

GM NEW HIRE CHECKLIST

- 1. **Payroll Status form**
- 2. **W-4**
- 3. **I-9**
- 4. **Employee handbook acknowledgement form**
- 5. **Copy of driver's license and social security card**
- 6. **Management Uniform agreement**
- 7. **Management Financial Responsibilities**
- 8. **Wage deduction authorization agreement**
- 9. **General Manager Duties**
- 10. **Hiring Criteria**
- 11. **Arbitrate Acknowledgement Form**
- 12. **Benefits booklet given to employee**

PAYROLL STATUS FORM

Date : _____ Start Date : _____

First Name : _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Permanent Address (where you want your W-2 Mailed):

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # : (_____) - _____

Cell Phone # : (_____) _____

Marital Status: _____ Withholding on W-4 _____

Date of Birth : _____ Social Security # : _____

Driver's License #: _____ State: _____

Age : _____ Store Location # : _____

Emergency Contact: _____ Phone #: _____

____ NEW HIRE ____ RATE CHANGE ____ TERMINATION (fired or quit) ____ TRANSFER

POSITION : _____

RATE OF PAY : \$ _____ per YEAR HOUR FLAG HOUR

REMARKS : _____

Corporate Approval

General Manager Approval

Form W-4 (2012)

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 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

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

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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • 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. 	B	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
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 to seven eligible children or less "2" if you have eight 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	G	<u> </u>
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	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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. 		

----- Separate 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 2012
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, 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)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • 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 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

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

**Form I-9, Employment
Eligibility Verification**

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-authorized 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 of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

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: _____	OR	_____		_____
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 authorized 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 authorization.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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Driver's Auto Repair

EMPLOYEE MANUAL

THIS EMPLOYEE MANUAL DOES NOT CREATE A CONTRACT OF EMPLOYMENT BETWEEN YOU AND COMPANY.

YOUR EMPLOYMENT WITH DRIVER'S IS "AT WILL" MEANING THAT EITHER YOU OR DRIVER'S MAY TERMINATE YOUR EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE.

THIS EMPLOYMENT MANUAL SUPERSEDES AND REVOKES ANY PREVIOUSLY ISSUED EMPLOYEE MANUAL(S) OR HANDBOOK(S).

NO ONE, OTHER THAN THE DRIVER'S PRESIDENT, HAS THE AUTHORITY TO CREATE A CONTRACT OF EMPLOYMENT BETWEEN YOU AND DRIVER'S OR TO ALTER THE AT WILL NATURE OF YOUR EMPLOYMENT RELATIONSHIP WITH DRIVER'S.

ACKNOWLEDGED AND ACCEPTED:

DATE: _____ STORE LOCATION: _____

EMPLOYEE NAME (PRINT): _____

EMPLOYEE (SIGN): _____



MANAGEMENT UNIFORM POLICY

Shirts will be supplied by the company for each member of the management team. Upon termination, all uniforms MUST be returned to a Manager of General Manager on duty and verified by the uniform company. Failure to return all uniforms will result in the cost of the missing uniforms being deducted from the final paycheck.

I understand I may also purchase dry fit shirts from Driver's Auto Repair.

I, _____ understand this policy and will adhere to the uniform policy set forth in this document.

Employee signature

date



MANAGEMENT FINANCIAL RESPONSIBILITIES

- _____ 1. All repair orders must be signed in **TWO** places by the customer before the vehicle is released.
- _____ 2. All credit card receipts must be signed by the customer before the vehicle is released.
- _____ 3. Checks will not be accepted UNLESS electronically accepted by Telecheck. **WE DO NOT ACCEPT CHECKS "FOR DEPOSIT ONLY"**.
- _____ 4. Petty cash must be reconciled daily. Petty cash must be brought back up to \$200 at the end of the week and receipts turned into the corporate office. Shortages or missing receipts will be deducted from the General Manager's or Manager's paycheck.
- _____ 5. We do not accept credit cards from a third party. If the person presenting the credit card does not have the same name as is on the credit card, another form of payment must be made.
- _____ 6. We do not accept credit card numbers over the phone without a credit card authorization filled out by the customer OR without a signature on the credit card receipt when the vehicle is picked up.
- _____ 7. All repair orders must in the day's bag that it was completed and sent to the corporate office weekly. If a vehicle is still in the possession of the store waiting for the customer to pick it up and sign the paperwork, send the signed RO and credit card receipt to the corporate office the following week. DO NOT leave it lying around the store.
- _____ 8. Deposits over \$500 must be made immediately. Cash is not to be held at the store for any reason.
- _____ 9. Deposits must be made by 9:00 a.m. each morning and a copy of the bank proof of deposit faxed to the corporate office.
- _____ 10. Petty cash is for business use ONLY. Any unapproved "personal" receipts (i.e. food, drinks, and cigarettes) will be deducted from the General Manager's or Manager's paycheck.

