

Name of Employee: _____

Signature of Employee: _____

Date of Signature: _____

QUICK MART– HEALTH POLICY

We REQUIRE our employees that handle food and applicants to whom a conditional offer of employment is made to report to their supervisor any information about their health and activities as they relate to diseases that are transmissible through food.

All employees and applicants to whom a conditional offer of employment is made must report health information to their supervisor under the following conditions.

- 1) If diagnosed with an illness due to:
 - a) *Salmonella* Typhi, b) *Shigella* spp., c) Shiga toxin-producing *E. Coli*, d) Hepatitis A virus (HAV), e) Norovirus
- 2) If experiencing symptoms of a) Diarrhea, b) Fever, c) Vomiting, d) *Jaundice*, e) *Sore throat with fever* f) *Pustular Lesion (Infected Sore or Cut)*
- 3) If employee has a history of a past illness from:
 - a) *Salmonella* Typhi within last 3 months b) *Shigella* spp. within last month c) Shiga toxin-producing *E. Coli* within last month d) Hepatitis A virus (HAV) e) Norovirus
- 4) If one or more of these high-risk conditions exist
 - a) Employee prepared or consumed food that caused a food borne illness b) Employee lives with a person diagnosed with: 1) *Salmonella* Typhi, 2) *Shigella* spp. 3) Shiga toxin-producing *E. Coli*, 4) Hepatitis A, 5) Norovirus, c) Employee lives with a person involved in a food borne illness outbreak

We will report all cases of employee illness to the local Environmental Health Specialist that relate to food establishments and that are required by the Arkansas Department of Health.

The manager or his designee must notify the local Environmental Health Specialist that a food employee is diagnosed with an illness due to:

- 1) If diagnosed with an illness due to:
 - a) *Salmonella* Typhi, b) *Shigella* spp., c) Shiga toxin-producing *E. Coli*, d) Hepatitis A virus (HAV), e) Norovirus

We will EXCLUDE food employees from this establishment under the following conditions:

- a) If employee is diagnosed with any of the following diseases:
If diagnosed with an illness due to: a) *Salmonella* Typhi, b) *Shigella* spp., c) Shiga toxin-producing *E. Coli*, d) Hepatitis A virus (HAV), e) Norovirus
- b) If employee is suffering with any of the following symptoms:
 - a) Diarrhea, b) Fever, c) Vomiting, d) *Jaundice*, e) *Sore throat with fever* f) *Pustular Lesion (Infected Sore or Cut)*
- c) If employee has a reported stool specimen that is positive for
 - a) *Salmonella* Typhi within last 3 months b) *Shigella* spp. within last month c) Shiga toxin-producing *E. Coli* within last month d) Hepatitis A virus (HAV) e) Norovirus
- d) If employee has had a past illness of *Salmonella* spp. within the last three months and has not had two consecutive negative stool cultures after the onset of symptoms
- e) If employee has had a past illness for *Shigella* spp. or Shiga toxin-producing *Escherichia Coli* within

the last month; and has not had two consecutive negative stool cultures after the onset of symptoms.

- f) If employee is jaundiced and the onset of jaundice occurred within the last 10 calendar days

We will RELEASE employees from EXCLUSION under the following conditions: As per Regulation [8-501.40] Page 173, RULES AND REGULATIONS PERTAINING TO RETAIL FOOD ESTABLISHMENTS, Arkansas Department of Health Environmental Health Protection

- (A) A food employee who was infected with *Salmonella* Typhi if the food employee's stools are negative for S. Typhi based on testing of at least 3 consecutive stool specimen cultures that are taken:

- (1) Not earlier than 1 month after onset,
- (2) At least 48 hours after discontinuance of antibiotics, and
- (3) At least 24 hours apart; and

- (B) If one of the cultures taken as specified in Paragraph (A) of this section is positive, repeat cultures are taken at intervals of 1 month until at least 3 consecutive negative stool specimen cultures are obtained

- (C) A food employee who was infected with *Shigella* spp. or shiga toxin-producing *Escherichia .Coli* if the employee's stools are negative for *Shigella* spp. or shiga toxin-producing based on testing of 2. consecutive stools specimen cultures that are taken:

- (1) Not earlier than 48 hours after discontinuance of antibiotics; and
- (2) At least 24 hours apart

- (D) A food employee who was infected with Hepatitis A virus if more than 10 days have passed after onset of jaundice, or if there is no jaundice present 14 days after onset of symptoms, or as otherwise approved by the Regulatory Authority.

We will RESTRICT food employees under the following conditions:

Food Employees experiencing persistent sneezing, coughing, or a runny nose that causes discharges from the eyes, nose or mouth may not work with exposed food; clean equipment, utensils, and linens; or unwrapped single-service or single use articles.

