

Employee Information/ Change Form

(To be filled out by Manager, Print Legible)

__ 01 __ 72 __ 73 __ 74 __ 75

Part 1:: Employee Information

Employee Full Name: _____ Male Female

Date of Birth: _____ SSN _____

Drivers License #: _____ Issuing State: _____ Expiration Date: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ (print legible)

Phone Number: _____

Emergency Contact: _____ ph# _____

Relationship: _____

EEOC Information (Optional, any information volunteered will be kept confidential to be used for reporting to federal or state agencies only)

Veteran Yes No Dates of Service: _____

Marital Status: _____

Race: Black White Hispanic American Indian

Native American Pacific islander

Other: _____

Part 2:: Work Information (to be filled out by Manager)

Client/Company Name: T Enterprises LLC Division/Department: Triple T Tire

Job Title: _____

Status **x Full Time** Part Time Temp/Full Time Temp/Part Time

Pay Rate From: _____ To: _____ Type: Hourly Commission Pay

Other (list) _____ Spiffs

Frequency: x Weekly **Weekly Required Hours: 40- 50 hrs to hold position**

Original Hire Date _____ , **Date Actually started to work** _____

Notes: _____

Signature of Employee

Date

Signature of Manager

Date

Hire Checklist - update 03/25/2023

Employee name: _____

- Added to TG
 - Include cell phone
 - Include hire date and starting pay
 - Added restrictions for usage according to IP address
- Added as a User in TG Usually Initials and store and last 4 soc pass U:TS73 P:7676
 - Physically test login for Digital Inspections
 - Added to GLC For training @ <https://www.thegoodyearlearningcenter.com/>
 - Manager notified of employee's login and password for GLC?
 - Usually Initials and store and last 4 ass pass U:TS73 P:7676
 - Save GLC User and Password in TG under employee comments
- Scan into Google drive and put in HR Folder- First and last name as folder name
- Physical Employee Folder made & files inserted ?
- Added to QBO Payroll
- Employee emailed login to view his Check?
- Training schedule made?
- Added to store hangouts?

Employee's Withholding Certificate

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

2024

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 surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

**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). If you or your spouse have self-employment income, use this option; **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	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
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Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)							
		If you check Item Number 4. , enter one of these:					
USCIS A-Number		OR		Form I-94 Admission Number	OR		Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)			

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					
					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



I _____ hereby authorize Triple T Tire to deduct the following from my payroll check as required.

- Federal Withholding
- social Security
- Medicare
- 401K
- AFLAC Insurance
- AIG Insurance
- Guardian Ins
- Tool Deduction
- Client payback
- Garnishments
- Child Support
- Uniforms

Signature Date _____ -

Signature Date _____ -



Authorization for Direct Deposit

I Authorize Triple T Tire to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This Authorization will remain in effect until I cancel it in writing and in such time as to afford _____ a reasonable opportunity to act on it.

Name on Bank Account: _____

Bank Account Type : Checking Savings

Bank Account #: _____

Bank Account Routing #: _____

Manual (Paper Check)
Account described below

Important: Please attach a voided check to each bank account to which funds should be deposited.

Employee Signature: _____

Date: _____

Payers: Do not send this form with your direct deposit enrollment. Keep your records. *Note: Employee name MUST be *on account that we deposit into*.

*Please add a copy of a Direct deposit letter, or a Blank Check (*Voided*), or a Bank Statement Letter below (**Required**)

Employee Agreement

Employee Agreement by and between Triple T Tire and _____employee.

*For good consideration, company shall employ and the employee agrees to be employed on the following terms:

1. Effective Date: _____
2. Duties: Employee agrees to perform the following duties as stated in job description attached

Employee shall also perform such further duties as are incidental or implied from the foregoing, consistent with the background, training, and qualifications of employee or may be reasonably delegated as being in the best interest of the company. The Employee shall devote full time to his/her employment and expand best efforts on behalf of the company. Employee further agrees to abide by all reasonable Company Policies and decisions now or hereinafter exist.

3. Compensation:

The employee shall be paid the following compensation:

A: Per pay Agreement

B: Such Bonuses, vacations, sick leave, retirement, benefits and expense accounts as stated in the company manual for all personnel or as may be decided by the company if said items are discretionary with the Company.

4. Termination:

This agreement may be determined upon:

A: Death of employee or illness or incapacity that prevents employee from substantially performing for [1] week or in excess or [10] aggregate working days in the calendar year.

B: Breach of agreement by Employee.

Continued on Next Page ↓

5. Miscellaneous

A: Employee agrees to execute a non-compete agreement as annexed hereto. B: Employee agreed to execute a confidential information and invention assignment as annexed hereto.

C: This agreement shall not be assignable be either party, provided that upon any sale of business by Company, the Company may assign this agreement to is successor or employee may terminate same.

D: In the event of any dispute under this agreement, it shall be resolved through binding arbitration in accordance with the rules of the American Arbitration Association

E: This constitutes the entire agreement between the parties.

(Any Modification must be in writing)

Special Modification:

_____ Signed
Date

Company: _____

Confidentiality and Non-disclosure Agreement

I understand that this statement is a Proprietary Information Agreement (Agreement) with T Enterprises, LLC and its affiliated companies including Triple T Tire. I understand further that:

- (a) The Agreement contains material restrictions on my right to disclose or use, during or subsequent to my association, information learned or developed by me during my association with T Enterprises, LLC.
- (b) T Enterprises, LLC considers this Agreement to be vitally important to the protection of its business. T Enterprises, LLC intends to enforce the terms of the Agreement and to seek appropriate injunctions or restraining orders, as well as monetary damages, should I violate the Agreement.
- (c) I have been advised to consult an attorney regarding any questions I have, and that the employees and agents of T Enterprises, LLC are not authorized to, and will not, give me legal advice concerning this Agreement.