I, _____ (printed name) understand that as a member of management with Driver's Auto Repair, the financial responsibilities of the business fall on my shoulders. If I fail to follow these standards and it negatively impacts Driver's Auto Repair financially, I will be fully responsible for the loss of income incurred by my failure to follow these policies and the loss will be deducted from my pay.

Signature

date



10326 Lake Rd, Suite 101 • Houston, TX 77070

WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer, Driver's Auto Repair (the company) may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for the company's group medical/dental plan.
2. Any contributions I may make into a retirement or pension plan sponsored, controlled or managed by the company.
3. Installment payments on loans or wage advance given to me by the company and if there is a balance remaining when I leave the company the balance of such loans or advances.
4. Installment payments on loans based upon store credit that I use for my own personal purchases, including value of merchandise or services that I purchase or have purchased for personal, non-business reasons using my employee charge account or credit card, an account or credit card assigned to another employee or general company account or credit card, regardless of whether such purchase was authorized and if there is a balance remaining when I leave the company, the balance of such store credit or charges.
5. If I receive an overpayment of wages for any reason, repayment to the company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the company and I agree in writing to a series of smaller deductions in specified amounts).
6. The cost to the company of personal long-distance calls I may make on company phones or on company accounts, of personal faxes sent by me using company equipment or company accounts or of non-work related access to the Internet or other computer networks by me using company equipment or company accounts.
7. The cost of repairing or replacing any company supplies, materials, equipment, money or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the company during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will take my pay below minimum wage or if I am a salaried exempt employee, reduce my salary below its predetermined amount).
8. The cost of company uniforms and of cleaning the uniforms.
9. The reasonable cost or fair value, whichever is less, of meals, lodging, and other facilities furnished to me by the company in connection with my employment.
10. Administrative fees in connection with court-ordered garnishments or legally required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws.
11. If I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered.
12. The value of any time off for absences to which paid leave is not applied (non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day or week at a time, depending upon the exact nature of the absence, unless partial-day deductions are specifically allowed under federal law).
13. If my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable company benefit plan, the amount of such payments made by the company, such payments being an advance of future wages payable to me.

I agree that the company may deduct money from my pay under the above circumstances or if any of the above situations occur. I further understand that the company has stated its intention to abide by all applicable federal and Texas wage and hour laws and that if I believe that any such law has not been followed I have the right to file a wage claim with appropriate Texas and federal agencies.

Signature of employee

date

Employee's printed name

General Manager Duties

- Must be organized
 - Keep office clean, neat and in order
 - Utilize staff to help ensure invoices and weekly paperwork is both accurate and orderly (example: returns, credits, parts and GS percentages are all proper and to date)
 - Keep inventory accurate and up to date
 - Ultimately responsible for total shop appearance and cleanliness
 - Responsible for ensuring accurate payroll reports
- Morale
 - General Manager is directly responsible for producing and maintaining a positive and conducive environment for both customers and employees
- Hiring
 - Responsible for hiring technicians, general service and service writers
 - Verifying that all applicants meet appropriate standards
- Training
 - General Manager must be able to be a student for his superiors and a teacher to his subordinates
 - General Manager is responsible for the training of all associates/employees on proper procedures and duties
 - Continuing education with all employees
 - Role playing and training at phone skills
- Scheduling
 - Responsible for scheduling staff for projected sales
 - Responsible for adjusting schedule as needed to meet guidelines
 - Responsible for being aware of local events that would affect sales and require additional staffing (example: school holidays and any other social event that would affect the business)
- P&L
 - Responsible for producing 60% gross profit
 - Responsible for being up in sales over prior year
 - Responsible for understanding and budgeting maintenance and unexpected costs
- Customers
 - Responsible for ensuring that all customers are satisfied
 - Responsible for gaining trust of customers
 - Responsible for generating new and referral customers
 - Responsible for next day call backs
 - Responsible for ensuring all other call backs are made (example: missed sale call backs, 12 month warranty call backs, 2/3 month call backs . . .)
- Sales
 - Responsible for personal sales as well as the overall store sales and performance
 - Generating sales
 - Verifying that all employees are maintaining and applying the concept properly
- General Manager is also responsible for all the below mentioned Service Writer duties
- Taking in Customers
 - Document all customer's information (EMAIL)
 - Check all customers previous information for accuracy
 - Document all customers concerns and repeat back to customer for verification and ask pertinent questions about concerns
 - Print work order and get customer signature