We will RELEASE employees from RESTRICTIONS under the following conditions:

Food Employees no longer experiencing symptoms of persistent sneezing, or a runny nose that causes discharges from the eyes, nose or mouth may return to former duties.

- Please sign below that you have read and received a copy of the Health Policy.

Signature of Employee/ Applicant

Date

Signature of Supervisor

Date

Time Clock

All employees are required to register their clock in and clock out of their work hours using the Biometric Time Clock. We notice that some employees continue to miss punches randomly despite several reminders to the Managers to convey the same to all the cashiers.

Biometric clock is the only official time recording system that will be used to make payment of salaries. Any other form of registering their times is unofficial and cannot be used to make salary payments or elsewhere. If any of your cashiers inadvertently forget to clock in/out using the biometric clock or have a problem registering their clock-in/out, they are required to provide to the manager in writing (the reason) within 24 hours with date and their signature. Managers are required to submit the original of these signed copies to the office.

No Sale to Minors (Alcohol) [Stores where applicable]

I have been informed such and I will not sell, give or furnish Tobacco, Lottery and Beer products to Minors. Anyone below 21 years is considered a minor for Tobacco and Lottery purchase/sale. Anyone below 21 years of age is considered a minor for Beer. The day of one's birthday when a customer turns 21 is still considered a Minor for Tobacco purchase and the day of one's birthday when a customer turns 21 is still considered a Minor for Beer purchase.

I have been advised thoroughly of the rules and regulations about Selling Tobacco, Lottery and Beer products to customers. I have been provided with copies of notices and memos regarding selling, giving or furnishing alcoholic beverages to minors. I can contact my Manager or Supervisor any time I have any questions about these sales. I have also been informed that more rules and regulations can be had from the Tobacco Control Board or from the Alcoholic Beverage Control Division. If necessary I can seek this information from my supervisor.

If I am a minor working as cashier, I have also been informed that I cannot sell, stock, rotate, clean or do anything with the beer/alcohol products in the store and that I will not be on shift as cashier or stocker or any other job profile that requires me to come in contact with beer/alcohol products on the days and times that Beer is sold.

I have signed the Tobacco Server Awareness Form and Alcohol Beverage Server Awareness Form, if not I will do so voluntarily and I understand the purpose of the form and I will abide by all the rules and regulations governing these sales, current and any new that become effective in the future, informed to me in writing or verbally.

I have been informed that there is a penalty per incident of my violation for playing lottery on my shift and for selling tobacco to minors and I authorize the company to charge me these fees in the event that I violate these rules and further authorize the company to take any legal action if necessary to collect the above payments and agree to pay for reasonable attorney fees for this collection.

Notice regarding Purchase of items & Telephone Vendors

It has come to our attention that some managers and/ or employees have been ordering and authorizing items to be billed to the store/company. Some telephone vendor(s) will call and be unclear in their conversation. In the state of Arkansas, the word "Yes" on the other line of the phone is a binding contract between the caller and the person receiving that call. In such case, the employee(s) and NOT the store is under that contract.

This is a violation of company policy and the company will not be held responsible for any unauthorized purchases made, the whole and sole billing and/or fees along with those orders is the responsibility of that employee(s) and/or the manager(s) of that store when the order was placed, even if that employee(s) has terminated their services with the company.

A list of Paramount Group authorized vendors is provided to the Manager, any other vendor(s), online/telephone/mail order/etc. should be authorized by one of the proprietors of the Group (Mr. and/or Mrs. Gupta). In the case where a new vendor is authorized, a new vendor list will be dispatched. No other person can authorize a vendor.

By signing this document, I hereby accept that I have read understood the above policy of the company. I also understand the full implications of my actions, if I violate this policy, which I will have to pay any and all bills and fees associated with that violating transaction.

Charge Accounts

This is to certify that I will not allow any individual or a company or myself make a sale or purchase on a charge account for payment on a later date. If I am found to be allowing any charges, I realize that this is completely against the company policy and is a mistake and I will be completely responsible for such transactions and I hereby

authorize the company to withhold the amount due from my paycheck(s) for all such transactions. If my paycheck is not sufficient to cover these unauthorized transactions, I authorize the company to take any legal action and I will not dispute such transactions and I indemnify the company from any damages that may incur to me due to such activity. I will ensure that any and all commodities inside the store that is meant for sale will be sold at the correct retail price and if in doubt I will contact my Manager or Supervisor or higher up and when in doubt will not sell the item for incorrect price. I will ensure that if someone comes to remove any equipment or fixture from the store I will seek permission from the supervisor / owner before allowing it out of the store. I certify that I will not perform any credit card transactions outside the guidelines of the company and outside of the rules and regulations of the credit card companies. By affixing my signature below I acknowledge that I understand and accept the above.