For the specific purposes of receiving or submitting proposals, business plans, providing (including, but not limited to) pre-release product evaluations, product testing, performing specific services or concept / product formulation, I agree as follows:

1. Definitions: As used in this Agreement:

- (a) "T Enterprises, LLC" includes Triple T Tire, and all its present and future subsidiaries, affiliates and alliance partners;
- (b) "Intellectual Property" means any and all Inventions, Works of Authorship, Patents, Trademarks, and Copyrights which (i) relate directly to the business of T ENTERPRISES, LLC or to the actual or demonstratively anticipated research or development of T ENTERPRISES, LLC, or (ii) result from any work performed by me for T ENTERPRISES, LLC, or (iii) any T ENTERPRISES, LLC equipment, supply, facility or trade secret

information is used to develop or improve, or (iv) are not developed entirely on my own time.

- (c) "Inventions" means any and all discoveries, improvements, ideas, concepts, creative works, and designs, whether or not they are in writing or reduced to practice and whether or not they are Patentable;
- (d) "Works of Authorship" mean those works fixed in any tangible medium of expression from which they can be perceived, reproduced or otherwise communicated, either directly or with the aid of a machine or device, whether or not they are copyrightable; and
- (e) "Confidential Information" means any and all information which is not generally known and Which is proprietary to T ENTERPRISES, LLC or any of its clients, consultants, licensors, licensed dealers or distributors. Confidential Information includes, without limitation, business plans, customer lists, consultants, financial information, and trade secrets about T ENTERPRISES, LLC and its products and information or other proprietary information relating to designs, formulas, developmental or experimental work, know-how, products, processes, computer programs, source codes, databases, designs, schematics, other original works of authorship, or other subject matter related to T ENTERPRISES, LLC's research and development, manufacturing, engineering, purchasing, finance, marketing, promotion, distribution and selling activities, whether now existing, acquired, developed or made available anytime in the future to T ENTERPRISES, LLC. All information which I have a reasonable basis to consider confidential or which is treated by T ENTERPRISES, LLC as confidential shall be presumed to be Confidential Information, whether originated by me or by others. I agree that any Confidential Information acquired by me is the property of T ENTERPRISES, LLC.

2. Confidentiality: I agree at all times during the term of my association with (or employment by) T ENTERPRISES, LLC and from then on to hold in strictest confidence, and not to use, except for the benefit of T ENTERPRISES, LLC, or to disclose, transfer or reveal, directly or indirectly to any person or entity any Confidential Information without the prior written authorization of T ENTERPRISES, LLC.
3. Third Party Information: I recognize that T ENTERPRISES, LLC has received, and in the future will receive confidential or proprietary information from third parties, subject to a duty on T ENTERPRISES, LLC's part to maintain the confidentiality of such information and to use it only for certain limited purposes. I agree that I owe T ENTERPRISES, LLC and such third parties, during the term of my association and from then on, a duty to hold all such confidential or proprietary information in the strictest of confidence and not to disclose it to any person, firm or corporation (except as necessary

in carrying out my work for T ENTERPRISES, LLC consistent with T ENTERPRISES, LLC's agreement with such third party) or to use it for the benefit of anyone other than for T ENTERPRISES, LLC or such third party (consistent with T ENTERPRISES, LLC's agreement with such third party) without the express written authorization of T ENTERPRISES, LLC. Any such information shall be considered Confidential Information for the purposes of this agreement.

4. Non-Circumvention. In consideration of T ENTERPRISES, LLC's disclosure of Confidential Information, I shall not at any time prior to the date immediately preceding the third anniversary date of this Agreement, attempt in any manner to commercially exploit the proposed business concepts and plans of T ENTERPRISES, LLC or any of the Confidential Information without T ENTERPRISES, LLC's prior written consent, that may be given or withheld by T ENTERPRISES, LLC at its sole discretion.
5. Return of Materials: At the request of T ENTERPRISES, LLC or upon the termination of my association with or employment by T ENTERPRISES, LLC, I will immediately deliver to my immediate contact or supervisor at T ENTERPRISES, LLC all papers, notes, data, reference materials, sketches, drawings, memoranda, documentation, software, tools, apparatus and any other materials furnished to me by T ENTERPRISES, LLC or which were prepared or made, in whole or in part, by me at any time during my association with or employment by T ENTERPRISES, LLC, together with the attached Termination Certification, which I agree to sign and deliver.
6. Trade Secrets of Others: I understand that it is the firm policy of T ENTERPRISES, LLC to maintain the rights of any party with whom I have a confidentiality or proprietary rights agreement. I will not disclose to T ENTERPRISES, LLC or induce T ENTERPRISES, LLC to use the proprietary information of others. I do not have any existing obligation to others which might be inconsistent with any of the provisions in this Agreement, except for those obligations identified on a separate page and attached to this Agreement.
7. At Will Employment, Surviving Terms: My association with or employment by T ENTERPRISES, LLC is "at will" or per the terms of an attached specific agreement between myself and T ENTERPRISES, LLC, and may be terminated by me or T ENTERPRISES, LLC at any time or according to the attached agreement; however, my obligations in this agreement will survive the termination of my association with or employment by T ENTERPRISES, LLC.
8. Notice: I authorize T ENTERPRISES, LLC to notify others, including customers of T ENTERPRISES, LLC and my future employers or associates, of the terms of this agreement and my responsibilities.
9. Injunctive Relief: I understand that in the event of a breach or threatened breach of this agreement by me, T ENTERPRISES, LLC may suffer irreparable harm and consequently will be entitled to injunctive relief to enforce this agreement.

10. Attorney's Fees: I agree that if any legal action or other proceeding is brought for the enforcement of this Agreement, or because of an alleged dispute, breach, default or misrepresentation in connection with any provision of this Agreement, T ENTERPRISES, LLC shall be entitled to recover reasonable attorney's fees and other costs incurred in that action or proceeding, in addition to any other relief to which T ENTERPRISES, LLC may be entitled.

11. General: My obligations under this Agreement are binding upon my heirs, assigns and legal representatives. This Agreement is governed by the laws of Tennessee. If any provision of this Agreement is more restrictive than permitted by law in any jurisdiction in which enforcement is sought, this Agreement will be limited only to the extent necessary to bring this Agreement within the law of such jurisdiction and other provisions of the Agreement will remain in full force.

I have read and understood this Agreement, and I agree to its terms and conditions.

