



OFC: 817-326-5117 Fax: 817-326-5118

Employee Application

TODAY'S DATE: _____

Name _____

Last First Middle Maiden

Present address _____

Number Street City State Zip

How long _____ Social Security # _____ - _____ - _____

Telephone (_____) _____ Driver License # _____ State _____

If under 18, please list age _____ Date of Birth ____ / ____ / ____
mm dd yyyy

Position applied for (1) _____ and Days/hours available to work
salary desired (2) _____ (Be NoPref _____ Thur _____ Fri
specific) Mon _____ Sat _____
Tue _____ Sun _____
Wed _____

How many hours can you work weekly? _____ Can you work nights?

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.



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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work?

Driver's license number ; _____ State of issue _____

Expiration date _____ Type _____

OFFICE ONLY

Typing Yes _____ WPM
 No

10-key Yes
 No

Word Processing Yes _____ WPM
 No

Personal Computer Yes PC
 No Mac

Other _____
Skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Employee Application

Work experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Name of employer		Address	
Phone #		City, State	
Name of supervisor		Zip code	
Pay or Salary		Job Title	
Reason for Leaving			
Employment Dates	From:	To:	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer		Address	
Phone #		City, State	
Name of supervisor		Zip code	
Pay or Salary		Job Title	
Reason for Leaving			
Employment Dates	From:	To:	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer		Address	
Phone #		City, State	
Name of supervisor		Zip code	
Pay or Salary		Job Title	
Reason for Leaving			
Employment Dates	From:	To:	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who did?			



ARBITRATION AGREEMENT

This Arbitration Agreement is between Eagle Stone Supply LLC. (“the Company”) and

_____ (“Employee”), (collectively, “the Parties”) is made as of the date last signed below.

1. Employment At-Will The Company and the Employee agree that the employment arrangement is at-will and nothing in this agreement changes the at-will nature of Employee’s employment, which is terminable by either party at any time for any reason. This agreement is not intended to place limitations on the parties’ rights to terminate the employment at-will.
2. Arbitration As evidenced by the signatures of the parties and/or Employee’s continued employment, it is agreed that any and all disputes arising from Employee’s employment shall be required to be submitted to arbitration. Such arbitration shall be governed by the provisions of the Texas General Arbitration Act (Texas Civil Practice and Remedies Code Section 171.001 et seq.). Alternatively, if for any reason the Texas General Arbitration Act does not require the arbitration of any dispute arising out of this agreement, this arbitration agreement shall be governed by the provisions of the Federal Arbitration Act (9 U.S.C. § 1 et seq.).
3. Demand for Arbitration If a dispute should arises from or is connected to Employee’s employment, either party may make a demand for arbitration by filing a demand in writing with the other party so long as the applicable statute of limitations for any such claim has not expired.
4. Appointment of Arbitrators The parties to this agreement agree to submit the arbitration to one agreed arbitrator, but in the event that they cannot so agree, an arbitrator shall be selected by the American Arbitration Association.
5. Hearing All arbitration hearings conducted under the terms of this agreement, and all judicial proceedings to enforce any of the provisions of this agreement, shall take place in Williamson County, Texas. The hearing before the arbitrator of the matter to be arbitrated shall be at the time and place within that County selected by the arbitrator. Notice of hearing shall be given and the hearing conducted in accordance with the provisions of Section 171.044 et seq. of the Texas Civil Practice and Remedies Code. At the hearing, any relevant evidence may be presented by either party, and the formal rules of evidence applicable to judicial proceedings shall not govern. Evidence may be admitted or excluded in the sole discretion of the arbitrator. The arbitrator shall hear and determine the matter and shall execute and acknowledge their award in writing and deliver a copy thereof to each of the parties by registered or certified mail.
6. Arbitration Award The arbitrator’s decision shall be binding and conclusive on the parties. The submission of a dispute to the arbitrator and the rendering of his/her decision shall be a condition precedent to any right of legal action on the dispute. A judgment confirming the award of the arbitrators may be rendered by any court having jurisdiction; or the court may vacate, modify, or correct the award in accordance with the provisions of the Texas General Arbitration Act (Texas Civil Practice and Remedies Code Section 171.087 et seq.).
7. Costs of Arbitration The costs and expenses of arbitration, including the fees of the arbitrators, shall be borne by the losing party or in such proportions as the arbitrators shall determine. To instigate arbitration, Employee’s fee shall not exceed the cost of filing and serving an Original Petition in Williamson County District Court.
8. Submission of Disputes to American Arbitration Association Any controversy or claim arising out of or relating to Employee’s employment, shall be settled by arbitration in accordance with the applicable Arbitration Rules of the American Arbitration Association, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.