Policy on Shortages & Penalties

This is to inform all cashiers that you are required to start your shift with a certain sum of money in the till (this amount may be different at different stores, but the amount is the same for every cashier and every shift and this amount is made known to you by your manager at the very first shift), and you are required to end your shifts with the same amount of money as you started with the rest dropped in the safe. By the end of your first shift you work at the store, you would be shown how to reconcile your paperwork so you can identify your sales and drops and differences (shortages or overages). If you leave without calling the manager then it is understood that you have reconciled your paperwork and your shortage/overage is within the allowed limit. Any shortage or overage above and beyond \$5.00 will need to be reported to the Manager immediately before you leave the store. If the shortage/overage is more than \$5.00 your manager will reconcile your paperwork for errors. If there are no errors but your shortage is more than \$5.00 you will be responsible for this shortage.

The above procedure is similar for Cigarettes, Tobacco and Lottery. At the beginning of every shift you will count the number (of cigarettes, tobacco and starting numbers on lottery) and you will count this number at the end of your shift. The difference would give the count on your sales. The physical count will match up with the count on the report. No shortages are allowed and no overages are possible in the physical count except unless mistakes are done. If you do find any shortages or overages you will immediately inform the manager to help you reconcile and verify. If the physical count is short you are responsible for the shortages.

If you take/consume/buy any items for yourself, you will pay for them and retain receipts and staple the original receipt of such payment to your paperwork; and if any of your friends or family members visit the store during your shift you will ensure that they will be treated just as any other customer and charge them the correct amounts; and if you are found not to collect the correct amount of payment from any customer or friend or a family member for their purchases, or if you allow anyone to take items without paying for them or if you are found to exchange items without authorization, you hereby agree to pay for all of it. You will pay for your/your friends, family, etc. purchases right at the time of such purchase and not at the end of the shift or any other time. You will attach a receipt to the Employee purchase sheet and you will retain one copy for yourself.

Customers playing games are allowed to redeem their winnings with store merchandise, including cigarettes and tobacco and fuel but they will NOT be paid CASH and no change will be given if they cannot redeem their winnings in full and they cannot redeem for any LOTTERY. If in doubt call your manager or Wini or Anil.

Shortages include shortages in fuel and commodities in the store (not charging customer for any reason, for self use, etc).

The Company (including the manager of the store) reserves the right to audit your paperwork at any time even after your separation from employment and hold you accountable for shortages.

You are and will be financially responsible for any and all shortages and misappropriations and you authorize the company to take any and all necessary action, including legal, to recover such losses including payment of reasonable attorney fee and expense incurred toward additional administrative work and security equipment (tapes, DVR, etc) necessary to calculate, gather and provide evidence to necessary authorities.

Sexual Harassment/Discrimination

Pursuant to the provisions of the Federal Guidelines (29 CFR Ch. XIV, Subsection 1604.11, Section 703 of Title VII of the Civil Rights Act of 1964, as amended, and Arkansas Act 563 of 1985, which amends Subsection (8) of Section 1801 of Act 280 of 1975 in the Arkansas Criminal Code), the directives contained herein shall be the policy of Quick Mart with respect to sexual harassment and/or sex discrimination.

It is the policy not to refuse to hire or otherwise adversely affect the employment opportunities of applicants or employees on the basis of sex. The Department unequivocally will not tolerate conduct or action(s) that constitute sexual harassment or any other form of discrimination based on sex.

As it relates to this Policy, sexual harassment, a form of sex discrimination shall be defined as actions involving unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when (a) submission to such conduct is made either explicitly or implicitly a term or condition of an applicant or employee's employment; (b) submission to or rejection of such conduct by an employee or applicant is used as a basis for employment decisions affecting such employee or applicant; (c) such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile, or offensive working environment.

Persons deemed to be in violation of this policy shall be disciplined following a determination of the facts with sanctions for violation to include verbal warning up to termination (dependent upon the type of violation).

Employees who believe they are the subject of sexual harassment or other sex discrimination may file a complaint alleging a violation of this policy under the Department's Equal Employment Opportunity Complaint Procedure. Employees should submit complaints made in good faith, expressed in reasonable terms, containing cause for the complaint, corrective action desired and sufficient information upon which to base decisions.

The grievance procedure authorizes the Grievance Officer (as appointed by the company director) to modify, waive, or otherwise change the Grievance Procedure in order to fulfill the intent of the Procedure, provided the Department Director and employee agree to the waiver, modification or change. To this effect no employee, in order to effect resolution of a complaint shall be required to solely or independently confront the person allegedly conducting or causing the action believed to be sexual harassment.

