



Phase I - New Employee Checklist for PPD to fill out:

Date: _____

Name of Employee: _____

Department: _____ Position: _____

Requirement

Completed

- Complete PPD Application for Employment
- Sign PPD Rules
- Complete WBS (Workforce Business Services) Application
- Employee Direct Deposit YES/NO _____
- Complete I-9 Work Eligibility Form
- Complete W-4 Number of Withholdings
- Copy of Identification Copy of Social Security Number

Hired: Yes / No Hire Date: ___/___/___ Start Date: ___/___/___

Hourly Rate: \$ _____ First evaluation to be done within: _____

Initial Training Date: _____ Training Time: _____

Possible driver: _____

Interviewed by: _____

Approved by: _____ Signature: _____

Nombre / Full Name: _____

Dirección de Casa / Address: _____

Cuidad, Estado, código postal/City, State, Zip code _____

Fecha de Nacimiento / Date of Birth: _____

Número de Teléfono / Phone Number: _____ Email: _____

En caso de emergencia, ¿A quién llamamos? / In case of emergency, who should we call?

Nombre / Name: _____ Relación/Relation: _____

Número de Teléfono / Phone Number: _____

Empleo Anterior / Previous Employment

Nombre de la Compania / Company: _____

Tiempo en este trabajo / How long did you work for this company? _____

Motivo de Salida / Reason for Leaving: _____

Tipo de Trabajo / Job Description: _____

Quien Te Recomendo? / Character Reference

Nombre / Name: _____ Numero / Number: _____

Como lo conoces? / How do you know this person? _____

Tienes experiencia en lo siguiente? / Are you experienced in the following?

Stucco

- Textura / Texture
- Acrylic
- Marblecrete
- Plastic Installation
- Wire Lath
- Dense Glass
- Durock

Painting

- Exterior
- Interior
- Wood Staining
- Metal Painting
- Spray Painting
- Spray Deck
- Cool Deck Repair

Drywall

- Instalacion / Installation
- Finishing
- Level 4
- Level 5
- Textured Drywall

Framing

- Metal Framing
- Wood Framing
- Layout

Spalling

- Light Spalling
- Medium Spalling
- Concrete Finish

Woncoate

- Smooth Finish
- Sand Finish

Carpentry

- Keystone Installation

Work Hours:

1. Employees work Monday - Friday. Occasionally employees will be required to work on Saturdays, especially during peak season. Sundays are always off.
2. Work hours: ON-SITE from 7:30am to 4:00pm.
3. Lunch break is 45 minutes.
4. If you arrive late at the job site, you must advise your Project Manager.
5. If you finish a job early, or must leave early, you must advise your Project Manager.
6. You must let your project manager know at least 24 hours in advance if you will miss work. Exceptions are made for emergencies or special circumstances.
7. Unexcused absences will result in termination from PPD.
8. Project Managers will call or text employees their job assignments the night before. If an employee has not received information by 8pm, they are to contact their project managers for instructions.

Uniform:

1. Long sleeve PPD shirts are provided for employees.
2. No shorts on job sites.
3. All shirts must have sleeves.
4. No excessively baggy clothing.
5. No exposed jewelry.
6. Hard Hats must be worn at all job sites, no exceptions.
7. Steel-toe work boots must be worn on all job sites. No "tennis" shoes.
8. Safety glasses must be worn during any operation that involves danger to eyesight.
9. Face shields must be worn along with safety glasses during ANY grinding operation.
10. Dust masks must be worn during any operation involving dust, fumes, or particles.
11. Leather gloves must be worn when working with metal or any other sharp materials.
12. Back braces can be worn when lifting equipment or material. It is important to lift with your legs, not your back. Ask for assistance when lifting over 50 lb. Loads.

Transportation:

1. If you cannot provide your own transportation to the job sites, PPD can provide it at a charge of \$35 per week. It will automatically be deducted from your check.
2. If you are a driver for PPD Inc., you will not be charged \$35 per week.
3. Employees need to maintain the work vehicles. At the end of the day, there should be no garbage or food left behind. If an employee habitually leaves garbage, food, clothes, and/or personal materials in the work vehicles, they will be charged a cleaning fee.
4. Employees are required to bring an extra shirt and pants for the end of the workday. You need to change your clothes before heading home in the PPD Inc. vehicles. This helps maintain the vehicles as well as a courtesy to fellow employees riding in the vehicle with you.
5. PPD vehicles are for use of PPD employees ONLY, non-PPD employees are not allowed in company vehicles.
6. Vehicles are only for PPD business use and exclusively during working hours.

Meetings:

1. PPD Inc. has a group meeting every two months, usually on the 2nd Saturday of each month. We go over upcoming jobs, changes in procedures, and this is an opportunity where employees can discuss any issues or concerns, they have.
2. **PPD, Inc. requires every employee to attend these meetings.** Employees are paid by the hour and if they attend these meetings, they will be eligible for a paid holiday on the corresponding holiday.