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9. Discovery in Arbitration Proceedings The Parties agree that discovery may be conducted in the course of the arbitration proceeding in accordance with the following provisions:

- Each party may notice no more than three (3) of depositions in total, including both witnesses adherent to the adverse party and third-party witnesses.
- Each party may serve no more than fifty (50) requests for admission on the other party. No requests may be served within sixty (60) days of the date of hearing, unless the parties otherwise stipulate. All requests for admission shall be responded to within thirty (30) days of service of the requests, unless the parties otherwise stipulate.
- Each party may serve no more than thirty (30) interrogatories on the other party. No interrogatory shall contain subparts, or concern more than one topic or subject of inquiry. Interrogatories may not be phrased so as to circumvent the effect of this clause. No interrogatories may be served within sixty (60) days of the date of hearing, unless the parties otherwise stipulate. All interrogatories shall be responded to within thirty (30) days of service of the interrogatories, unless the parties otherwise stipulate.
- Each party may serve no more than thirty (30) requests for production of documents on the other party. No request for production of documents shall contain subparts, or seek more than one type of document. Requests for production of documents may not be phrased so as to circumvent the effect of this clause. Unless the parties otherwise stipulate, requests for production of documents may not be served within sixty (60) days of the date of hearing and all requests for production of documents shall be responded to within thirty (30) days of service of the requests.
- If any party contends that the other party has served discovery requests in a manner not permitted by this Section, or that the other party's response to a discovery request is unsatisfactory, the party may request the arbitrator(s) to resolve such discovery disputes. The arbitrator(s) shall prescribe the procedure by which such disputes are resolved.

10. Mediation The Company and Employee agree to attempt to resolve any dispute between the Parties by first submitting the dispute to mediation. If the parties cannot agree on a mediator, arbitration may be commenced, and the arbitrator shall appoint a mediator and the Parties are required to mediate before the issuance of any discovery.

EMPLOYEE:

EAGLE STONE SUPPLY

By: _____

Name: _____

Name: _____

Title: _____

Date Signed: _____

Date Signed: _____



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Employee Honesty Policy

We expect all employees to conduct themselves in an honorable fashion at all times. Honesty is an important company attribute. Therefore, any misrepresentation of facts or falsification of records, including personnel records, medical records, leaves of absence documentation or the like will not be tolerated. The authorization is given to investigate any and all statements contained in this application and any person, employer or organization authorized to provide information concerning previous employment and other relevant information that may be useful in making a hiring decision. Such persons, employers, and organizations are released from any legal liability in making such statements. The same honesty standard applies to any company investigation. Any violations will result in corrective action, up to and including termination.

Employee Acknowledgment

My signature below is an acknowledgment that I have read and understand the provisions of the Employee Honesty Policy. While this policy is of great importance, it is one of the company's policies that govern my employment. I also understand that Eagle Stone Supply's management reserves the right to make any changes to the Employee Honesty Policy at any time by adding, deleting or changing any existing policy without notice to or consent of the persons covered by this Policy.

I agree that this Employee Honesty Policy supersedes any other written or oral understandings or agreements I may have had about this topic, and cannot be modified or amended in any way other than in writing as authorized by an officer of the Company.

I have read and understand the above statements.