It shall be a Violation of this Policy for any person to intimidate, threaten, coerce or discriminate against any individual for having filed a complaint, furnishing information, or assisting or participating in any manner in an investigation of a complaint.

Security Policy, Equipment, Hardware, Software, Appliances.

The company takes very seriously the security and privacy of certain sensitive data that employees have access to about our company and customers. Certain employees have access to cash registers, computer systems, printed reports, and other sources of sensitive customer data as part of their normal job duties. You will not forward or share the company information to anyone including to your own personal email accounts or in any shape or form. If there arises a situation where the information needs to be shared, you will do so only with prior written authorization from the directors of the company. Certain employees in supervisory positions and such will have to collect confidential information (such as Social Security Number, passwords, etc.) from applicants (& other existing employees), and employees in such position will not share such confidential information unless with a direct written authorization from the directors of the company and will ensure storage and transmission of that kind of information securely and agree to use it in the proper authorized manners only. Company hereby informs you that company will monitor all activities related to cash register transactions, credit card transactions, computer activity, etc., with text inserters, security camera systems and other tools.

Any and all equipment within the stores / offices of the company, whether they belong to the company directly or indirectly (examples being computer, security devices, ATM equipment, Coke or Pepsi cooler, cash register, safe, etc.) will not be removed outside the current location without proper authorization by the directors of the company. During your employment and during your shift you will be alert and ensure that nobody takes any equipment, appliance or any other device from the store out. If a vendor or a technician wants to work on any of the equipment you will ensure that they have the authorization to do so. In case you are unaware of any such authorized activity you will immediately contact your manager, supervisor or the directors of the company and inform them of the same. You are further informed that the company owned property is for company use only and need to be used appropriately. Use of internet must be limited to company related activity only. Anyone not adhering to these guide lines will be completely responsible for any and all consequences resulting from misuse. Any download and use of (applications, images, audio/video, etc. from the internet) without prior written approval that may result in any charges, fees or penalties will be the sole responsibility of the individual. Managers are not required to allow cashiers to use the office computer. If they do so then they are responsible for their actions.

Work Schedules.

The Manager will announce the work schedule. Should you need any changes you may request the manager and the manager may at his/her discretion accommodate the change fully or partially or none at all depending upon the availability of the other employees and other schedules. Manager's decision is final. Any schedules switched

between other employees without the Manager's prior authorization is not permitted and these unauthorized hours will be disputed. Compensation will be limited to the authorized and scheduled hours only. If you have questions please address them with your manager. If you leave the store unattended without informing your supervisor or the owner for any period of time you are fully responsible for any and all damages and you agree to compensate for loss of business including administrative fee and attorney fee as applicable.

Paramount Group / Notice on Discrimination

US Equal Employment Opportunity Commission provides detailed information regarding Laws, regulations and policy guidance, and also fact sheets, Q&As, best practices, and other information regarding discrimination on their website at <http://www.eeoc.gov/laws/index.cfm> . The categories are: Age, Disability, Equal Pay/Compensation, Genetic, National Origin, Pregnancy, Race/Color, Religion, Retaliation, Sex, Sexual Harassment. Details about Race/Color are as follows. All employees, including Managers and Supervisors, please read through and affix your signatures indicating that you have been provided this information and you understand it. If you have questions contact your superior or contact EEOC. Thank you.

Race/Color Discrimination

Race discrimination involves treating someone (an applicant or employee) unfavorably because he/she is of a certain race or because of personal characteristics associated with race (such as hair texture, skin color, or certain facial features). Color discrimination involves treating someone unfavorably because of skin color complexion.

Race/color discrimination also can involve treating someone unfavorably because the person is married to (or associated with) a person of a certain race or color or because of a person's connection with a race-based organization or group, or an organization or group that is generally associated with people of a certain color.

Discrimination can occur when the victim and the person who inflicted the discrimination are the same race or color.

Race/Color Discrimination & Work Situations

The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training, fringe benefits, and any other term or condition of employment.

Race/Color Discrimination & Harassment

It is unlawful to harass a person because of that person's race or color.

Harassment can include, for example, racial slurs, offensive or derogatory remarks about a person's race or color, or the display of racially-offensive symbols. Although the law doesn't prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).

The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer.

Race/Color Discrimination & Employment Policies/Practices

An employment policy or practice that applies to everyone, regardless of race or color, can be illegal if it has a negative impact on the employment of people of a particular race or color and is not job-related and necessary to the operation of the business. For example, a "no-beard" employment policy that applies to all workers without regard to race may still be unlawful if it is not job-related and has a negative impact on the employment of African-American men (who have a predisposition to a skin condition that causes severe shaving bumps).

