SERVICE MANAGER 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.	Service Manager Duties
 10.	Hiring Criteria
 11.	Arbitrate Acknowledgement Form
 12.	Benefits booklet given to employee

PAYROLL STATUS FORM

Date :		St	art Date : .			
First Name :	MI:	_ Last N	ame:			
Address:						
City:	St	ate:		Zip:		
Permanent Address (wher	e you want your	W-2 M	ailed):			
Address:						
City:	State	e:	2	Zip:		
Home Phone # :() -						
Cell Phone # : ()						
Marital Status:	Withholding	on W-4				
Date of Birth :	Socia	al Securi	ty#:			_
Driver's License #:		Sta	nte:			
Age : S	tore Location #:					
Emergency Contact:			Phone #:			
NEW HIRERA	ΓE CHANGE _	TE	RMINAT	ION (fired or q	uit)TRANS	SFER
POSITION :						
RATE OF PAY: \$		per	YEAR	HOUR	FLAG HOUR	-
REMARKS :						
Corporate Approval				General Manage	er 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 Works	heet (Keep for your records.)				
Α	Enter "1" for yourself if no one else can c	laim you as a dependent			Α		
		You are single and have only one job; or					
В	Enter "1" if:						
	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
С	Enter "1" for your spouse. But, you may o				re		
	than one job. (Entering "-0-" may help you	avoid having too little ta	ax withheld.)		С		
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return						
E	Enter "1" if you will file as head of house	nold on your tax return (s	ee conditions under Head of hou	sehold above)	E		
F	Enter "1" if you have at least \$1,900 of ch	ild or dependent care e	xpenses for which you plan to cla	aim a credit	F		
	(Note. Do not include child support paym	ents. See Pub. 503, Chile	d and Dependent Care Expenses,	for details.)			
G	Child Tax Credit (including additional chil	ld tax credit). See Pub. 9	72, Child Tax Credit, for more info	rmation.			
	 If your total income will be less than \$61 			hen less "1" if you ha	ve three to		
	seven eligible children or less "2" if you ha	ave eight or more eligible	e children.				
	• If your total income will be between \$61,000	and \$84,000 (\$90,000 and	\$119,000 if married), enter "1" for each	h eligible child	G		
Н	Add lines A through G and enter total here. (N	ote. This may be different f	rom the number of exemptions you c	laim on your tax return.)	► H		
			ncome and want to reduce your with	hholding, see the Dedu	ıctions		
	For accuracy, complete all	1 0	or are married and you and your	enouse both work an	d the combined		
		xceed \$40,000 (\$10,000 in	f married), see the Two-Earners/M	ultiple Jobs Workshe	et on page 2 to		
	that apply. avoid having too little tax			•	. 0		
	• If neither of the above	situations applies, stop h	ere and enter the number from line l	H on line 5 of Form W-4	1 below.		
	Separate here and o	nive Form W-4 to vour em	ployer. Keep the top part for your	records			
	•	-					
Form		e's withnoiding	g Allowance Certifica	ite OMB	3 No. 1545-0074		
	tment of the Treasury		er of allowances or exemption from wit		20 12		
Intern			e required to send a copy of this form				
1	Your first name and middle initial	Last name		2 Your social securit	y number		
	Home address (number and street or rural route)						
	Home address (number and street or rural route)			ied, but withhold at higher			
	City or town, state, and ZIP code		Note. If married, but legally separated, or spo	buse is a nonresident alien, che	eck the "Single" box.		
	City of town, state, and zir code		4 If your last name differs from that				
			check here. You must call 1-800-	· · · · · · · · · · · · · · · · · · ·	ent card. ▶		
5	•	• ,	• •				
6							
7			_	·			
	 Last year I had a right to a refund of al 		•				
	 This year I expect a refund of all feder 		•	oility.			
	If you meet both conditions, write "Exen			7			
Unde	er penalties of perjury, I declare that I have exa	amined this certificate and	, to the best of my knowledge and b	elief, it is true, correct,	and complete.		
Emp	oloyee's signature						
(This	s form is not valid unless you sign it.)			Date ▶			

Employer identification number (EIN)

Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

9 Office code (optional)



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.

DATE:_____ STORE LOCATION:_____

EMPLOYEE NAME (PRINT):_____

EMPLOYEE (SIGN):

ACKNOWLEDGED AND ACCEPTED:



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	tit shirts from Driver's Auto Repair.
I,policy set forth in this document.	understand this policy and will adhere to the uniform
 Fmnlovee signature	date
Employee signature	date



MANAGEMENT FINANCIAL RESPONSIBILITIES

1. All repair orders must be	signed in TWO places by the	customer before the ve	hicle is released.
2. All credit card receipts m	ust be signed by the customer	before the vehicle is re	eleased.
3. Checks will not be accep CHECKS "FOR DEPOSIT ONLY".	nted UNLESS electronically ac	cepted by Telecheck. V	VE DO NOT ACCEPT
4. Petty cash must be recorand receipts turned into the corpora Manager's or Manager's paycheck.	ite office. Shortages or missin		
5. We do not accept credit of the same name as is on the credit of	cards from a third party. If the card, another form of payment		credit card does not have
6. We do not accept credit of customer OR without a signature or			
7. All repair orders must in vehicle is still in the possession of the signed RO and credit card receipt to	he store waiting for the custon	ner to pick it up and sigr	the paperwork, send the
8. Deposits over \$500 must	t be made immediately. Cash	is not to be held at the	store for any reason.
9. Deposits must be made corporate office.	by 9:00 a.m. each morning an	d a copy of the bank pro	oof of deposit faxed to the
10. Petty cash is for busine cigarettes) will be deducted from the			e. food, drinks, and
I,Repair, the financial responsibilities negatively impacts Driver's Auto Refailure to follow these policies and the	epair financially, I will be fully re	oulders. If I fail to follow esponsible for the loss o	these standards and it
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 ded	duct money from my p	ay under the above circumstances or if any of the above situations occur. I
further understand that the compa	iny has stated its inter	ntion to abide by all applicable federal and Texas wage and hour laws and that
if I believe that any such law has r	not been followed I ha	ve the right to file a wage claim with appropriate Texas and federal agencies.
		_
Signature of employee	date	

Employee's printed name

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

Signature

• 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 faiure

to maintain job dution	es may result in ter	mination.		
Print name				
	date			

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.

Λ		
Printed name		
X	Date	
Signatura		

RECEIPT OF SPD AND MUTUAL AGREEMENT TO ARBITRATE ACKNOWLEDGEMENT

RECEIPT OF MATERIALS. By my signature below, I acknowledge that I have received and red (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, u:	nderstand that Driver's Auto Repair uti	lizes 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 signa	ture.
Employee signature	date	