Employee Signature

Date



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PROBATIONARY PERIOD ACKNOWLEDGMENT

EMPLOYEE NAME _____ SSN _____

POSITION _____ DEPARTMENT _____

DATE OF HIRE _____ END PROBATIONARY PERIOD _____

ACKNOWLEDGMENT AND AGREEMENT

I have accepted the above position with Eagle Stone Supply LLC. (hereafter referred to as the “Company”). I understand that the first ninety (90) calendar days of employment are considered a 90-day probationary period.

Furthermore, I fully understand that successful completion of my 90-day probationary period does not alter or change the nature of my “at-will” employment, nor does successful completion create an employment contract. I understand that either the Company and/or me can end the employment at any time, with or without notice or cause (i.e., it is “at-will”).

EMPLOYEE SIGNATURE _____ DATE _____

PRINT NAME _____

SUPERVISOR SIGNATURE _____ DATE _____



ALLIED NATIONAL GROUP HEALTH PLAN WAIVER

Admin. Use Only
EWC
DWC
Case #

Waiver For Self

AFTER due consideration, it is my determination not to enroll myself in the Group Health Plan because of (check one):

- Existing Coverage - I am covered under another Individual Health Plan or employer-sponsored Health Benefit Plan.
Name of employer (if applicable):
Name of health plan carrier above:
Policy, Certificate or Identification Number:
Telephone Number of Company or Claims Department:

- Other Reasons - I opt not to enroll for coverage for myself in the Group Health Plan due to reasons other than having any existing coverage as listed above. I understand that I have the right to enroll for coverage at this time and am voluntarily declining coverage.

Waiver For Dependents (skip if you do not have dependents)

AFTER due consideration, it is my determination not to enroll my dependents in the Group Health Plan because of (check one)

- Existing Coverage - My dependents are covered under another Individual Health Plan or employer sponsored Health Benefit Plan.
Name of employer (if applicable):
Name of health plan carrier above:
Policy, Certificate or Identification Number:
Telephone Number of Company or Claims Department:

- Other Reasons - I opt not to enroll for coverage for dependents in the Group Health Plan due to reasons other than having any existing coverage as listed above. I understand that I have the right to enroll my dependents for coverage at this time and am voluntarily declining coverage.

Important Information

If you are declining coverage for yourself or your dependents (including your spouse) because of other coverage, you may in the future be able to enroll yourself or your dependents in this plan provided that you request enrollment within 30 days after your other coverage ends.

I understand that not enrolling for coverage due to reasons other than having qualifying existing coverage has important consequences:

- a. My dependents and I may be excluded from coverage as described in the Late Applicant Eligibility provisions set forth in the Certificate or Summary Plan Description; or
b. The effective date of coverage for myself and my dependents may be delayed, as described in the Late Applicant Eligibility provision in the Certificate or Summary Plan Description; or
c. The period during which pre-existing conditions will not be covered may be extended for myself and my dependents, as described in the Late Applicant Eligibility and Pre-Existing Conditions Limitations provisions in the Certificate or Summary Plan Description.

As a result, I waive all claim benefits payable thereunder for myself and/or my dependents. I understand the above information may be verified in order to determine whether the participation requirements for this group enrollment meets underwriting standards.

Name of Employee (please print): Social Security #:
Name of Employer: Case #:
Signature of Employee: Date:

ALLIED NATIONAL UNDERWRITING DEPARTMENT
By mail: P. O. Box 29187, Shawnee Mission, KS 66201-9187
By email: uas@alliednational.com By fax: (913) 945-4397

Electronic copies of this form submitted via facsimile, e-mail, or other electronic means shall be deemed an original.

Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

NOTIFICATION OF NO WORKERS' COMPENSATION INSURANCE COVERAGE

Cobra Stone, Inc. **DOES NOT** have workers' compensation insurance coverage to protect you from damages because of work-related injuries. However, you may have rights under the common laws of Texas.

ACKNOWLEDGEMENT RECEIPT

I, _____, hereby certify that I have been informed that Cobra Stone, Inc. does not have workers' compensation insurance, having rejected the Act effective 4/21/2015. I further certify that the Summary Plan Description of the Workplace Injury Benefit Plan for Cobra Stone, Inc. has been read to me or by me, and the answers to all of my questions have been fully explained by the Plan Administrator of Cobra Stone, Inc..