Miscellaneous

1. Use of alcohol or drugs previous to or during shift is strictly forbidden and will be just cause for termination of employment. In addition, any damages caused due to working under such influence, either to customers, employer or other employees will completely be your responsibility, whether you are continued to be employed or not.
2. Cell phones or any other electronic device(s) are not allowed when you are on shift. In case of an emergency your party can call the store phone.
3. Cashier are not allowed to carry gun / weapons of any kind on company properties.

4. Footwear policy: All employees working in the convenience store are required to wear slip-resistant footwear while on duty.

Social Media Policy

This policy provides guidance for employee currently or formally employed by Paramount Group of companies (Quick Mart). and any of its subsidiary companies, the use of social media, which should be broadly understood for purposes of this policy to include blogs, wikis, micro blogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites, and other sites and services that permit users to share information with others in a contemporaneous manner.

The following principles apply to personal use of social media while being employed by Paramount Group, Inc. and/or any of its subsidiary companies.

- 1) Employees when at work will refrain from using any electronic device(s) while on the company time for personal work.
- 2) Posting any inappropriate comment(s) regarding the company is strictly against company policy and will result in immediate termination and any penalties as determined by the incident(s).
- 3) Posting any inappropriate comment(s) can also result in a civil action brought up against individual(s) involved, regardless of being a current or former employee.
- 4) Posting any appropriate comment must with written approval from the owners of the company.
- a) Employees should get appropriate permission before you refer to or post images of current or former employees, members, vendors or suppliers. Additionally, employees should get appropriate permission to use a third party's copyrights, copyrighted material, trademarks, service marks or other intellectual property.
- 5) Employees should be aware of the effect their actions may have on their images, as well as Quick Mart's image. The information that employees post or publish may be public information for a long time.
- a) Although not an exclusive list, some specific examples of prohibited social media conduct include posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment.
- 6) Employees should be aware that the management may observe content and information made available by employees through social media. Employees should use their best judgment in posting material that is neither inappropriate nor harmful to Quick Mart, its employees, or customers.
- 7) Employees are not to publish, post or release any information that is considered confidential or not public. If there are questions about what is considered confidential, employees should check with the owners of the company.
- 8) Social media networks, blogs and other types of online content sometimes generate press and media attention or legal questions. Employees should refer these inquiries to the owners of the company.
- 9) If employees find, encounter a situation while using social media that threatens to become antagonistic regarding or any of its sub-companies or DBAs, employees should disengage from the dialogue in a polite manner and inform their manager.

FRATERNIZATION POLICY

To avoid the dangers of management fraternization with a subordinate employee, and to help prevent even the appearance of improper conduct, favoritism, improper use of authority or sexual harassment, it is the policy of The company that managers, supervisors or any other employee who has the authority to directly or indirectly affect the terms and conditions of another's employment shall not fraternize with that employee, nor shall any employee maintain such a relationship with any employee of the company. The fraternization prohibited in this policy includes dating, romantic involvement or sexual relations and does not include and is not meant to discourage friendship or social activities among the employees or client or vendor employees. Should a personal relationship prohibited by this policy be contemplated the supervisor, manager or employee involved is required to notify their manager immediately, as well as notify the human resource department or Anil and Wini. Where a relationship prohibited by this policy exists, the company shall take whatever action it believes necessary to remove the parties from any continued contact and/or supervisory line of authority. If possible without compromising business interests and at company's discretion, Fleet Staff may consider the affected parties' opinions on how best to resolve the situation (i.e. resignation, relocation, etc.) prior to making a decision.

Company recognizes that the question of whether a relationship constitutes fraternization or simply a social relationship is a personal issue. However, because of the potential for inappropriate conduct, employees are encouraged to bring any questions regarding fraternization to the human resource department.

Employee Acknowledgement

This policy applies to all divisions and offices of Quick Mart, its employees, its agents, contractors, subcontractors or others that the company has control over or legal responsible for.

You further acknowledge that you have read, understand and agree to abide by the requirements in the manual. You understand that adherence to this manual, and updates or revisions that may be made from time to time, is a requirement of employment and that various penalties, up to and including termination of employment, could result from your failure to adhere to these requirements.

If you have any questions or concerns about these requirements or your specific job duties related to the handling and security of sensitive customer data, please consult your manager or supervisor immediately.

By signing the employment application form and accepting employment with the company (deputed to work at any of the company store or transferred from one store to the other) you accept and agree to abide by the company policies current and at any other time thereafter, written and verbal and accept to pay for all shortages and authorize the company to take any and all action to recover all of amounts that are due and further fully indemnify Quick Mart group, the employer, Managers, Supervisors, any other co-employees, assigns or invitees against all fines, expenses, liabilities, and claims of every kind, including reasonable counsel fees arising out of failure to confirm to the Company's rules, regulations and policies current and at any other time thereafter, written and verbal including but not limited to Cash Shortages, Sexual Harassment, Playing lottery while on work shift, etc. Should you disagree to abide by any of the company's policies current or any implemented thereafter, you are free to terminate your employment with written notice of your intent to do so. Company reserves the right to audit your paperwork at any time even after your separation from employment and hold you accountable for your actions.

