

**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 my employment. I understand that no employee or representative 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 as well and I hereby authorize the company to withhold for any and all of the above from my payroll. 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 penalties legally declared including any amounts that the company owes the beneficiary due to such miscount by me. I agree to provide a minimum of 2 weeks' notice should I decide to discontinue employment. 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, I am immediately liable to pay to the company a \$2000.00 penalty 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 pay for it immediately or when discovered and claimed whether during 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 through it 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 conform 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 08/31/2019

▶ **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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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 08/31/2019

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
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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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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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Form W-4 (2018)

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

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

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

Line C. Head of household please note:

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

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

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2018
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)			5	
6 Additional amount, if any, you want withheld from each paycheck			6	\$
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.				
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 				
If you meet both conditions, write "Exempt" here ▶				7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)	

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" 	F	_____
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy, complete all worksheets that apply. {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1	Enter an estimate of your 2018 itemized deductions. These 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. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's 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.



ARKANSAS TOBACCO CONTROL

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



Asa Hutchinson
Governor

Steve Goode
Director

TOBACCO AND VAPOR SERVER AWARENESS FORM

Each employee must **initial each section, sign and date** this document upon employment and **before** selling any tobacco products. This form is to be kept on file at the store, **be accessible at all times to any clerk or employee present**, and be available for inspection by any employee of Arkansas Tobacco Control.

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

- _____ (initials) I will not sell cigarettes, other tobacco products, vapor products, alternative nicotine products or e-liquid products to anyone under 18 years of age in accordance with A.C.A. § 5-27-227.
- _____ (initials) I will not sell cigarettes, other tobacco products, vapor products, alternative nicotine products or e-liquid products to anyone 18 years of age or older when I know the products will be provided to a person or persons under the age of 18.
- _____ (initials) I understand that cigarettes or "other tobacco products" includes any substance that contains tobacco and/or cigarette papers including, but not limited to, cigarettes, cigars, smokeless tobacco, loose tobacco, bidis, hookah tobacco, shisha, herbal cigarettes and cigarette papers.
- _____ (initials) I will not sell single cigarettes, or any amount 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.
- _____ (initials) I understand that "alternative nicotine product" means a product that consists of, or contains, nicotine that can be ingested into the body by any means and that e-liquid and e-liquid products means a liquid product that may or may not contain nicotine that is vaporized and inhaled when using a vapor product.
- _____ (initials) I understand that sales to anyone under age 18 can result in criminal charges being filed against me.
- _____ (initials) 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 of up to \$100 per violation, plus local court costs.
- _____ (initials) I understand that this store may undergo inspection at any time to assess its compliance with the state law regarding the sale of cigarettes, other tobacco products, vapor products, alternative nicotine products or e-liquid products to a minor under the age of 18.

By signing below, I hereby certify that I have read and fully understand the above statements. I agree to always follow state law and this store's policies, and to not sell cigarettes or other tobacco 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

(All blank lines on this form must contain information)

A COPY OF THIS MUST BE FAXED TO THE STORE AND FILED

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 18 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 18 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 have also been told that 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.

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 \$2000.00 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. So that employee(s) and NOT the store are under that contract.

This is a violation of company policy and Quick Mart 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 Quick Mart 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 Quick Mart. 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. (Please sign below)

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 acknowledge that I will make good any losses incurred by the company for my action within 24 hours. 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 Manger 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 pay 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 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 ex 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.

You are also NOT allowed to play lottery while on the shift. The company policy implements a fine of \$1000.00 (Dollars One Thousand and zero cents) for playing lottery, sweepstake or any other game machines while on your shift (company time) and in addition you will be responsible for all shortages.

You will not sell, give or furnish Cigarettes and Tobacco products, Lottery and Alcoholic beverages to minors, "minor" as defined by the respective agency, Tobacco Control Board (below 18 years), Arkansas Lottery Commission (below 18 years) and Alcoholic Control Board (below 21 years). If due to your negligence you are penalized by any government agency, you will be responsible for all penalties levied on you and on the company. You may be provided additional Tobacco, Lottery and Alcoholic beverage server awareness forms to acknowledge separately.

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 paper work; 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 merchandize, 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

The company takes very seriously the security and privacy of certain sensitive data that employees have access to about our customers. Certain employees have access to 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 other 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 of that kind of information securely and agree to use it only the proper authorized manners only.

Equipment, Hardware, Software, Appliances.

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 will agree to pay \$500.00 fine per incident and compensate for loss of business calculated on 12 months average sales. If you do not lock the store when you leave you will compensate for all damages that incur during such neglect including administrative fee and attorney fee as applicable.

Quick Mart / 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. Gun / weapons of any kind are not allowed on Quick Mart 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 Quick Mart 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 Quick Mart, 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 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.

(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 4.0, 10/1/18)

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 will 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 - <u>check for strip and watermark when you put the bill to light</u> - <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 manger 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 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 call your manager/supervisor/office/Anil/Wini.

If you acknowledge the above terms and conditions of the company along with other terms in the employment package, please affix your signature.

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 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: _____