Date

Employee Signature

Social Security Number

Witness (company representative)

Witness (company representative)

Work Place

Sign and Turn In
Por favor de firmar Y entregar

ARBITRATION ACKNOWLEDGEMENT, SAFETY PLEDGE AND RECEIPT
Reconocimiento De Arbitraje y Promesa de Seguridad y Recibo

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 Cobra Stone, Inc. Work Related Injury Plan and Arbitration Agreement, effective April 21, 2015.

Recibo de Materiales. Por mi firma abajo, yo reconozco que he recibido y leído (o tenido la oportunidad de leer) la Descripción del Sumario del Plan.(el SPD) para el Plan de Herida relacionada con El Trabajo y El Trato del Arbitraje, efectivo 21 de abril del 2015.

INJURY NOTICE AND MEDICAL PROVIDERS. I understand and agree that if I am injured on the job, I must notify my manager or manager on duty by the end of my work-shift on the date of the injury and receive any medical care from a Plan-approved physician in order to receive benefits under the Plan.

Noticia de Herida y Proveedor de Servicios Medicos. Yo entiendo y estoy de acuerdo que si me lastimo en el trabajo, Yo tengo que avisar a mi gerente o el gerente encargado antes del final de turno de trabajo en el día de la herida y recibir atención médica por un doctor aprobado por el plan para poder recibir beneficios de bajo del plan.

SAFETY PLEDGE. I agree to familiarize myself with the Cobra Stone, Inc. Safety program and to perform my job according to Cobra Stone, Inc. Safety rules. I will also use any personal protective equipment provided to me. I also agree to immediately report to my manager any incident that involves another employee, a customer, a vendor, or me. I will also immediately report to my manager or the manager on duty any unsafe act, condition or equipment. I will also cooperate with any accident investigations, and actively participate in any safety training programs provided by Cobra Stone, Inc.

Promesa de Seguridad - Yo estoy de acuerdo de familiarizar me con el programa de seguridad y hacer mi trabajo según las reglas de seguridad de acuerdo con Cobra Stone, Inc. Yo también usaré equipo personal de protección que se me proporcione. Yo también estoy de acuerdo en reportar inmediatamente cualquier accidente a mi gerente que implique otro empleado, cliente, vendedor o yo. Yo también reportaré inmediatamente a mi gerente o gerente encargado sobre cualquier acto, condición, o equipo peligroso. Yo también cooperaré con cualquier investigación accidental y participaré en programas de entrenamiento de seguridad dado por Cobra Stone, Inc.

X _____
Employee's Signature
Firma de Empleado

Date
Fecha

Print Employee's Name
Imprimir Nombre de Empleado

Employee's Social Security Number
Numero de Seguro Social de Empleado

Employee's Home Address
Direccion de Empleado

X _____
Parent or Legal Guardian Signature
(if employee is under age 18)
Firma de Padres o Guardian Legal
(si empleado es menor de 18)

Date
Fecha

X _____
For the Company
Para La compania

Date
Fecha



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px; min-height: 200px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

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

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

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		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. 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. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: 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 alien's nonimmigrant status 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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
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		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		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Call Monitoring and Recording Acknowledgment

I hereby acknowledge that Spectrum VoIP (the call tracking, monitoring and recording provider) and Eagle Stone Supply, LLC., will record and review inbound and outbound calls for quality and training purposes. All inbound and outbound calls will be recorded. I understand that my employer and those given access by my employer, including my supervisor and me, may review recorded calls.

During the course of ordinary business, members of the management team or their designee may listen in and/or record customer service lines to ensure employees are being respectful and responsible to customers. Calls may be monitored or recorded for training purposes to critique customer service skills and provide feedback on job performance as needed.

Call monitoring and recording may also be used for customer disputes and order verification as well, in the event an issue arises with a customer's order.

This form acknowledges that you understand and agree to Eagle Stone Supply, LLC guidelines on service phone call monitoring and recordings for the purposes of customer service training job performance feedback.

Signature: _____

Name (Print): _____

Date: _____