Employee Signature

Manager

Date

Non-Competition Agreement

For good consideration, the mutual benefit to the parties hereto and as an inducement for T Enterprises, LLC, (including all sub-divisions and owned subsidiaries, all of which are included and collectively referred to herein as the "Company") to employ _____ (Employee) to a position representing the Company, Employee hereby agrees as follows:

1. That he will not to directly or indirectly own, manage, operate, consult or be employed in a business similar to, or competitive with the present business of the company or products, or services, or such other business activity in which the company may substantially engage during the term of employment with the company or any division thereof and for a period of 5 years following termination of employment and notwithstanding the cause or reason for termination.
2. That he will not knowingly and intentionally commit any act, or in any way assist others to commit any act, which would reasonably be expected to injure the Company. Without limiting the generality of the foregoing, he will not, during the effective period of this agreement or thereafter, except as required by law, divulge or make public any trade secrets or confidential or proprietary information relating to the Company or its business operations or make available to any other person or entity any non-public or otherwise confidential documents, files or other papers, concerning the business or financial affairs of the Company. The employee acknowledges that the company may, in reliance on this agreement, provide employee access to trade secrets, customers and other confidential data and good will.
3. That he will not, directly or indirectly, induce, or attempt to induce or influence any employee, agent or representative of the Company to terminate their relationship with the Company.
4. Recognizing that the covenants herein are granted in part to protect the Company's goodwill and legitimate business interests, he will not, directly or indirectly, for the effective period of this agreement set forth in paragraph one above, (i) call or solicit, for

the benefit of any other person, firm, business, corporation or other entity other than the Company, any of the customers of the Company who the Company was servicing or had serviced within the two (2) year period immediately prior to Employee's termination of employment with the Company for the purpose of providing the same or similar services as were provided to such customers by the Company, or (ii) otherwise knowingly and intentionally induce, or attempt to induce any such customer to cease or reduce doing business with the Company.

5. That he will not make use of company assets, including but not limited to tools, equipment, communications equipment, computer and internet services, or any other asset of the Company for personal benefit or gain, or for the benefit or gain of others, without the express permission of the Company.
6. The geographical scope of the obligations of Employee under the terms and provisions of this non-compete agreement shall extend for radius of 60 miles from any of the present locations of the company and shall be in full force and effect commencing with the date of this agreement and for a period of five (5) years after Employee's termination of employment.

The Company and Employee acknowledge that the Company's remedies at law for breach of this Agreement likely would be inadequate and that in the event Employee breaches any covenant contained herein, the Company will suffer material loss, would be irreparably harmed, and the resulting damages would likely be difficult and possibly impractical or impossible to measure. Accordingly, the parties agree that in the event of actual or threatened breach of this Agreement by Employee, the Company shall be entitled to injunctive relief and specific performance of the covenants of Employee, without the necessity of proving actual damage to the Company or posting a bond, and said remedy shall be in addition to and not exclusive of all other rights and remedies available to the Company. It is specifically agreed that the injunctive relief contemplated herein may be entered pending final determination of the merits of any controversy between the parties and without the necessity of posting a bond. The remedies provided for in this Agreement are nonexclusive and are in addition to each and every other remedy available elsewhere in this Agreement or otherwise available at law or in equity.

The covenants containing in this Agreement are intended to be separate and divisible and if for any reason any one or more of the covenants contained herein is held to be invalid or unenforceable, in whole or in part, it is agreed that the same shall not affect the validity or enforceability of any other covenants contained herein, and to this end the terms of this Agreement are declared to be severable.

The parties agree that if, for any reason, any covenant contained herein is held by a court or other tribunal to be unenforceable or invalid, such court or tribunal shall have the power and authority to modify and limit such covenant to that which the court or tribunal deems fair and proper under

the circumstances. Notwithstanding the foregoing, the parties hereto agree to honor the terms of the Agreement and not to contest its enforceability. The parties further agree that the consideration recited in this Agreement is adequate consideration for the covenants of Employee hereunder and Employee waives any right to challenge the enforceability of this Agreement based upon the consideration stated herein.

In the event the Employee is found by a court of valid jurisdiction to have violated any of the covenants of this Agreement, Employee agrees to indemnify and hold harmless the Company from and against all liability, loss, damage and expense incurred by the Company arising from or otherwise relating to such breach, including, without limitation, all reasonable attorneys fees and expenses incurred in enforcing this Agreement, through litigation or otherwise.

This Agreement shall be interpreted, construed, applied and enforced in accordance with the laws of the State of Tennessee, without giving effect to its choice of law or conflicts of law principles.

This agreement shall be binding upon and ensure the benefit of the parties, their successors assigns, and personal representatives.

Employee _____ Date: _____

Management _____

T Enterprises, LLC DBA Triple T Tire is committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when any T Enterprises, LLC DBA Triple T Tire employee illegally uses drugs on or off the job, comes to work under their influence, possesses, distributes or sells drugs in the workplace, or abuses alcohol on

(1) It is a violation of company policy for any employee to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on or off the job,

(2) It is a violation of company policy for any employee to report to work under the influence of or while possessing in his or her body, blood or urine, illegal drugs in any detectable amount.

(3) It is a violation of company policy for any employee to report to work under the influence of or impaired by alcohol.

(4) It is a violation of the company policy for any employee to use prescription drugs illegally, i.e., to use prescription drugs that have not been legally obtained or in a manner or for a purpose other than as prescribed. However, nothing in this policy precludes the appropriate use of legally prescribed medications.

(5) Violations of this policy are subject to disciplinary action up to and including

termination. Continued on next page.

Substance Abuse Policy Statement Sample - Continued

It is the responsibility of the company’s supervisors to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug problem. Although it is not the supervisor’s job to diagnose personal problems, the supervisor should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment, and co-workers should encourage anyone who has a drug problem to seek help.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and drug- free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs and the abuse of alcohol are incompatible with employment at T Enterprises, LLC DBA Triple T Tire.

