



Employment Application / Solicitud de Empleo

Full Name: _____ **DOB:** _____
First / Nombre Last / Apellido MM/DD/YYYY Date Of Birth / Fecha de nacimiento

Address: _____ / _____
Street Address / Direccion Apartment # / # de apartamento

City / Ciudad State / Estado Zip Code / Código postal

Phone: _____ **Email:** _____
Phone Number / Número de teléfono Email / Correo electrónico

Position Applying: _____ **Desired Salary:** _____
Position Applying / Posición solicitada Desired Salary / Salario deseado

SSN: _____
Social Security Number / Número de seguridad social

Are you a citizen of the U.S?
¿Es usted ciudadana(o) de los Estados Unidos?
YES ☐ NO ☐

If no, are you authorized to work in the U.S?
¿Está autorizado para trabajar en los Estados Unidos?
YES ☐ NO ☐

Have you ever been convicted of a felony?
¿Alguna vez ha sido condenado por un delito grave?
YES ☐ NO ☐

Have you ever received compensation or medical benefits under workers compensation?
¿Alguna vez recibio compensacion a beneficios medicos bajo compensacion de trabajadores?
YES ☐ NO ☐

Emergency Contact / Contacto de emergencia

Full Name: _____
First / Nombre Last / Apellido

Relationship to Applicant: _____
Relationship to Applicant / Relación con el solicitante

Phone Number: _____
Phone Number / Número de teléfono

Disclaimer and Signature / Firma

Signature: _____ **Date:** _____
Applicant Signature / Firma del solicitante Date / Fecha

Direct Deposit Agreement Form / Formulario de acuerdo de depósito directo
Authorization Agreement / Acuerdo de autorización

I hereby authorize Multitech Mechanical Support, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Multitech Mechanical Support, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Multitech Mechanical Support, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Multitech Mechanical Support, Inc. receives a written notice of cancellation from me or my financial institution, or until submit a new direct deposit form to the Payroll Department.

Por la presente, autorizo a Multitech Mechanical Support, Inc. a iniciar depósitos automáticos en mi cuenta en la institución financiera mencionada a continuación. También autorizo a Multitech Mechanical Support, Inc. a realizar retiros de esta cuenta en caso de que se realice una entrada de crédito por error.

Además, acepto no responsabilizar a Multitech Mechanical Support, Inc. por cualquier retraso o pérdida de fondos debido a información incorrecta o incompleta proporcionada por mí o por mi institución financiera o debido a un error por parte de mi institución financiera al depositar fondos en mi cuenta.

Este acuerdo permanecerá en vigor hasta que Multitech Mechanical Support, Inc. reciba una notificación de cancelación por escrito de mi parte o de mi institución financiera, o hasta que presente un nuevo formulario de depósito directo al Departamento de Nómina.

Account Information / Información de la cuenta

Name of Financial Institution: _____
Name of Financial Institution / Nombre de la institución financiera

Routing Number: _____
Routing Number / Número de ruta

Account Number: _____
Account Number / Número de cuenta

☐ Checking / Comprobación

☐ Savings / Ahorros

Signature / Firma

Authorized Signature (Primary): _____ Date: _____
Applicant Signature Primary / Firma autorizada primaria Date / Fecha

Authorized Signature (Joint): _____ Date: _____
Applicant Signature Joint / Junta de firma autorizada Date / Fecha

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) ☐ Single or Married filing separately ☐ Married filing jointly or Qualifying surviving spouse ☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐
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Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

• \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately	}	
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2 \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)						
Address (Street Number and Name)		Apt. Number (if any)	City or Town		State	ZIP Code					
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number						
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct. Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): ☐ 1. A citizen of the United States ☐ 2. A noncitizen national of the United States (See Instructions.) ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.) ☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) If you check Item Number 4., enter one of these: <table border="1"><tr><td>USCIS A-Number</td><td>OR</td><td>Form I-94 Admission Number</td><td>OR</td><td>Foreign Passport Number and Country of Issuance</td></tr></table>							USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance							
Signature of Employee				Today's Date (mm/dd/yyyy)							

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
☐ Check here if you used an alternative procedure authorized by DHS to examine documents.					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires: 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

NC-4 EZ Employee's Withholding Allowance Certificate

Filing Status (Check one box only) ☐ Single or Married Filing Separately ☐ Head of Household ☐ Married Filing Jointly or Surviving Spouse

Social Security Number

____-____-____

First Name

M.I.