NO MEETING = NO HOLIDAY PAY

Safety:

1. Zero tolerance for any sort of drug or alcohol use of any kind on jobsites or PPD property (including vehicles, rental properties such as hotels or trailers that PPD is paying for)
2. No smoking on the job sites, except for in the designated areas.
3. No alcohol or drugs are permitted in the PPD Inc. vehicles or at the job sites AT ANY TIME.
4. Phones are only to be used in case of emergencies or for work related business.
5. Radio/music is allowed, but within reasonable volume.
6. DO NOT REMOVE OR BYPASS any machinery guards at any time.
7. **Report all job-related injuries or accidents immediately to a supervisor and/or PPD Inc. Project Manager.**
8. Advise a supervisor or PPD Inc. Project Manager of any Hazardous conditions.
9. Advise a supervisor or PPD Inc. Project Manager if additional training or instructions are required for safe operations of machinery or equipment such as scaffolds, ladders, and swings before using.

Phone Usage:

1. All employees are required to have a working smartphone as part of their equipment.
2. Employees are required to use WhatsApp to maintain appropriate communication with their team members and coworkers.
3. Employees are required to have the Buildertrend App to keep track of their working hours.
4. Phones must have a working camera to track the job progress. This includes taking pictures and videos of before, during and after a project is completed.

By signing this form, you agree to follow the rules and regulations specified above. Failure to follow these rules and regulations may result in suspension or immediate termination. If you should have any questions, we ask you to contact the office manager immediately.

Print Name

Signature

Date



TO BE COMPLETED BY THE BUSINESS OWNER (DEBE RELLENARLO EL PROPIETARIO DEL NEGOCIO)	
Client Company Professional Plastering Designs	Client # _____
(Nombre de la Compañía Cliente)	(No. de Cliente)

Employee Name: _____
(Nombre del empleado)

Florida Employee Enrollment Form

Enrollment Form Only NOT an application for employment
(Formulario de inscripción únicamente, NO una solicitud de empleo)

Worksite Employee Acknowledgment (Reconocimiento del Empleado en el Lugar de Trabajo)

I hereby acknowledge my current employer (Client Company) has entered into a client services agreement contract with Workforce Business Services (WBS). Through this contract WBS will provide Client Company with certain professional employer services. Under this arrangement Client Company and WBS will become co-employers. Under this co-employer relationship, I will be an assigned solely and exclusively to Client Company. I will remain an employee of Client Company and Client Company will continue to have control over my day-to-day job duties and the work site. Client Company will also continue to provide all on site supervision, including but not limited to, determining my job assignments and training requirements, evaluating my performance, and establishing pay rates. Client Company may have the right to accept or cancel the assignment. WBS will not have an on-site supervisor or representative at my worksite.

(Por la presente reconozco que mi empleador actual (Compañía Cliente) ha firmado un contrato de acuerdo de prestación de servicios para clientes con *Workforce Business Services (WBS)*. A través de este contrato, *WBS* proporcionará a la Compañía Cliente ciertos servicios profesionales de empleador. Bajo este acuerdo, la Compañía Cliente y *WBS* se convertirán en co-empleadores. Bajo esta relación de co-empleador, seré un asignado única y exclusivamente a la Compañía Cliente. Seguiré siendo un empleado de la Compañía Cliente y la Compañía Cliente continuará teniendo el control sobre mis obligaciones laborales diarias y el lugar de trabajo. La Compañía Cliente también continuará proporcionando toda la supervisión en el lugar de trabajo, que incluye, sin limitarse a, la determinación de mis tareas laborales y requisitos de capacitación, la evaluación de mi rendimiento y el establecimiento de las tasas salariales. La Compañía Cliente podría tener derecho a aceptar o cancelar el trabajo asignado. WBS no tendrá un supervisor o representante en el sitio de mi trabajo.)

I fully understand that WBS is an at-will employer and as such, employment with WBS is not for a fixed team or definite period and may be terminated at any time at the will of either WBS or myself, with or without cause, and without prior notice. The client services agreement between Client Company and WBS will not affect any agreement for employment or compensation which exists with my Client Company. If the contract between my Client Company and WBS is terminated, my work site employee status with WBS will also end on the date of the contract termination.

(Comprendo plenamente que *WBS* es un empleador a voluntad y, como tal, el empleo con *WBS* no es para un equipo fijo o un periodo definido y en cualquier momento puede darse por terminado a voluntad de *WBS* o mía, ya sea con o sin justificación, y sin previo aviso. El contrato de servicios entre la Compañía Cliente y *WBS* no afectará a ningún acuerdo de empleo o compensación que exista con mi Compañía Cliente. Si se rescindiera el contrato entre mi Compañía Cliente y *WBS*, mi condición de empleado en el lugar de trabajo con *WBS* también terminaría en la fecha de la terminación del contrato.)