- If your company is subject to the requirements of the Drug-Free Workplace Act of 1988 (By nature of a grant/contract with the Federal Government) you should add the following statement to your drug policy:

As a condition of employment, employees must abide by the terms of this policy and must notify The Company in writing of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

- If you are including a designated EAP in your company’s program, add the following paragraph to your policy:

The company offers an Employee Assistance(EAP) benefit for employees and their dependents. The EAP provides confidential assessment, referral and short-term counseling for employees who need or request it. If an EAP referral to a treatment provider outside the EAP is necessary, costs may be covered by the employee’s medical insurance; but the cost of such outside services are the employees responsibility.

Confidentiality is assured. NO information regarding the nature of the personal problem will be made available to supervisors, nor will it be included in the permanent personnel file.

Participation in the EAP will not affect an employee’s career advancement or employment, nor will it protect an employee from disciplinary action if substandard job performance continues. The EAP is a process used in conjunction with discipline, not a substitute for discipline.

The EAP can be accessed by an employee through self-referral or through referral by a supervisor . We will distribute information about the EAP to employees for their confidential use.

.....

- If you are Not contracting with a designated EAP, but are providing a directory of local EAP/substance abuse treatment providers instead, add the following paragraph to your policy:

The company offers resource information on various means of employee assistance in our community, including but not limited to drug and alcohol abuse programs. Employees are encouraged to use this resource file; which is located [insert where]. In addition, we will distribute this information to employees for their confidential use.

.....

..... **General Procedures**

Any employee reporting to work visibly impaired will be deemed unable to perform required duties and will not be allowed to work. If possible the employee’s supervisor will first seek another supervisor’s opinion to confirm the employee’s status. Next, the supervisor will consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred. If, in the opinion of the supervisor, the employee is considered impaired, the employee will be sent home or to a medical facility by taxi or other safe transportation alternative - depending on the determination of the observed impairment - and accompanied by the supervisor or another employee if necessary. A drug or alcohol test may be in order. An impaired employee will not be allowed to drive.

Continued on next page.

Opportunity to Contest or Explain Test Results

Employees and job applicants who have a positive confirmed drug or alcohol test result may explain or contest the result to the medical review officer within five (5) working days after receiving written notification of the test result from the medical review officer; if an employee's or job applicant's explanation or challenge is unsatisfactory to the medical review officer, the medical review officer shall report a positive test result back to the company; a person may contest the drug test result pursuant to rules adopted by the Tennessee Department of Labor.

Confidentiality

The confidentiality of any information received by the employer through a substance abuse testing program shall be maintained, except as otherwise provided by law.

Job Applicant Drug Testing

All job applicants at this Company will undergo testing for substance abuse as a condition of employment. Any applicant with a confirmed positive test result will be denied employment.

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

If the physician, official or lab personnel has reasonable suspicion to believe that the job applicant has tampered with the specimen, the applicant will not be considered for employment.

This Company will not discriminate against applicants for employment because of a past history of drug or alcohol abuse. It is the current illegal use of drugs and/or abuse of alcohol, preventing employees from performing their jobs properly, that this Company will not tolerate.

Continued on next page.

Substance Abuse Policy Statement Sample - Continued

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Employee Drug Testing

This Company has adopted testing practices to identify employees who use illegal drugs on or off the job or who abuse alcohol on the job. It shall be a condition of employment for all employees to submit to substance abuse testing under the following circumstances:

1. When there is reasonable suspicion to believe that an employee is illegally using drugs or abusing alcohol. 'Reasonable suspicion' is based on a belief that an employee is using or has used drugs or alcohol in violation of the employer's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon, but not limited to, the following:

- . (A) Observable phenomena while at work such as direct observation of substance abuse or of the physical symptoms or manifestations of being impaired due to substance abuse;
- . (B) Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance;
- . (C) A report of substance abuse provided by a reliable and credible source;
- . (D) Evidence that an individual has tampered with any substance abuse test during his or her employment with the current employer;
- . (E) Information that an employee has caused or contributed to an accident while at work; or
- . (F) Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.

Continued on next page.

Substance Abuse Policy Statement - Continued

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2. When employees have caused or contributed to an on-the-job injury that resulted in a loss of work-time, which means any period of time during which an employee stops performing the normal duties of employment and leaves the place of employment to seek care from a licensed medical provider. An employer may send employees for a substance abuse test if they are involved in on-the-job accidents where personal injury or damage to company property occurs.

3. As part of a follow-up program to treatment for drug abuse.

4. Routine fitness-for-duty drug or alcohol testing. A covered employer must require an employee to submit to a drug or alcohol test if the test is conducted as part of a routinely scheduled employee fitness-for-duty medical examination where the examinations are required by; law, regulation, are part of the covered employer's established policy, or one that is scheduled routinely for all members of an employment classification group.

Alcohol Testing

The consumption or possession of alcoholic beverages on this Company's premises is prohibited. (Company sponsored activities which may include the serving of alcoholic beverages are not included in this provision.) An employee whose normal faculties are impaired due to alcoholic beverages, or whose blood alcohol level tests .10% by weight for non-safety sensitive positions, or .04% for safety sensitive positions, while on duty/ company business shall be guilty of misconduct, and shall be subject to discipline up to and including termination.

Refusal to Submit

Failure to submit to a required substance abuse test also is misconduct and also shall be subject to discipline up to and including termination.

Important Information for Job Applicants and Employees

When an employee or job applicant submits to a drug and/or alcohol test, they will be given a form by the specimen collector that contains a list of common medications and substances which may alter or affect the outcome of a drug or alcohol test. This form will also have a space for the donor to provide any information that he/she considers relevant to the test, including the identification of currently or recently used prescription or non-prescription medication or other relevant information. The information form should be kept by the job applicant or employee for their personal use. If the job applicant or employee has a positive confirmed test result a medical review officer will attempt to contact the individual in order to privately discuss the findings with that person. The job applicant or employee should keep the form as a “reminder “ to discuss this information at that time. The medical review officer will take this information into account when interpreting any positive confirmed test results. The information provided shall be treated as confidential and will not be given to the employer. Employees and job applicants have the right to consult with a medical review officer for technical information regarding prescription and non-prescription medicine.