Last Name

Address

Country (Enter first five letters)

City

State

Zip Code

Country (If not U.S.)

Instructions - Use Form NC-4 EZ if you:

- Plan to claim the N.C. standard deduction
- Plan to claim the N.C. child deduction amount (but no other N.C. deductions)
- Do not plan to claim N.C. tax credits
- Qualify to claim exempt status (See Lines 3, 4, or 5 below)

Important - If you plan to claim N.C. itemized deductions or plan to claim other N.C. deductions (other than the N.C. child deduction amount), you must complete Form NC-4. If you are a nonresident alien, you must complete Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (For more information on the green card test and the substantial presence test, see Publication 519, U.S. Tax Guide for Aliens.)

If you plan to claim the N.C. child deduction amount, use the table below for your filing status, amount of income, and number of children under age 17 to determine the number of allowances to enter on Line 1. For married taxpayers, only one spouse may claim the allowance for the N.C. child deduction amount for each child.

Single & Married Filing Separately		Head of Household		Married Filing Jointly & Surviving Spouse	
Income	# of Children under age 17	Income	# of Children under age 17	Income	# of Children under age 17
	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10
	# of Allowances		# of Allowances		# of Allowances
0 - 20,000	1 2 3 4 6 7 8 9 10 12	0 - 30,000	1 2 3 4 6 7 8 9 10 12	0 - 40,000	1 2 3 4 6 7 8 9 10 12
20,001 - 30,000	1 2 3 4 5 6 7 8 9 10	30,001 - 45,000	1 2 3 4 5 6 7 8 9 10	40,001 - 60,000	1 2 3 4 5 6 7 8 9 10
30,001 - 40,000	0 1 2 3 4 4 5 6 7 8	45,001 - 60,000	0 1 2 3 4 4 5 6 7 8	60,001 - 80,000	0 1 2 3 4 4 5 6 7 8
40,001 - 50,000	0 1 1 2 3 3 4 4 5 6	60,001 - 75,000	0 1 1 2 3 3 4 4 5 6	80,001 - 100,000	0 1 1 2 3 3 4 4 5 6
50,001 - 60,000	0 0 1 1 2 2 2 3 3 4	75,001 - 90,000	0 0 1 1 2 2 2 3 3 4	100,001 - 120,000	0 0 1 1 2 2 2 3 3 4
60,001 - 70,000	0 0 0 0 1 1 1 1 1 2	90,001 - 105,000	0 0 0 0 1 1 1 1 1 2	120,001 - 140,000	0 0 0 0 1 1 1 1 1 2
70,001 and over	0 0 0 0 0 0 0 0 0 0	105,001 and over	0 0 0 0 0 0 0 0 0 0	140,001 and over	0 0 0 0 0 0 0 0 0 0

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from the table above) _____

2. Additional amount, if any, you want withheld from each pay period (Enter whole dollars) _____

3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions:

- Last year, I was entitled to a refund of all State income tax withheld because I had no tax liability; and
- This year, I expect a refund of all State income tax withheld because I expect to have no tax liability.

Check Here ☐

4. I certify that I am exempt from North Carolina withholding because I meet the requirements set forth in the Servicemembers Civil Relief Act. (For more information, see Form D-401, North Carolina Individual Income Tax Instructions.)

Check Here ☐

5. I certify that I am exempt from North Carolina withholding because I am an enrolled member of a federally recognized Indian tribe and meet the requirements set forth in G.S. 105-153.5(b)(6). (For more information, see Form D-401, North Carolina Individual Income Tax Instructions.)

Check Here ☐

If you selected an exemption on Lines 3, 4, or 5 above, enter the year the exemption became effective _____

YYYY

6. I certify that I no longer meet the requirements for an exemption on Line 3 ☐ Line 4 ☐ or Line 5 ☐ (Check applicable box)

Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on Line 1 and any additional amount entered on Line 2.

Check Here ☐

CAUTION: All NC-4 EZ forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the Department. If you furnish your employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Employee's Signature _____

Date _____

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on Lines 3, 4, or 5, whichever applies.

Accident Reporting Policy / Política de reporte de accidentes

Any accident, incident or “near miss,” no matter how slight the injury or damage, should be reported to your supervisor and called into Multitech Mechanical Support immediately or within 24hrs. Failure to do so will result in termination. Your supervisor is responsible for taking appropriate follow up action, including directing medical attention, completing an investigation report and recommending or implementing appropriate corrective actions.