(Employee Name, Signature, Date)

INSTRUCTIONS FOR MANAGER BELOW

1. You as the manager are required to confirm that this new applicant has read through the application and that you have answered if they have any questions
2. You collect their documents (clear copies of Drivers License and SSN and save them in confidence)
3. Ensure the applicant has signed all pages and initialed all pages
4. Ensure that you have signed all places you need to sign
5. Fax all pages to Anil Gupta at (949)281-2159 for documentation.

Every new applicant has to be approved by Anil or Wini before they begin their first shift and must be entered in the bio-clock and this information given to Anil.

(Manager's Name, Signature, Date, Store Name)

TO ALL QUICK MART EMPLOYEES

(MANDATORY INSTRUCTIONS)

(Rev 5.0, 3/7/2020)

Initial	Description
	LOTTERY: Cashiers are NOT allowed to purchase lottery in the store that they work at, weather they are on the shift or not. Cashiers violating this clause may be subject to \$2000.00 fine and termination of employment.
	Appearance: Cashiers must wear polo shirts with slacks, anti-skid shoes (no open toe, shorts or skirt) & name badge; maintain personal hygiene with clean nails well-groomed hair, clean clothes and no bad body odor.
	Greet every customer who walks in the door (makes them feel welcoming and you are also telling them that you are paying attention to all customers).
	Watch your customers to make sure there is no shop lifting.
	Make suggestive selling of deli items (specials) and novelties.
	Thank customers and wish them a good day at the end of <u>every transaction</u> . (Even if they come in to only use the restrooms).
	park your vehicles at the back of the building or at the side (you cannot use up the primary parking spots of store front)
	Make sure restrooms are always clean and well stocked. Check several times every shift.
	No cell phones at work. If there is any emergency – you can be contacted on store phone. Store phone is strictly for business only (no personal phone calls).
	Every shift must clean and stock the cooler - night shift at the 24 hours stores (or evening shift) has to thoroughly stock the cooler before the manager leaves between 3 & 4 pm.
	Keep change safe locked at all times - unlock it when you need change and <u>lock it right back</u> .
	Do safe drops periodically and keep cash to minimum in cash register.
	Print every <u>no sale</u> receipt and write down the reason on it and attach to your paperwork.
	Print <u>void</u> receipts and write down the reason on it and attach the following corrected receipt to support your voided transaction - <u>no exceptions</u>.
	On Passport POS, cashiers <u>cannot use line voids</u> at all - if you accidentally do it, inform your manager and she can print the receipt for you, as register saves details on every transaction since the register was installed.
	Organize your paper work as instructed: nice and neat with all reports properly. Make sure you attach all no-sales, voids with corrected receipt. Finish your paperwork in timely manner, start your counts 2-3 hours before shift close on cig and snuff and keep up with sales. Spread your side works throughout the shift to complete on time.
	If there are any kind of theft involved with cash, merchandise by consuming or not paying for it or giving to family or friends, collecting \$ from customers and voiding the transaction or playing lottery - they will be prosecuted to the fullest extent possible by law.
	Keep store clean including your parking lot (outside entrance areas must be swept every day). Windshield fluid should be clean and filled with water and a drop of dawn – make sure paper is refilled and clean squeezes are available for customers.
	No fraternization.
	No loitering. Police enforced. Call police when you notice any loitering & when in danger.
	No friends or relatives hanging out or visiting you at store.
	Check all bills for counterfeit bills - check for strip and watermark when you put the bill to light - <u>markers</u> won't work on bills if they have starch or if they have been changed from \$1 or \$5 bills to higher denominations like \$20 or \$50 or \$100. When in doubt call manager or owner.
	On calls - in case of emergency or sickness - give <u>at least</u> 4 hrs. notice, enough time for manager to make alternate arrangements (remember we keep our schedules tight to give all employees more hours every week, its hard to fill in your call ins). You cannot swap shifts with other cashiers without manager's or owner's authorization.
	No more than 1 to 2 smoke breaks in 8 hrs. shift.
	All employees must pay for their food or any other merchandise before they consume/take it and staple the receipts to employee purchase sheet and sign it. They