It is the responsibility of every employee or job applicant to notify the testing laboratory of any administrative or civil action brought pursuant to TCA Section 50-9-100 et. seq. , Drug-Free Workplace Programs.

The provisions of this policy are subject to any applicable collective bargaining agreement or contract and include the right of appeal to the applicable court.

Substance abuse testing for job applicants and employees will include a urinalysis screen for the following drugs: *

Alcohol: (not required for job applicant testing)

Any “ Alcoholic Beverage ”, all liquid medications containing ethyl alcohol (ethanol). Please read the label for content. For example; Vicks Nyquil™ is 25% (50 proof) ethyl alcohol, Comtrex™ is 20% (40 proof), Contac Severe Cold Formula Night Strength™ is 25% (50 proof) and Listerine™ is 26.9% (54 proof).

Continued on next page.

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Substance Abuse Policy Statement Sample - Continued

Amphetamines: “ speed,” “uppers,” etc.

Cannabinoids: THC, marijuana, hashish, “pot,” “grass,” “hash,” etc.

Cocaine: “coke,” “crack,” etc.

Phencyclidine: PCP, “angel dust.”

Opiates: Narcotics, Heroin, Codeine, Morphine, “ smack, dope, etc... “.

* An employer must test for these 5 substances in order to be certified. The Rules & Guidelines of the Drug-Free Workplace Program do not prohibit an employer from testing for a broader range of substances. If you decide to test for additional drug s, it is advised that they be included on this list.

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I hereby consent to submit to urinalysis and/or other tests as shall be determined by T Enterprises, LLC dba Triple T Tire in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Rapid Care (Dyersburg) or Twin Lakes (Paris) (clinic) may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current illegal use of drugs and/or ab use of alcohol that prohibits me from being employed at this Company.

I further agree to hold harmless the Company and its agents (including the above named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Company’s consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant: _____
PrintName _____ S.S.#: _____
Signature _____ Date: _____

Witness Printed Name: _____
_____ Witness Signature:

T Enterprises Driver Addition with MVR Authorization:

To: White & Associates First Citizens Insurance
731-288-3537
Fax 731-288-3537

From: Triple T Tire
270 US Hwy 51 ByPass S

Dyersburg, TN 38024
Add Driver to United Fire Policy# 60364472

Name: _____ SSN: _____
DOB: _____ DL# _____ Exp: _____ State _____
Issued: _____

I _____ (driver), Understand the above Information will be used to order a motor vehicle report (MVR) for Triple T Tire. The details from this report will determine my continued employment due to any unacceptable conditions by T Enterprises Insurance Carrier and/or Management.

Driver must keep Driver's License Valid to stay employed at Triple T Tire.

I hereby give White & Associates Insurance Agency permission to run an MVR and to provide a copy of the MVR, at anytime to Triple T Tire . By Signing this I also understand this may affect my current job or potential hiring.

Driver Signature _____ Date: _____

Confidential Background Check Authorization

Print

Name: _____

____ Former Name(s) and Dates

Used: _____ Current Address

Since: _____

Previous Address From:

_____ Social

Security Number: _____

DOB: _____

Telephone Number: _____

Drivers License Number/State: _____ The

information contained in this application is correct to the best of my knowledge.

I hereby authorize Triple T Tire and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Triple T Tire or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Triple T Tire and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Medical Questionnaire

Company

Name: _____ Date: _____

Applicant Pre-placement Voluntary Employee Health Program Full Name: _____ Sex: Male Female

Current Address: _____

Marital Status: Single Married Divorced Widow

Name Of Spouse or

Parents: _____ Your Family

Doctor: _____

HAVE YOU EVER HAD:
Employee Must Fill Below!

- Head or Brain Injury Stomach Troubles or Ulcers Frequent Headaches Intestinal or Bowel Disorders Epilepsy, Convulsion, or Fits Hepatitis (Yellow Jaundice) Dizziness, or Fainting Spells Diabetes (If so Are you taking Medication?) Blurry or Double Vision Hernias or Ruptures
- Eyeglasses or Contact Lenses Back Injury
- Ear Trouble or Poor Hearing Backache, Lumbago, or Sciatica Smothering or Shortness of Breath Arthritis, Rheumatism or Gout Breathing Difficulty or Asthma Skin Rashes or Eczema Chronic Bronchitis or Cough Varicose Veins
- Pneumonia or Pleurisy Bladder or Kidney Trouble Tuberculosis Prostate Gland Problems High Blood Pressure Cancer or Tumor
- Chest Pains, Angina Blood in Sputum, Urine or Stools Heart Trouble or Palpitations Depression or Nervous Disorders Rheumatic Fever or Heart Murmur Mental Illness
- Ankle Swelling Alcohol-Related Problems Disease or Injury of Joints

Have Your Ever Smoked? Yes No If so how many years? _____

Do you smoke now? Yes No

How Many Packs Per day? Less than one More than one More than two More ____ Can you go without smoking for 4 ½ hours? Yes No

When was your last Tetanus Toxoid Shot

(Lockjaw)? _____ Have you had a Tuberculin Skin Test?

Yes No When? _____ Result _____

- Have you ever had an operation?
- Have You ever been hospitalized?
- Have you ever been seriously injured?
- Do you have any allergies?
- Have your ever been refused employment or insurance for health reasons? Have you ever been forced to give up a job or discharged from military service for health reasons? Do you take medications regularly? (Prescribed or over the counter)

If you answered YES to any of these questions above, please give details here:

PHYSICAL EXAMINATION

GINA Disclosure

The Genetic Information Nondiscrimination Act (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of an individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Date: _____ Height: _____ Weight: _____ Body Build: _____ Blood Type: _____
 Other Test Measurements, or Examinations Requested by Employer

Employee Signature: _____

DESCRIPTION OF PHYSICAL DEMANDS

Job Title: _____ Department: _____
 Name: _____ Hours/Workday 8am-5pm
 Developed By: _____ Date Developed: _____
 Manager Signature: _____ Date: _____
 Can Your Lift 25lbs. With each arm? Yes No

CHECK APPROPRIATE BOX FOR EACH OF THE FOLLOWING ITEMS TO BEST DESCRIBE THE EXENT OF THE SPECIFIC ACTIVITY PERFORMED BY THE STAFF MEMBERS IN THIS POSITION

PHYSICAL DEMANDS

On-the-job time is spent in the following physical activities
 Show the amount of time by checking the appropriate boxes below.