MMS may direct medical treatment as allowed by the North Carolina Workers compensation statute. Any request for medical treatment should be made to MMS and / or your supervisor. If you choose to seek care on your own without authorization it may be at your own expense. If you receive medical care and after an investigation your condition is deemed non-work-related according to the workers compensation statues, you or your insurance company will be liable for the medical charges.

You should complete accident investigation forms requested by your supervisor and return them promptly. Detailed investigation may include interviews, photographs, training document review and preparation of a written report for all serious accidents and incidents.

Cualquier accidente, incidente o “casi accidente”, no importa cuán leve sea la lesión o el daño, debe informarse a su supervisor y llamar al soporte mecánico de Multitech de inmediato o dentro de las 24 horas. De lo contrario, se producirá la rescisión. Su supervisor es responsable de tomar las medidas de seguimiento adecuadas, incluyendo la dirección de la atención médica, completar un informe de investigación y recomendar o implementar las acciones correctivas adecuadas.

MMS puede dirigir el tratamiento médico según lo permitido por el estatuto de compensación para trabajadores de Carolina del Norte. Cualquier solicitud de tratamiento médico debe hacerse a MMS y/o a su supervisor. Si decide buscar atención médica por su cuenta sin autorización, puede ser por su cuenta. Si recibe atención médica y después de una investigación, su condición se considera no relacionada con el trabajo de acuerdo con los estatutos de compensación para trabajadores, usted o su compañía de seguros serán responsables de los cargos médicos.

Debe completar los formularios de investigación de accidentes solicitados por su supervisor y devolverlos de inmediato. La investigación detallada puede incluir entrevistas, fotografías, revisión de documentos de capacitación y preparación de un informe escrito para todos los accidentes e incidentes graves.

El incumplimiento de la política de informe de accidentes de MMS podría dar lugar a una advertencia por escrito, la suspensión o la TERMINACION.

Signature / Firma

Employee Signature: _____ Date: _____

Employee Signature / Firma de empleado

Date / Fecha

**Acknowledgment of Receipt of Employee Handbook
Reconocimiento que recibió el manual del empleado**

The MMS employee handbook contains important information about the company, and I understand that I should consult the Office Manager regarding any questions not answered in the handbook. I have entered into my employment relationship with the Company voluntarily and I understand that there is no specified length of employment. Accordingly, either the Company or I can terminate the relationship at will at any time, with or without advanced notice.

Since the information, policies, and benefits described herein are subject to change at any time. I acknowledge that revisions to the handbook may occur, except to the company's policy of employment-at-will. All such changes will generally be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the President of the Company has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I understand that this handbook is neither a contract of employment nor a legally-binding agreement. I have an opportunity to read the handbook, and I understand that I may ask my supervisor or any employee of the Human Resources Department any questions I might have concerning the handbook. I accept the terms of the handbook. I also understand that it is my responsibility to comply with the policies contained in this handbook, and any revisions made to it. I further agree that if I remain with the Company following any modification to the handbook, I thereby accept and agree to such changes.

I have received a copy of the MMS Employee Handbook on the date listed below. I understand that I am expected to read the entire handbook. Additionally, I will sign the two copies of this Acknowledgment of Receipt. Retain one copy for myself and return one copy to the Company's representative listed below on the date specified. I understand that this form will be retained in my personnel file.

El manual de empleados de MMS contiene información importante sobre la empresa, y entiendo que debo consultar al Gerente de la Oficina con respecto a cualquier pregunta que no haya sido respondida en el manual. He entrado en mi relación laboral con la Compañía voluntariamente y entiendo que no hay una duración específica de empleo. En consecuencia, tanto la Compañía como yo podemos terminar la relación a voluntad en cualquier momento, con o sin previo aviso.

Dado que la información, las políticas y los beneficios descritos en este documento están sujetos a cambios en cualquier momento. Reconozco que pueden producirse revisiones del manual, excepto en lo que respecta a la política de empleo a voluntad de la empresa. Todos estos cambios generalmente se comunicarán a través de avisos oficiales, y entiendo que la información revisada puede reemplazar, modificar o eliminar las políticas existentes. Solo el presidente de la Compañía tiene la capacidad de adoptar cualquier revisión a las políticas de este manual.