	cannot ring up their own receipts and if deli is purchased - another employee should serve that serving. If you are paying for someone (boyfriend, child, friend, relative, etc.) same rule applies. You cannot say you will pay for it later.
	Employees are allowed to have only 1 complimentary fountain drink on their shift and write it down on employee purchase sheet as complimentary drink and initial with time.
	Keep cash register area clean and well stocked. Cigarettes and snuff racks stocked.
	Passport touch screen monitor should be cleaned with damp rag, hit the "clean button" on the register that allows you to clean without messing up the register. Every day.
	Complete all your side works in-between customers - dusting, fronting products, stocking items and cooler, clean fountain area several times during your shift.
	Follow proper store close procedures and make sure all reports are appropriately printed - if not call manager and make sure they are all properly done before you leave. If you are SHORT more than \$5.00 call the manager to help find and fix the shortage. Call Wini or Anil if you are unable to find and fix the shortage before you leave the store. You cannot leave the store without resolving the shortage.
	If there are any problems that you notice with other employees or manager at store - not performing well or coming to work influenced, call Anil or Wini immediately and make sure things are properly handled before you leave. If you have any problems at store – like running out of products, coworkers not completing side works and prepping duties for next shift if applicable etc., do discuss with store manager – if problems continue please call Wini or Anil or office. If cashiers not on shift or those that are relieved cannot hang on at the store and ride the clock. Call manager or Anil/Wini about it ASAP.
	Keep your hot box clean both inside and outside and display items well to the front and make it look good for customers - when we start getting slow in the evenings - still keep rearranging the items to look good for customers in front - cook more often and cook fresh in appropriate quantities required as per your store needs.
	Document deli waste for the day on the sheet for manager to review next day. If you have too much waste call or text Wini at (501) 908-2901.
	Proper vendor check in procedure to be followed - you should be approved by your manager to check in vendors after they watch you do it few times - if manager is at store inform manager to check in the vendor, if not - you can check in on it if your are approved by manager - make sure they roll in all products in camera view designated area and then physically touch count all the products before you put a tick on invoice - if you missing any products - call Anil or Wini – even if the vendor agrees to replace or bring it in.
	Proper gas delivery procedure must be followed - driver must come in to store before dropping fuel - you should know location of tanks, number of tanks and grades of fuel we carry - driver will leave a delivery log with gallons of each kind of products delivered - you must verify to have <u>both before and after tank stick readings on each product delivered</u> - if you are not sure of it call manager and if you cannot reach manager call or text Wini and Anil to make sure proper quantities of fuel is delivered to site before you sign the fuel delivery ticket. Write date & time. If drivers ask you which tank they need to delivery fuel into or any such questions – you must ask them to call Anil/Wini, you are not authorized to advise the drivers.
	All employees must clock in and out within 10 minutes of their scheduled shift.
	No tobacco & alcohol sale to minors. Company has zero tolerance towards this. Cashiers have numerous reminders -(1) on schedule itself (2) before you begin your shift you sign a reminder form saying you will id every customer and turn down the sale to a minor on alcohol or tobacco products (3) cover sheet on binder you pull out your shift sheet before you begin your shift (4) plus periodic reminders from manager and office staff. If you fail, you are liable for immediate and complete losses, direct and indirect.
	All cashiers are responsible for their own beginning and ending counts of lottery, cig, snuff, till and safe change - no other employee should work on your till (unless you ok it) and you are 100 % responsible for all your shortages on cash, lottery, cig, snuff or any other merchandise and safe.
	Security - all store reports, equipment or shelves etc. stay inside the store - no one is authorized to make copies of any reports or take out any store belongings outside.

	No posting or communication on any kind of social media - about store or coworkers or about company or management. Legal action will be taken if inappropriate posting(s) is/are noticed.
	Take out inside and outside trash appropriately when it's required (if it's only half full – do not take it out, but in this case show this to the next cashier, so they don't complain).
	Fountain area should be stocked (ice filled, cups lids etc. stocked) and clean this area several times during each shift. Morning shifts should pay more attention to coffee and make sure it's available to customers. Evening shift should pull out the fountain nozzles tips and clean it with hot water every day. Evening should also quick rinse cappuccino machine and clean the trays thoroughly.
	If there is any kind of accident and damage to the company property (like someone hit the pump, building, drive off with nozzle, etc.) immediately note down details (vehicle number, details, etc.) if you can stop the party that caused the damage, please take their details, call Anil/Wini, call police register a report.
	If in doubt, or if you want to deviate reasonably, call your Anil or Wini.