	Amount of Time			
	None	Up to 1/3	1/3 to 1/2	2/3 and more
Stand :				X
Walk :				X
Talk or hear :				X
Use of fingers, hands or feet :				X
Push/Pull :				X
Sleep, kneel, crouch or crawl :		X		
Reach with hands and arms :		X		
Taste or smell :	X			

This job requires that weight be lifted or force be exerted.
 Show how much and how often by checking the appropriate boxes below.

	Amount of Time			
	None	Up to 1/3	1/3 to 1/2	2/3 and more
Up to 10 pounds:			X	
Up to 25 pounds:		X		
Up to 50 pounds:		X		
Up to 100 pounds:		X		
More than 100 pounds:		X		

This job has special vision requirements
 Check all that apply.

- Close Vision (clear vision at 20 inches or less)
- Distance Vision (clear vision at 20 feet or more)
- Color Vision (ability to identify and distinguish colors)
- Peripheral Vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)
- Depth Perception (three-dimensional vision: ability to judge distances and spatial relationships)
- Ability to Adjust Focus (ability to adjust eye to bring an object into sharp focus)
- No Special Vision Requirements

Specific demands not listed: _____

Note: Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this position.

WORK ENVIRONMENT

This job requires exposure to the following environmental conditions.
 Show the amount of time by checking the appropriate boxes below.

	Amount of Time			
	None	Up to 1/3	1/3 to 1/2	2/3 and more
Wet, humid conditions (non-weather):	X			
Work near moving mechanical parts:			X	
Fumes or airborne particles:	X			
Toxic or caustic chemicals:	X			
Outdoor weather conditions:		X		
Extreme cold (non-weather):	X			
Extreme heat (non-weather):	X			
Risk of electrical shock:	X			
Work with explosives:		X		
Risk of radiation:	X			
Vibration:	X			

The typical noise level for the work environment is:
 Check all that apply.

- Very Quiet
- Quiet
- Moderate Noise
- Loud Noise
- Very Loud Noise

Hearing:

- Ability to hear alarms on equipment
- Ability to hear client call
- Ability to hear instructions from physician/department staff

REPETITIVE MOTION ACTIONS

	Number of Hours				
	0	1-2	3-4	5-6	7+
Repetitive use of foot control					
A. Right only	X				
B. Left only	X				
C. Both	X				
Repetitive use of hands					
A. Right only	X				
B. Left only	X				
C. Both	X				
Grasping: simple/light					
A. Right only	X				
B. Left only	X				
C. Both	X				
Grasping: firm/heavy					
A. Right only	X				
B. Left only	X				
C. Both	X				
Fine Dexterity					
A. Right only	X				
B. Left only	X				
C. Both	X				

Signature: _____ Workers


Compensation Claim History

Applicants Name: _____

State Workers Compensation law provides for a “Second Injury Fund” which can reduce an employers’ claim liability under certain conditions. This provision in no way affects the award entitlement or award amount of any affected employee.

Please indicate below your Workers’ Compensation claim history:

- I have never received an award from a Workers’ Compensation claim.
- I have received awards under the following Workers’ Compensation claims.



I have read the above statements and certify that the Workers’ Compensation information I have furnished is complete and accurate to the best of my knowledge. I understand that falsification of the above information may subject me to disciplinary action, including termination, if hired.

Signature _____ Date _____

EMPLOYEE HOLIDAY PAY

- A) Holiday pay after 90 days
- B) Must Work the day before and the day after unless previously arranged with Management in writing in order to get paid for the holiday
- C) Management May or May not Float Holidays that fall on Weekends
- D) 6 Paid holidays
 1. New Years - Jan 1st--- when falls on work day
 2. Memorial Day - Last Monday in May
 3. July 4th -- when falls on work day
 4. Labor Day - 1st Monday in September
 5. Thanksgiving Day -- The 4th Thursday of November
 6. Christmas Day- December 25th-- when falls on work day

EMPLOYEE VACATION PAY GUIDELINES After 1st year anniversary

40 hours Vacation

16 hours Personal Time

Must be Written Request on Absentee Request Form

Pending Management Approval

Termination or Resignation Forfeits vacation and holiday pay. The Company Does Not Buy Vacation Time

Employee Signature_____

Date_____ Managment_____

Date_____

Cell Phone Policy

Due to safety risk there is to be NO personal cell phones in the shop. There will be NO Texting or Calling while on the clock! No Cell phone use while on the clock. (this also includes Earbuds, any type of headphones)

IN CASE OF EMERGENCY YOUR PHONE CAN CALL THE OFFICE PHONE NUMBER

Due to safety reasons there will be no iPods, MP3's in the shop while working inside or outside the shop on company business. This Includes any and all bluetooth headphones/earbuds.

Employee _____ Date _____

Manager _____ Date _____

NO CALL NO SHOW POLICY

I _____ understand that a “No call, No show” is grounds for dismissal. I understand that I (The Employee) Must CALL in and SPEAK to a manager or owner prior to my work time to give notice of being late or sick or otherwise unable to come to work. I also understand that I must do this everyday that I will not be at work or be late unless otherwise arranged with manager/owner. I understand that texting is NOT speaking! I also understand that getting other co-workers/family members to inform manager/owner that you (the employee) will be absent or late is NOT permitted. YOU must call in and YOU must speak to the manager and/or owner.

Signature of employee _____ **Date** _____

Witness _____ **Date** _____

Tobacco Policy

No smoking inside the shop area or in the office or in the restrooms or any part of any of the Triple T Tire buildings!

No smoking in Triple T Tire company vehicles!

No smoking in or around customers vehicles, even if they are smokers!

No smoking while waiting on customers, even outside!