Además, entiendo que este manual no es un contrato de trabajo ni un acuerdo legal. Tengo la oportunidad de leer el manual, y entiendo que puedo preguntarle a mi supervisor o a cualquier empleado del Departamento de Recursos Humanos cualquier pregunta que pueda tener sobre el manual. Acepto los términos del manual. También entiendo que es mi responsabilidad cumplir con las políticas contenidas en este manual, y cualquier revisión que se realice al mismo, además acepto que, si permanezco en la Compañía después de cualquier modificación al manual, por lo tanto, acepto y estoy de acuerdo con dichos cambios.

He recibido una copia del Manual del Empleado de MMS en la fecha que se indica a continuación. Entiendo que se espera que lea todo el manual. Además, firmaré las dos copias de este Acuse de recibo. Conserve una copia para mí y devuelva una copia al representante de la Compañía que se indica a continuación en la fecha especificada. Entiendo que este formulario se conservará en mi expediente personal.

Employee Signature: _____ Date: _____

Employee Signature / Firma de empleado

Date / Fecha

Pay Rate Policy / Política de tarifas de pago

In event that any employee should quit an assignment without a two-day notice, walk off a job, or not show at an assignment without calling prior to the shift, that employee will be only paid minimum wages for hours worked that week. An example of this is, if you work Monday, Tuesday and Wednesday and then do not show up the rest of the week, you will be paid at a base rate of minimum wage per hour all days worked that week.

En caso de que algún empleado renuncie a una tarea sin un aviso de dos días, abandone un trabajo o no se presente a una tarea sin llamar antes del turno, a ese empleado solo se le pagará el salario mínimo por las horas trabajadas esa semana. Un ejemplo de esto es que, si trabajas lunes, martes y miércoles y luego no te presentas el resto de la semana, se te pagará una tarifa base de salario mínimo por hora todos los días trabajados esa semana.

Signature / Firma

Employee Signature: _____ Date: _____
Employee Signature / Firma de empleado Date / Fecha

PPE Agreement / Acuerdo de PPE

Multitech Mechanical Support, Inc. has provided all the PPE necessary for all employees. Including T-shirts, gloves, glasses, etc. Multitech Mechanical Support, Inc. does not approve of any other advertising from other companies while you work for the company during working hours.

The parties agree to the following:

I understand that I will not advertise any other companies during working hours.

I will only wear T-shirts with the logo of Multitech Mechanical Support or plain T-shirts. Or unless the project that you work for provides free T-shirts.

I understand that ALL of the information shared direct or indirect to others such as: ideas, inventions, business plans, business strategies, personnel, company names and phone numbers etc. will be considered a crime and will have consequences for these acts.

Multitech Mechanical Support, Inc. ha proporcionado todo el PPE necesario para todos los empleados. Incluyendo camisetas, guantes, gafas, etc. Multitech Mechanical Support, Inc. no aprueba ningún otro tipo de publicidad de otras empresas mientras usted trabaje para la empresa durante las horas de trabajo.

Las partes acuerdan lo siguiente:

Entiendo que no anunciaré ninguna otra empresa durante el horario laboral.

Solo llevaré camisetas con el logo de Multitech Mechanical Support o camisetas lisas. O a menos que el proyecto para el que trabajas ofrezca camisetas gratuitas.

Entiendo que TODA la información compartida directa o indirectamente con otros, como: ideas, invenciones, planes de negocios, estrategias comerciales, personal, nombres de empresas y números de teléfono, etc., se considerará un delito y tendrá consecuencias por estos actos.

I _____ acknowledge that I have received personal protective equipment listed below from Multitech Mechanical Support Inc. and I agree to pay \$35 for the PPE if I do not work the full 40 hours the first week.

Yo _____ reconozco que he recibido el equipo de protección personal que se enumera a continuación de Multitech Mechanical Support Inc. y acepto pagar \$35 por el PPE si no trabajo las 40 horas completas la primera semana.

