



Nova Management, Inc.

Welcome to Nova Management, Inc. Please review the following information and feel free to keep this page as a quick reference guide during your relationship with Nova Management, Inc. A complete employee handbook can be found at www.novamanagement.com

- **Application Procedures:** Complete the application that follows in its entirety and fax it to 831-373-4517. Make sure that your address is very clearly written at the bottom of page 1. This is where all paychecks and paystubs will be mailed.
- **Timecards:** Timecards are available on-line at www.novamanagement.com in PDF format. Please print them out and fax them to us at 831-373-4517. They are due in our office no later than 12:00 noon each Monday following the week worked. Please be sure to print your name, company, and week ending date at the bottom of each faxed timecard. We do have an electronic timecard system that we encourage you to use. We ask that you contact us as soon as you start your employment and we can get you started utilizing this system.
- **Pay Cycle:** Nova operates on a weekly pay cycle; you will submit your timecard every Monday, and your paycheck will be mailed to you every Thursday at the address you designate. Checks or paystubs are mailed from Monterey, California each Thursday evening.
- **Direct Deposit:** You can opt for your check to be direct deposited into your account. You will find the form near the end of this application or at www.novamanagement.com. The first and in some cases your second check will arrive as a regular paper check in your postal mail box. This delay is caused by our need to pre-note your account to insure that your funds are put into the correct account.
- **Benefits:** Upon completion of any Introductory Period, you will be eligible to receive medical and dental benefits through Nova. You will receive a new hire packet shortly after hire. You may contact the various providers directly for any questions you may have.
- **Injuries:** If you are injured please contact your immediate on-site supervisor immediately and then contact Nova.
- **Resume:** Please provide a copy of your resume with the return of these documents.
- **Questions:** Please feel free to contact us Monday through Friday, 8:00 AM to 5:00 PM PST with any questions or concerns.

Sincerely,

Nova Management, Inc.



Nova Management, Inc. Employment Application

TO BE COMPLETED BY CLIENT		
CLIENT COMPANY DIVISION:		
Hourly Rate:	Start Date:	Work State:
Will the employee have Internet access?	Department Number:	PO #:
Employee Supervisor:	Supervisor Email:	Supervisor Phone Number:
DESCRIPTION OF JOB DUTIES:		
YOUR NAME:	YOUR EMAIL:	YOUR PHONE NUMBER:
CLIENT SIGNATURE:		DATE:

<i>APPLICANT PLEASE COMPLETE ALL REQUIRED INFORMATION</i>		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
Social Security Number:		
MAILING ADDRESS		
Address:	City:	State:
Zip Code:	Home Telephone:	Cell Phone:
Email:	Emergency Contact:	Emergency Phone:

- I agree and understand that the following pertain with Nova Management, Inc.;
- I understand that my timecard is due by 12:00 Noon each Monday following the week worked.
 - I understand that it's my responsibility to verify that my timecard has been received.
 - I understand that a complete employee handbook can be accessed at www.novamanagement.com or calling 800-720-0344.
 - I understand that if hired, I may be eligible for limited medical, dental, and vision coverage plans. Call us at 800-720-0344.
 - I understand that changes in contact data should be communicated via fax utilizing the **Employee Modification Form** found at www.novamanagement.com.
 - I understand that employment with Nova is "at will" and that I may resign or be discharged from employment at any time with or without cause.

Signature:	Date:
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Please fax this signed document along with:
 W-4, I-9, Direct Deposit, Drug Test Consent Form, Background Release Form

Fax: 831-373-4517

Nova Management, Inc.
 659 Abrego Suite 5 Monterey CA 93940 Tel: 831-373-4544 Fax: 831-373-4517