No chewing or dipping tobacco products inside the Triple T Tire buildings! No chewing or dipping tobacco products inside Triple T Tire company vehicles! No chewing or dipping tobacco products while waiting on customers outside the buildings! I understand this policy

Employee _____ Date _____

Management _____ Date _____

Employee Uniform Responsibility Form

Employee Name: _____

Date _____

I _____ understand, acknowledge receipt of the following items and quantities:

-Important

Uniform make up charge will be deducted from 2 payroll checks in amount of \$24.20 each then the uniform deduction will be \$6.05 per week.

Upon the termination of my employment or at the request of my Manager, I will return all rented uniforms to Triple T Tire. Failure to return these uniforms and/or the damage of these garments will authorize the company to deduct from my wages the cost of all uniforms missing/damaged at the rate arranged between the company and its uniform services.

The total Inventory value of all garments I am renting is \$450.

Signature: _____

Wheel Tightening Procedure

When installing wheels on vehicle, if a tire is set on the vehicle it **MUST** be tightened before walking away. You are responsible for tightening every wheel that you install on a vehicle. Don't put the wheel on the vehicle if you don't have the time or equipment to tighten it.

I understand that NOT following the wheel tightening standard operating procedure is grounds for dismissal. I understand how to tighten wheels and what is required of me in accomplishing this task.

Signature_____ Date_____

Witness_____ Date_____

Employee Damage Agreement

I _____, and employee of Triple T Tire agree to the following items listed below:

-If I cause harm to a customer's, or the company's property through my own fault or if I cause any situation that results in the company incurring expense that would not have occurred if I had performed my duties reasonably, I will be held monetarily liable up to the first \$1000 of this expense.

-The determination of fault will be made solely by management, and will be fairly applied.

-In the event that I am found liable, I agree that the resulting debt will be repaid through **salary reduction, and any unpaid amount at the time of my departure from the company will be deducted from my final pay.**

-I understand that any salary deductions will be made in compliance with state and federal employment regulations.

Signature _____

Printed Name _____

Date _____

New Employee Safety Orientation

Employee Name: _____

Job Title: _____

SSN: _____

1. Reporting Emergencies

Tell and show the new employee(s) the police, medical, and fire emergency reporting number(s) for their work area.

General Police - Medical - Fire 911

2. Emergency Evacuation

Walk new employees through the appropriate emergency evacuation route for their work area. Also point out the secondary emergency evacuation route to be used if the primary route is blocked. Show them where to assemble after evacuation. Discuss special evacuation needs and plans with disabled employees.

3. Local Fire Alarm Signaling System

Show new employees where fire alarm pull stations are and instruct them in their use. Let them know that activating the pull station sounds an alarm in the building to alert other occupants to evacuate. Describe what the alarm in your building sounds like (a bell, chimes, a slow whoop).

- Tell your new employees that they must leave the building immediately upon hearing the alarm, closing doors behind them.
- When employees discover a fire they should first, pull the nearest fire alarm pull station and then exit the alarmed area. If possible, employees should follow up with a telephone call from a safe location to provide more details.

4. Portable Fire Extinguishers

Show the employee(s) where portable fire extinguishers are located. Tell them to use a portable fire extinguisher only if:

- They have been trained to use them.
- They have a clear evacuation route.

Continued on next page

5. Department Reporting Procedures

Tell your new employee(s) to immediately report accidents, incidents, near misses, motor vehicle accidents and any unsafe conditions or acts to:



-Usually their supervisor

A. Reporting Accidents and Incidents

- Explain that after they immediately report on-the-job accidents, they have to fill out an accident incident report form.
- Explain the form and tell them where the forms are located. All accidents or near accidents (incidents) must be reported on this form even if no personal injury was sustained.
- Reporting all accidents and incidents helps Triple T initiate effective safety programs and accident prevention measures.

B. Reporting Motor Vehicle Accidents

- All automobile accidents in University-owned vehicles must also be reported to the University Police Department (911) immediately, whether or not there appears to be personal injury or property damage.

C. Reporting Unsafe Conditions and Acts

- Along with immediately reporting unsafe conditions and acts to their supervisors or the person noted above.
- Explain that employees should take responsibility for correcting unsafe conditions when feasible, e.g., wiping up small, non toxic spills and removing tripping hazards.

6. Workers' Compensation and Industrial Insurance

Tell employees that work-related injuries or illnesses resulting in medical expenses or time loss are covered by Triple T Tire Workers' Compensation. To establish a Workers' Compensation claim, employees must fill out a State Department of Labor and Industries (L&I) Report of Industrial Injury or Occupational Disease at their medical provider's office when they receive medical care for a work-related injury or illness. Explain, also, that prompt reporting of accidents to you, the supervisor, will make the claims process easier and may allow you to find them modified work during their recovery.

7. First Aid

Tell new employees where first aid kits are located. Explain what actions employees should take if they or others are injured. If safety showers or eye wash stations are located in your department, show new employees where they are and instruct them in their use.

8. Hazard Communication (Chemical Safety) (Worker Right-to-Know, HazCom) A. General (All Employees)

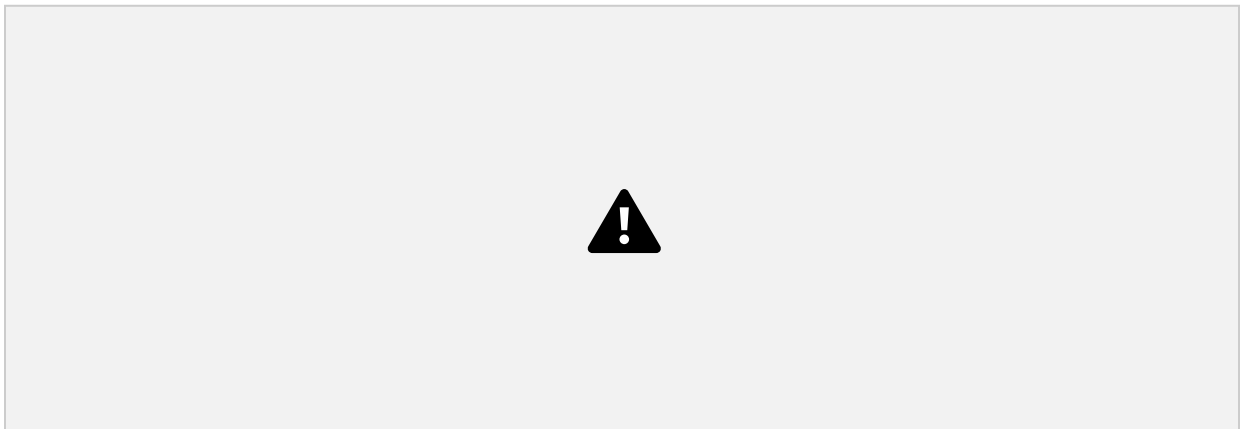
- Tell new employees where hazardous materials are used or stored in their work area. - Explain the labeling system for these materials.
- Show employees where material safety data sheets (MSDSs) are located or explain how they can obtain an MSDS.
- If new employees will be working with hazardous materials, tell them they will receive training in the safe handling of these materials or conduct the training at this time, if appropriate.
- Hazard Communication training is conducted by supervisors or a designated trainer.
- Inform new employees that hazardous materials emergencies, such as spills or releases too big for them to clean up, are to be reported to the store Manager.