- 2 T- shirts / Camisetas
- 1 Safety Gloves / Guantes de seguridad
- 1 Safety Vest / Chaleco de seguridad
- 1 Safety Glasses / Gafas de seguridad
- 1 Employee Badge / Insignia de Empleado
- 1 Sticker / Pegatina

Multitech Mechanical Support Agent: _____ Date: _____
MMS Agent / Agente de soporte MMS Date / Fecha

Employee Signature: _____ Date: _____
Employee Signature / Firma de empleado Date / Fecha

Non-Compete Agreement / Acuerdo de no competencia

This Agreement, when signed and witnessed below, shall constitute an agreement regarding defined non-compete, confidential and proprietary information and trade secrets, hereinafter referred to as "Confidential Information," relating to the business of Multitech Mechanical Support Inc. located at 204 Independent Drive Sanford, NC 27330 and

_____ OF _____
Full Name / Nombre completo City and State / Ciudad y estado

hereinafter referred to as the "Parties," as of the date executed, thus known as the "Effective Date." For purposed of this agreement Multitech Mechanical Support shall be referred to as the "Company" or the "Disclosing Party," and

hereinafter be referred to as the "Recipient."

Full Name / Nombre completo

It shall be incumbent upon the Recipient to strictly maintain the confidentiality of the Proprietary Information. Proprietary information may be shared amongst the Parties for use in scoping, estimating and completing any and all work or projects for the Company and its clients.

NON-COMPETE

Throughout the duration of this agreement the Recipient shall not, in any manner, represent, provide services or engage in any aspects of business that would be deemed similar in nature to the business of Multitech Mechanical Support without the written consent of Multitech Mechanical Support.

The recipient warrants and guarantees that throughout the duration of this agreement and for a period not to exceed 1 year following the culmination, completion or termination of this agreement, that she/he shall not directly or indirectly engage in any business that would be considered similar in nature with Multitech Mechanical Support, its subsidiaries, and any current or former clients, current employees, and/or customer within a 100 mile radius of the current project to which the Recipient has been assigned to. Nor shall the Recipient solicit any client, customer, officer, staff or employee for the benefit of himself/herself or a third party that is or may be engaged in a similar business.

CONFIDENTIAL INFORMATION

By definition herein, "Confidential Information" shall mean any and all technical and non-technical information provided by Multitech Mechanical Support, including but not limited to, any data, files, reports, accounts, or any proprietary information in any way related to products, services, processes database, plans, methods, reports, analysis, financial or statistical information, and any other material related or pertaining to any business of Multitech Mechanical Support, its subsidiaries, respective clients, consultants or vendors that may be disclosed to the Recipient herein contained within the terms of this Agreement. The Recipient shall not in any manner or form at any time disclose, reveal, unveil, divulge or release, either directly or indirectly, any aforementioned proprietary or confidential information for personal use or for the benefit of any third party and shall at all times endeavor to protect all Confidential Information belonging to the Company.

INJUNCTIVE RELIEF

The Recipient herein acknowledges (i) the unique nature of the protections and provisions established and contained within the Agreement, (ii) that the Company shall suffer irreparable harm if the Recipient should breach any of said protections or provisions, and (iii) that monetary damages would be inadequate to compensate the Company for said breach. Therefore, should the Recipient cause a breach of any of the provisions contained within this Agreement, and then the Company shall be entitled to injunctive relief, in addition to any other remedies at law or equity, to enforce said provisions.

ENTIRE AGREEMENT

This Agreement shall be considered a separate and an independent document of which it shall superseded any and all other Agreements, and there are no other assurances or conditions in any other instrument, either oral or written, between the parties hereto. This Agreement may be modified only by a subsequent written agreement signed by both parties.

SEVERABILITY

In the event any term, condition, or provision of the Agreement is deemed or held to be invalid or unenforceable for any reason, those remaining terms, conditions and provisions shall remain valid and enforceable. Should a court of law determine that any term, condition or provision of this Agreement is invalid or unenforceable, but that by limiting such term, condition or provision it would become valid and enforceable then such term condition and/or provision shall be deemed to be written, construed and enforced as so limited.

WAIVER

If either party fails to enforce any provisions contained within this Agreement, it shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of the Agreement.

GOVERNING LAW

This Agreement is to be construed pursuant to the current laws of the State of ____ NC____ ,
Jurisdiction and venue for any claim arising out of this Agreement shall be made in the State of ____ NC____ .

Este Acuerdo, cuando se firme y se vea a continuación, constituirá un acuerdo con respecto a la información y los secretos comerciales definidos de no competencia, confidenciales y de propiedad, en lo sucesivo denominados "Información confidencial", en relación con el negocio de Multitech Mechanical Support Inc. ubicado en 204 Independent Drive Sanford, NC 27330 y

Full Name / Nombre completo DE _____
City and State / Ciudad y estado

en lo sucesivo denominadas las "Partes", a partir de la fecha de ejecución, por lo que se conoce como la "Fecha de Entrada en Vigor". A los efectos de este acuerdo, se hará referencia a Multitech Mechanical Support como la "Compañía" o la "Parte Reveladora", y

en lo sucesivo denominado a "la persona que lo está recibiendo." _____
Full Name / Nombre completo

Corresponderá al Destinatario mantener estrictamente la confidencialidad de la Información Patentada. La información de propiedad puede ser compartida entre las Partes para su uso en el alcance, la estimación y la finalización de todos y cada uno de los trabajos o proyectos para la Compañía y sus clientes.