PLEASE PROVIDE THREE WORK REFERENCES THAT COVER THE PAST FIVE YEARS OF EMPLOYMENT

NAME	COMPANY	TITLE	TELEPHONE

TERMS OF AGREEMENT

In consideration for and as a condition of any employment offer, I agree to conform to the rules and regulations of Nova Management, Inc. hereafter "Nova" and I agree and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Nova or myself. I understand that no manager or representative of Nova other than the president or chairman of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Nova does not discriminate with regard to sex, national origin, age, religion, race, color, creed, marital status, ancestry, physical or mental disability, medical condition, veteran status, sexual orientation or any other consideration protected by federal, state or local laws. I acknowledge that I have received a copy of the Employee Handbook and the Safety Orientation Brochure. I understand that it is my responsibility to read both thoroughly and familiarize myself with all the information in the handbook and brochure. I agree to observe these policies in all respects. By signing below, I also agree to the following terms:

- 1) I will keep Nova informed of my address and phone numbers at all times while my employment file is active, and will inform Nova promptly when I no longer wish to remain a Nova employee.
- 2) In the event of an on-the-job injury requiring treatment, I agree to seek treatment by a qualified physician at a clinic selected by Nova.
- 3) I certify that all employment information that I have provided is true. I voluntarily consent and agree to the following:
 - I authorize Nova to contact my references, to contact my prior supervisors and employers, to verify my educational credentials and to otherwise investigate my employment credentials at Nova's discretion. I also agree to cooperate with Nova to help obtain the above information.
 - I understand that I will be performing work for clients of Nova. For purposes of the clients evaluating the work that I can perform for them and my appropriate work assignment, I authorize Nova to disclose copies to its clients of my employment application and my test scores.
 - I release and hold harmless Nova, Nova Management, Inc.'s employees and Nova Management, Inc.'s clients from any and all claims involving the receipt, release and use of my employment records, test scores and background information, including reference checks.
- 4) I understand that if I accept a temporary assignment with Nova Management, Inc., I will be employed by Nova Management, Inc. and receive my wages from Nova Management, Inc.
- 5) I agree to notify Nova either by mail or phone within 24 hours of termination of each assignment. If I fail to give such notice, Nova may assume that I am unavailable for work.
- 6) I hereby certify that I am not currently using illegal drugs or illegally using controlled substances.
- 7) I agree to notify Nova Management, Inc. in all cases where the client seeks to change or modify the job duties of a temporary assignment in any way.
- 8) I understand that if I am employed by Nova Management, Inc., any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.

• Can you submit verification that you have the legal right to work in the United States?	Yes	No
• If less than 18 years of age can you, after employment, can you submit a work permit?	Yes	No
• Have you ever been arrested for any criminal violation for which you are currently out on bail, on your own recognizance or otherwise on release pending trial? If yes please explain;	Yes	No
• Are you able to perform the essential duties of the job(s) for which you are applying, as described, with or without reasonable accommodation? If No please explain.	Yes	No
• Have you ever been convicted of a felony? A conviction will not necessarily disqualify an applicant from employment. If yes please explain?	Yes	No

Signing here indicates that I have read the Nova Management, Inc. employee guidelines and you understand that a complete version is available at www.novamanagement.com or by contacting our office directly. 831-373-4544.

Signature: _____	Date: _____
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Form W-4 (2010)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

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

B Enter "1" if: } } **B** _____

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

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

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

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

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(Note. Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

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

For accuracy, **complete all worksheets that apply.** } }

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2010
1 Type or print 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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2010, 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 (Form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2 Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$	_____
\$8,400 if head of household						
\$5,700 if single or married filing separately						
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8 **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

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

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

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

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - and over	15						

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 using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

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

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
	OR	AND
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



NOVA MANAGEMENT, INC.
Consent for Pre-Employment Drug Testing

I recognize that any offer of employment to me by Nova Management, Inc. (Nova) is conditional upon my successful completion of a drug test to confirm that there are no illegal or unauthorized controlled substances in my system. I hereby voluntarily consent to:

1. Providing an unadulterated sample of my urine to the designated NOVA testing provider for the purpose of drug testing for the presence of illegal or unauthorized controlled substances in my system;
2. Allowing the results of the screening performed by the NOVA designated testing provider to be reported to Nova Management, Inc.;

In consideration of Nova's review of my application for employment, I hereby release any individual, entity, and Nova Management, Inc. from all claims or liabilities that might arise from the drug test or the disclosure of its results, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