9. Worksite Warning Signs and Labels

Explain to all new employees the meaning of warning signs, tags, and labels used in their work area.

10. Personal Protective Equipment(PPE)

Check the personal protective equipment required for this job.



Shoes: No flip-flops, Crocs, Tennis Shoes, Must be work shoes. (Oil resistant, and slip resistant)

Explain precisely the use, care, cleaning, and storage of any personal protective equipment the new employee will be required to use on the job. Stress the need for strict adherence to department, division, unit, and/or lab policy on the use of PPE.

11. Employee Safety and Health Training

Use the following list to indicate the safety and health training classes the new employee will be required to take for their job. Recommended classes could also be marked but priority must be given to arranging the required health and safety training classes.

12. Safety and health Committee(s) and/or Safety Meeting

Tell new employees about the Organizational and University-wide Health and Safety Committees and about the departmental health and safety committee and safety meetings, if applicable. Tell them who their safety committee representatives are and how to contact them.

13. Safety Bulletin Board

Point out the departmental safety bulletin board and tell them what items can be found on the board.

The bulletin board must display the following posters:-

- HazCom Poster
- State Labor and Industries Posters
 - "Job Safety and Health Protection"
 - "Notice to Employees"
 - "Your Rights as a Worker"
- Other safety notices, newsletters, safety and health committee minutes, etc. should be posted here also.

14. Departmental/Worksite Safety Practices and Rules

Conduct an on-the-job review of the practices necessary to perform the initial job assignments in a safe manner. Employees should understand that supervisors will provide job safety instruction and inspection on a continuing basis. Review safety rules for your department (e.g., non-smoking areas, working alone, safe use of chemicals, etc).

15. Cell Phones Visible. No Earbuds, Loose/dangling clothing, keys, wallets, chains. No Rings, loose watches, earrings, or ponytails.

Employee Signature: _____ Date _____

Trainer: _____ Date _____

Exit Checklist

Employee Name: _____ Position: _____

Supervisor: _____ Department: _____

Hire Date: _____ Termination Date: _____ Today's Date _____

----- Exit Interview Scheduled for _____ at _____
with _____

----- Information to be discussed with the employee prior to departure:

- Yes No Not Applicable Medical benefits/Cobra
- Yes No Not Applicable Life Insurance Conversion
- Yes No Not Applicable Severance Pay
- Yes No Not Applicable Vacation/Sick Pay Due
- Yes No Not Applicable Pension/Savings Plan Funds
- Yes No Not Applicable Stock Plans
- Yes No Not Applicable Education Assistance Reimbursement Yes No Not Applicable Expense Reports/Other Reimbursements Yes No Not Applicable Unemployment Compensation (If Applicable) Yes No Not Applicable Computer Security Process
- Yes No Not Applicable Trade Secrets/Proprietary Information Yes No Not Applicable Procedure for providing references Yes No Not Applicable Eligibility for receiving final paycheck Yes No Not Applicable Other _____ Yes No Not Applicable Other _____

----- Items to be returned by employee:

- Returned Not Applicable Keys-Building/office/file cabinets/cars Returned Not Applicable Security Pass/Id Cards
- Returned Not Applicable Parking Pass/Access Key
- Returned Not Applicable Credit Cards
- Returned Not Applicable Phone Calling Cards
- Returned Not Applicable Cell Phone
- Returned Not Applicable Computer/Tablet/Handbook
- Returned Not Applicable Tools/Equipment
- Returned Not Applicable Company Information

Returned Not Applicable Other _____

----- *Other procedures to follow:*

Completed Not Applicable Notify Payroll and obtain/send final paycheck Completed
Not Applicable Notify Security Office

Completed Not Applicable Notify Credit Union/Company Store/Other Completed
Not Applicable Notify Health Insurance Provider Completed Not Applicable Notify
Life Insurance Provider

Completed Not Applicable Process Pension/Savings Forms Completed
Not Applicable Review and close out personnel file Completed Not
Applicable Modify HRIS records

----- Check list reviewed by: _____

Date _____

Separation Of Employment

Name: _____ Date: _____

Department: _____

This date, the above named employee was separated from the employer for the following: Discharged Resigned

At Will Absent Without Notice

Violation of Company rules Other Employment

Performance Dissatisfaction

Conduct Moved

Attendance Attended School

Insubordination Not returned-FLMA Leave

Illegal Drug use Reason not given

Other (Explain) Other (Explain)

Laid Off Leaves of Absence

Lack of work Military (uniformed) Service

Reduction in Force Medical (Not FMLA)

Other Other

Retired Deceased

Reason

of

Seperation: _____

Termination Benefits explained Yes No

Wage Receipt and Release:

- Receipt is acknowledged of \$ _____ in full payment of all wages and other indebtedness due to employee from the undersigned employer; and in further consideration of said payment of \$ _____ the undersigned employee does hereby release and forever discharge the employer from and all claims of every kind which he/she may have against the employer

Signature of Manger: _____

Employee Signature: _____ **Date:** _____