By signing the employment application form below and accepting employment with the company (deputed to work at any of the company store or transferred from one store to the other) you accept and agree to abide by all the company policies, rules and regulations current and at any other time thereafter, written and verbal and accept to pay for all shortages, losses and damages caused by my action and authorize the company to take any and all action to recover all of amounts that are due to the company including reasonable attorney fees and administrative fees required to produce necessary documents including accountant and CPA charges; and further fully indemnify Quick Mart group, the employer, Managers, Supervisors, any other co-employees, assigns or invitees against all fines, expenses, liabilities, and claims of every kind, including reasonable counsel fees arising out of failure to confirm to the Company's rules, regulations and policies current and at any other time thereafter, written and verbal including but not limited to Cash Shortages, Sexual Harassment, Playing lottery while on work shift, etc. Should you disagree to abide by any of the company's policies current or any implemented thereafter, you are free to terminate your employment with written notice of your intent to do so. Company reserves the right to audit your paperwork at any time even after your separation from employment and hold you accountable for your actions despite separation.

Name of the Cashier: _____

Signature of the Cashier: _____

Date Signed: _____

To All Employees

It is against the company policy to play lottery or game machines while on the clock. Cashiers are not allowed to:

Purchase and play Scratch off tickets or Online Tickets; play any other games such as Sweepstake Game Machines, Pushers etc. while on the clock.

The following are also against the company policy:

Giving Cash back to redeem Sweepstake Tickets,

Selling/giving Lottery or Tobacco to redeem Sweepstake Tickets,

Redeeming a Sweepstake Ticket that is NOT from some other store,

Selling/giving Tobacco Products to a person under the age of 21,

Selling/giving Lottery to a person under the age of 18.

Failure to follow the above or any other company policies previously provided, rules and regulation may lead to immediate termination without any further notice and allow the company to take any action allowed by the law. Further I understand that any liability arising out of my negligence will be completely my responsibility and I will not hold the manager, supervisor, the company or any employee of the company liable for my actions and that I will make good any damages due to my such actions.

I have been informed and explained the above affixing my signature here below states that I agree to company policies.

Employee Printed Name

Date

Employee Signature

Manager Signature



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

1515 West 7th Street, Suite 503
Little Rock, Arkansas 72201
Telephone (501) 682-1105
Fax (501) 682-2221

Michael W. Langley
Director

Donald R. Bennett
Attorney

Milton R. Lucken
Attorney

BOARD MEMBERS:

Ron Fuller, Chairman
Logan Hampton, Jr.
Tony Ellis
Patricia A. Cohee
J.J. Vigneault

MEMORANDUM

TO: ABC Permit Holders DATE: July 2, 2007
FROM: Michael W. Langley, Director *mw*
RE: Server Awareness Form

Section 1.84 of the ABC Regulations, adopted by the ABC Board on December 15, 1989, requires that every employee in a permitted outlet, upon commencement of such employment, acknowledge by their signature that they have read and understood the contents of the "Server Awareness Form". This regulation does not apply to kitchen or custodial personnel.

The form sets forth key regulations which servers should be aware of that affect a beverage outlet in Arkansas, and is produced on the back of this memorandum.

Under Section 1.84, the permittee shall duplicate this form as necessary. Once the forms are signed, they must be maintained, available for inspection, in the personnel records of the permittee.

If such records are not maintained on the permitted premises or otherwise are unavailable for routine inspection, copies are to be maintained on the premises and available for inspection.

Section 1.79(31) of the ABC Regulations provides that it is a violation for the permittee to fail to have the employees sign the form or to fail to maintain the form in the personnel file of each employee. Please note that the form is to be signed by **both** the employee and the permittee.

MWL/msh

ALCOHOLIC BEVERAGE SERVER AWARENESS FORM

As an employee in the permitted outlet, I understand that there are certain things that I cannot do, or certain actions that I cannot allow to occur, in the outlet. Accordingly, I understand and acknowledge that the following activities are in violation of ABC Regulations:

1. Allowing any person under the age of 21 to purchase, possess or consume any alcoholic beverages in the outlet;
2. Selling to any adult when I know, or reasonably believe, the alcoholic beverages will be given to a person under the age of 21;
3. Selling or serving alcoholic beverages to, or allowing the consumption of alcoholic beverages by, any person who is already intoxicated;
4. Providing free alcoholic beverages to consumers;
5. Allowing open containers of alcoholic beverages to be taken out of the outlet;
6. Possessing any illegal drugs or narcotics on the permitted premises, or to knowingly allow the possession of any illegal drug or narcotic by any patron on such premises;
7. Coming to work in an intoxicated state, or drinking alcoholic beverages while I am on duty;
8. Engaging in or permitting gambling or allowing any gambling device to be on the premises;
9. (for private clubs only) Allowing anyone under the age of 21 to enter the private club when there is no food service available from kitchen facilities in the private club;
10. Allowing any person to purchase, possess or consume alcoholic beverages at any time prohibited by state or local law.

EMPLOYEE'S SIGNATURE

DATE ENTERED EMPLOYMENT

PERMITTEE'S SIGNATURE