Signature of Applicant

Date

Printed Name of Applicant



NOTIFICATION AND RELEASE AUTHORIZATION

Please be advised that NOVA MANAGEMENT, INC intends to use an investigative consumer report as part of your application for employment and continued evaluation of employment during the course of your tenure with the company should you become employed. Your consent for the procurement and use of such a report is required. The consumer report will contain information about your character, general reputation, personal characteristics, mode of living, and information from public records, which may include without limitation social security number and information bearing on your credit worthiness, credit standing, or credit capacity, motor vehicle operation history, education history, employment history, and criminal history to the extent the law permits.

I voluntarily and knowingly authorize any law enforcement agency, federal, state or local agency, credit bureau, prior employers, schools and/or other persons to give records they may have concerning my social security number, credit worthiness, credit standing, credit capacity, motor vehicle operation history, employment, education, criminal history, or other records to the extent permitted by law. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

The report will be prepared by: Mega Group Private Investigations, Inc.
1903 West Silver Lake Drive
Los Angeles, CA 90039
(888) 988-0075
(888) 988-0076 (fax)

I understand that I have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice to receive a written disclosure of the nature and scope of any investigation about me.

If a consumer investigative report is obtained and an adverse decision is made affecting your employment, Nova will provide to you, before making the adverse decision, a copy of the investigative consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

I understand that any investigative consumer report prepared will be used strictly for employment purposes as defined in the Fair Credit Reporting Act and California law, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand that any offer of employment, promotion or reassignment will be conditional upon the receipt of satisfactory information as required and that to be considered for employment, promotion, or reassignment, I must authorize the procurement of such Report(s). A photographic or faxed copy of this Notification and Release Authorization shall be as valid as the original.

I acknowledge that a fax or copy of this Notification and Release Authorization bearing my signature shall be as valid as the original. This authorization and release is valid for all federal, state, county and local agencies and authorities. I acknowledge that I have received a copy of the Summary of Rights pursuant to the Fair Credit Reporting Act (FCRA).

The following information must be filled out completely and signed to be considered (please print):

Last Name _____ First _____ M.I. _____

Home _____

City _____ State _____ Zip _____

Social Security No. _____ Drivers License No. _____ State _____

Month and Day of Birth _____ (Do not provide the year of your birth)

Have you used any other names or social numbers in the past? If yes, please provide all the below.

Do you have a "Security Freeze" on your TransUnion credit report? No Yes

If yes, please provide the PIN number? _____

You have a right to obtain a copy of any investigative consumer report obtained by Nova Management, Inc. by checking the box provided below. The report will be provided to you within three business days after the report is provided to Nova Management, Inc.

Notice to California Applicants:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency named above during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the Consumer Reporting Agency identified above in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, if this person furnishes proper identification.

- I do not wish to receive a copy of any report obtained about me.
 I wish to receive a copy of any report obtained about me.
(There will be no charge to you if requesting this copy.)

Signed: _____ Dated: _____
(Attention Employer: This form must be sent to Mega Group along with the search request.)



Nova Management, Inc Employee Timecard

Day of the Week	Date	Time In	Lunch Out	Lunch In	Time Out	Total Time
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

"I certify that the above employee worked the hours listed on this time sheet and I agree to the terms and conditions set forth herein".

"I certify that the above hours worked are accurate. I acknowledge that my employer provided me with rest breaks and meal breaks as required by the laws of this State, and that I was relieved of all duties during those breaks."

Supervisor Signature and Date

Employee Signature and Date

Please calculate to the nearest quarter hour; .25 .50 .75

PLEASE READ

Reg. Hours:

O.T. Hours:

D.T. Hours:

This timecard is due in our office no later than 12:00 noon each Monday. It is your responsibility to ensure that your timecard has been received.

Timecard Fax Line: 831-373-4517
Verification of Timecard: 831-373-4544 or info@novamanagement.com

Employee Name (please print)
Workweek Ending Sunday Date
Company Name & City Location