Lott’s Concrete New Hire Packet

EMPLOYEE INFORMATION

|  |  |  |
| --- | --- | --- |
| Name | Social Security # | Date of birth |
| Address/City/ST/Zip | Phone Number |  |

In Case of Emergency-Please Contact

|  |  |
| --- | --- |
| Name | Relationship |
| Address/City/ST/Zip | Phone # |
| Name | Relationship |
| Address/City/ST/Zip | Phone # |
| Name | Relationship |
| Address/City/ST/Zip | Phone # |

FOR OFFICE USE ONLY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employment Date | Employee ID | | Benefits Eligibility Date | |
| Rate of Pay | Pre-Employment Drug Test Results: | GL Code | |  |
|  |  |  | |  |
| Job Category:  Executive  First/Mid-level Manager  Professional | Technician  Sales  Administrative  Labor | Position | |  |

REVIEW AND COMPLIANCE WITH POLICIES AND PROCEDURES FOR EMPLOYEES

I, , understand that it is my responsibility to review and comply with all policies and procedures. These documents have been provided to me and I further understand that I am able to review these items, and any future items, with a member of the management team. I understand and agree to these terms.

Employee Signature Date

EEO-1 Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

***Check one: ⁪ Male ⁪ Female***

***Ethnicity:***

Are you Hispanic or Latino?

No, I am not Hispanic or Latino.

Yes, I am **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

***Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino”***

What is your race? Select ***ONE*** of the following categorie(s): ⁪

**White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black or African American** – A person having origins in any of the Black racial groups of Africa.

**American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian***–* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Two or More Races** – All persons who identify with more than one of the above five *races*.

**Direct Deposit**

I (we) hereby authorize Lott’s Concrete Products Inc, hereinafter called “Company,” to initiate credit entries to my (our) account indicated below, and the depository named below, hereinafter called “Bank,” to credit the same to such account. Adjusting entries to correct errors are also authorized.

BANK NAME:

TRANSIT/ROUTING #:

CHOOSE ONE:  Checking Account #

Savings Account #

DOLLAR AMOUNT OR PERCENTAGE:

This authority is to remain in full force and effect until Company has received written notification from me (us) if it termination in such time and in such manner as affords company a reasonable opportunity to act upon it.

Employee Name:

Date:

Signature (Employee):

**Direct Deposit Refusal Form**

To refuse direct deposit, please acknowledge the following statements by initialing next to each one:

\_\_\_\_\_\_\_ I understand that if my check is mailed to me, Lott’s Concrete has no control over the delivery date, only the issuance date.

\_\_\_\_\_\_\_ I understand that Lott’s Concrete is not responsible for lost or stolen paychecks.

\_\_\_\_\_\_\_ I understand that it may take up to one week to reissue your check if it is lost or stolen. Additionally, I will need to sign an affidavit in order to receive a replacement check.

\_\_\_\_\_\_\_ I understand that I may sign up for direct deposit at any time in the future.

I have read the above and fully understand the direct deposit refusal agreement.

Employee Name:

Date:

Signature (Employee):

I, have received my medical enrollment packet offering me group health insurance with a company contribution of 50% for employee selected coverage.

\_\_\_\_\_\_\_ I understand that I have 45 days from date of hire to make my selection

\_\_\_\_\_\_\_ I understand that if selected, my insurance coverage will begin on the first of the month following 60 days of employment

\_\_\_\_\_\_\_ I understand that if I do not have medical insurance either as part of the group coverage offered by Lott’s Concrete or through other means, I may be subject to penalties applied by the government

I understand and agree to these terms.

Employee Signature Date