NO COMPETENCIA

A lo largo de la vigencia de este acuerdo, el Destinatario no podrá, de ninguna manera, representar, proporcionar servicios ni participar en ningún aspecto del negocio que se considere de naturaleza similar al negocio de Multitech Mechanical Support sin el consentimiento por escrito de Multitech Mechanical Support.

El destinatario garantiza que durante toda la duración de este acuerdo y por un período que no exceda 1 año después de la culminación, finalización o terminación de este acuerdo, no participará directa o indirectamente en ningún negocio que se considere de naturaleza similar con Multitech Mechanical Support, sus subsidiarias y cualquier cliente actual o anterior, empleados actuales y/o cliente dentro de un radio de 100 millas del proyecto actual al que se ha asignado el Destinatario. El Destinatario tampoco solicitará a ningún cliente, funcionario, personal o empleado en beneficio propio o de un tercero que esté o pueda estar involucrado en un negocio similar.

MEDIDAS CAUTELARES

El Destinatario reconoce en este documento (i) la naturaleza única de las protecciones y disposiciones establecidas y contenidas en el Acuerdo, (ii) que la Compañía sufrirá un daño irreparable si el Destinatario incumpliera cualquiera de dichas protecciones o disposiciones, y (iii) que los daños monetarios serían inadecuados para compensar a la Compañía por dicho incumplimiento. Por lo tanto, si el Destinatario causa un incumplimiento de cualquiera de las disposiciones contenidas en este Acuerdo, la Compañía tendrá derecho a medidas cautelares, además de cualquier otro recurso legal o de equidad, para hacer cumplir dichas disposiciones.

ACUERDO COMPLETO

Este Acuerdo se considerará un documento separado e independiente del cual reemplazará a todos y cada uno de los demás Acuerdos, y no hay otras garantías o condiciones en ningún otro instrumento, ya sea oral o escrito, entre las partes del presente. Este Acuerdo solo puede ser modificado por un acuerdo escrito posterior firmado por ambas partes.

DIVISIBILIDAD

En el caso de que algún término, condición o disposición del Acuerdo se considere o se considere inválido o inaplicable por cualquier motivo, los términos, condiciones y disposiciones restantes seguirán siendo válidos y aplicables. En caso de que un tribunal de justicia determine que cualquier término, condición o disposición de este Acuerdo es inválido o inaplicable, pero que al limitar dicho término, condición o disposición se volvería válido y aplicable, entonces dicho término, condición y/o disposición se considerará escrito, interpretado y aplicado como así limitado.

RENUNCIA

Si alguna de las partes no hace cumplir alguna de las disposiciones contenidas en este Acuerdo, no se interpretará como una renuncia o limitación del derecho de esa parte a hacer cumplir y obligar posteriormente al estricto cumplimiento de todas las disposiciones del Acuerdo.

LEGISLACIÓN APLICABLE

Este Acuerdo se interpretará de conformidad con las leyes vigentes del Estado de _____ NC _____,

La jurisdicción y el lugar para cualquier reclamación que surja de este Acuerdo se establecerán en el Estado de _____ NC _____.

Non-Compete Agreement / Acuerdo de no competencia

IN WITNESS WHEREOF, the parties hereto have caused this Non-Compete Agreement to be executed by a duly authorized representative of the such party and of such party as of the effective date executed by the signature of both parties.

EN FE DE LO CUAL, las partes del presente han hecho que este Acuerdo de No Competencia sea ejecutado por un representante debidamente autorizado de dicha parte y de dicha parte a partir de la fecha de entrada en vigor firmada con la firma de ambas partes.

Company Representative Signature
Firma del representante de la empresa

Employee Signature / Firma del empleado

Company Representative Name and Title
Nombre y cargo del representante de la empresa

Employee Full Name
Nombre completo del empleado

Date Executed / Fecha de ejecución

Date Executed / Fecha de ejecución