

GS NEW HIRE CHECKLIST

- _____ 1. **Payroll Status form**
- _____ 2. **Employment application**
- _____ 3. **W-4**
- _____ 4. **I-9**
- _____ 5. **Employee handbook acknowledgement form**
- _____ 6. **Copy of driver's license and social security card**
- _____ 7. **Uniform agreement**
- _____ 8. **Tech & GS Torque Stick memo**
- _____ 9. **Wage deduction authorization agreement**
- _____ 10. **Hiring Criteria**
- _____ 11. **General Service duties**
- _____ 12. **Arbitrate Acknowledgement Form**
- _____ 13. **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 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 _____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• 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 _____
• 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 \$1,900 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 _____				
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 _____				
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. <table><tr><td>• 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.</td></tr><tr><td>• 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.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• 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.	
• 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		Employee's Withholding Allowance Certificate		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)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
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			

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)
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**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: _____		_____		_____
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)	
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)



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): _____



GENERAL SERVICE UNIFORM POLICY

Uniforms will be supplied and cleaned by the company. Twelve shirts and twelve pants will be given to each new employee. Upon termination, all uniforms **MUST** be returned to a Manager or General Manager on duty and a uniform return form must be signed by both the employee and the manager. The final paycheck will be held until all uniforms are returned and a uniform return form is signed. Failure to follow this policy will result in loss of pay. Once the uniforms have been returned and a uniform return form has been signed, the final paycheck will be mailed out on the next payroll date.

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

Employee signature

Date



3802 Louetta • Spring, TX 77388

April 17, 2008

ATTN ALL STAFF MEMBERS:

Due to liabilities, every store now has torque sticks. These must be used on every vehicle. As noted in a prior memo, install a line on the rotation line and save it on your computer as to what color torque stick that was used.

COMPANY STANDARD ON EVERY OIL CHANGE!!!!!!!!!!!!!!!!!!!!!!

1. Every vehicle with tire rotation has to have torque stick used to tighten lug nuts.
2. The technician that is responsible for the PMI on the vehicle needs to inspect the following:
 - A.) Drain plug and filter installed is tightened properly.
 - B.) Oil is filled to proper level.
 - C.) Tires have been torque and are all tightened.
 - D.) Technician must sign off next to GS who signed off on the invoice.

We as a company must adhere to these standards in order to assure the safety of our customers as well as others on the road.

Signature

Printed Name

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

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

General Service Duties

- Perform oil change in timely manner
 - Follow the GS oil change check list
- Minor maintenances (check all listed when vehicle is pulled in)
 - Filters (air and cabin)
 - Wipers
 - Bulbs
 - Battery
- Tires
 - Check pressure
 - Mount, balance and rotate
 - Patch and repair when applicable
- Rack vehicles securely
- Become an emission certified inspector
- Shuttle Vehicle
 - Take home and pick up customers
 - Parts running (pick up and return)
 - Cash receipts for fuel
 - Upkeep on maintenance (includes cleaning interior and exterior)
- Shop upkeep
 - Exterior grounds
 - Cleaning the shop includes sweeping, moping, taking trash out, etc.
- Follow opening and closing checklists
- Follow all policies and procedures in employee handbook and anything else that is asked of you
- 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.

X_____ date_____

Printed name

X_____

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