- Print all repair history and/or recommendations
- Apply to board
- Bag with PMI sheet and history
- Hand deliver bag with fluid tray
- Verify and enforce 10-10-10
- Running the Board
 - Fill in board COMPLETELY
 - Update board (parts ordered, parts in, last interaction with customer, isolated total, and PMI total)
- Building Estimates
 - Check all PMI sheets
 - Must look at all repairs needed with technician
 - Take digital pictures and store in customer file
 - Build estimate in smart e cat
 - Print two copies
 - Role play repair estimate with another service writer/manager
 - Present RO Writer estimate to customer and explain repair thoroughly
 - If declined leave open to turn over to another service writer
 - If declined a second time file in missed sales file
 - When approved get signature and file with store bag
 - Update board
 - Call at least two other vendors for pricing
 - Order parts (update board)
 - Verify parts upon arrival (with tech), pricing, log in invoice number and file
 - Update board
 - Update customer on repair and advise that we will perform a complimentary PMI
 - Update board
 - Follow-up with tech on additional concerns and initial repairs
 - Sell PMI concerns
 - Update board
 - Verify full documentation on ticket (vehicle information, codes/TSB/recalls, correct description of performed jobs with tech labor times, billing and pricing of parts and leave documentation of customer's original concerns on ticket for reference)
 - Update customer and board
- Other Duties
 - Photocopy of returned invoices to be taped to part, original filed
 - Check all sanitation of shop (front, bathrooms hourly, waiting area hourly)
 - Service Writer verify completed repairs and test drive completion
 - Call customer and update board
 - Verification of satisfactory work with customer
 - Signature on credit card receipt and TWO signatures on finalized repair order
 - Check return shelf/credits daily
 - Ensure GS completion of duties
 - Check all supplies for front office (trash bags, corporate/store bags, etc.)
 - Outlook open all day. Reply to all emails in a timely manner
 - Perform all closing duties including but not limited to parts mark-up, GS labor, closing sheet, cash audit, bank deposit (daily), email closing paperwork.
- Become a certified emission inspector

- Follow all policies and procedures in employee handbook and anything else that is asked of you to do

Applicant/employee must read and sign in acceptance and understanding. Any failure to do so or failure to maintain job duties may result in termination.

Print name

_____ date _____

Signature

Hiring Criteria

General Service:

- Lift at least 40 pounds
- Physically able to perform job duties
- Valid driver's license
- Good driving record
- Well-kept appearance/personal hygiene
- Own tools to do the job
- Transportation to and from work
- Perform working interview

Technician

- Lift at least 40 pounds
- Physically able to perform job duties
- Valid driver's license
- Good driving record
- Well-kept appearance/personal hygiene
- Own tools to do the job
- Transportation to and from work
- ASE Certified
- At least two years experience as a technician
- Perform working interview

Managers

- Lift at least 40 pounds
- Physically able to perform job duties
- Valid driver's license
- Good driving record
- Well-kept appearance/personal hygiene
- Transportation to and from work
- Good communication skills
- No criminal record
- Pass a simple math test
- Two years experience managing other people
- Perform working interview

Applicant must read and sign in acceptance and understanding. Any failure to do so or failure to maintain requirements may result in termination.

X _____
Printed name

X _____ Date _____
Signature

RECEIPT OF SPD AND MUTUAL AGREEMENT TO ARBITRATE ACKNOWLEDGEMENT

RECEIPT OF MATERIALS. By my signature below, I acknowledge that I have received and read (or had the opportunity to read) the Summary Plan Description (the "SPD") for GSSD Investments, LLC or Srdarnco, LLC (both doing business as Driver's Auto Repair)Occupational Injury Employee Benefit Plan and the Mutual Agreement to Arbitrate for GSSD Investments, LLC or Srdarnco, LLC effective January 1, 2011.

ARBITRATION. I also acknowledge that this Mutual Agreement to Arbitrate includes a mandatory company policy requiring that certain claims or disputes relating to an on-the-job injury (that cannot otherwise be resolved between the Company and me) must be submitted to an arbitrator rather than a judge and jury in court. I understand that by receiving this Mutual Agreement to Arbitrate and becoming employed (or continuing my employment) with the Company at any time on or after January 1, 2011, I am accepting and agreeing to comply with these arbitration requirements. I understand that the company is accepting and agreeing to comply with these arbitration requirements. All covered claims brought by my spouse, children, beneficiaries, representatives, executors, administrators, guardians, heirs or assigns are also subject to the arbitration policy and any decision of an arbitrator will be final and binding on such persons and the Company.

Employee Signature

date

Employee's Printed Name



I, _____ understand that Driver's Auto Repair utilizes an intranet for employment forms. These forms require an electronic signature. I understand that my electronic signature is considered legally binding and the equivalent to my handwritten signature.

Employee signature

date