If WBS does not receive payment from my Client Company for services which I perform, WBS may then pay me the minimum wage or the legally required minimum salary or overtime pay for that period and I agree to this method of compensation. WBS assumes responsibility for the payment of such minimum wages to co-employees without regard to payments by Client Company to WBS. I also agree that WBS does not assume responsibility for payment of any bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, unless WBS has received in advance full payment for such items from Client Company. If the contract with my Client Company is terminated, my employment with WBS will end the date the contract terminates and WBS's responsibilities as a co-employer shall also terminate at that time. WBS assumes full responsibility for payment of payroll taxes and collection of payroll taxes and collection of taxes from payroll on co-employees.

(Si *WBS* no recibe el pago de mi Compañía Cliente por los servicios que yo realice, *WBS* podrá entonces pagarme el salario mínimo o el salario mínimo que exija la ley o el pago de horas extraordinarias por ese periodo y yo acepto este método de compensación. *WBS* asume la responsabilidad del pago de dichos salarios mínimos a los co-empleados sin tener en cuenta los pagos de la Compañía Cliente a *WBS*. También acepto que *WBS* no asume la responsabilidad del pago de ninguna bonificación, comisión, indemnización por despido, compensación diferida, participación en las ganancias, paga por vacaciones, enfermedad u otro tiempo libre remunerado, ni de ningún otro pago, a menos que *WBS* haya recibido por adelantado el pago completo de dichos conceptos por parte de la Compañía Cliente. Si se rescinde el contrato con mi Compañía Cliente, mi empleo con *WBS* terminará en la fecha de la terminación del contrato y las responsabilidades de *WBS* como co-empleador también terminarán en ese momento. *WBS* asume toda la responsabilidad del pago de los impuestos sobre nóminas y la recaudación de los impuestos sobre nóminas y la recaudación de los impuestos sobre nóminas de los co-empleados.)

Drug Testing Authorization (Autorización de prueba de detección de drogas)

I agree to comply with any drug/alcohol testing policy which Client Company or Workforce Business Services has or may adopt. I also specifically agree to post-accident drug/alcohol testing for any work injury regardless of whether I am able to give consent at that time. **This authorization or a photocopy hereof is my authority and consent to post-accident drug/alcohol testing in all instances.**

(Acepto cumplir con cualquier política de pruebas de detección de drogas/alcohol que la Compañía Cliente o *Workforce Business Services* tenga o pueda adoptar. También estoy específicamente de acuerdo con las pruebas de detección de drogas/alcohol post accidente por cualquier lesión laboral independientemente de si soy capaz de dar mi consentimiento en ese momento. **Esta autorización o una fotocopia de ésta es mi autoridad y consentimiento para las pruebas de detección de drogas/alcohol post accidente en todas las instancias.**)

Workers' Compensation Medical Authorization Release (Autorización de divulgación de datos médicos de indemnización laboral)

I authorize any physician, medical practitioner, hospital, clinic or other health facility, or employer, to release any and all medical and non-medical information in its possession about me to Workforce Business Services' Workers' Compensation carrier or its legal representatives for purposes of a workers' compensation claim. (Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me.) I shall comply with the provisions of Florida Statute 440 concerning claims for workers' and receive a copy of this authorization. **A photocopy of this authorization shall be valid as the original.**

(Autorizo a cualquier médico, profesional de la medicina, hospital, clínica u otro centro de salud, o empleador, a divulgar toda la información médica y no médica que posea sobre mí a la aseguradora de indemnización laboral de *Workforce Business Services* o a sus representantes legales para efectos de una reclamación de indemnización laboral. (Información médica significa toda la información en posesión de o derivada de proveedores de atención médica con respecto al historial médico, condición mental o física, o tratamiento de mi persona). Cumpliré con las disposiciones de la Ley 440 de Florida relativas a las reclamaciones de los trabajadores y recibiré una copia de esta autorización. **Será válida como original una fotocopia de esta autorización.**)

I agree to promptly and without delay report all accident, injuries, potential safety hazards, safety suggestions and health related issues to my manager.

(Me comprometo a informar rápidamente y sin demora de todos los accidentes, lesiones, peligros potenciales para la seguridad, sugerencias de seguridad y cuestiones relacionadas con la salud a mi gerente.)

If I am a new hire, I acknowledge I am hereby notified within 7 days of my employment with Workforce Business Services that I am being employed on an established 90-day probationary period.

(Si soy un recién contratado, reconozco que se me notifica por la presente dentro de los 7 días de mi empleo con *Workforce Business Services* que se me ha contratado en un período de prueba establecido de 90 días.)

I certify that I have read, understand, and agree to the conditions and requirements contained in this document, including my authorization for drug testing and for release of my medical and non-medical information.

(Certifico que he leído, comprendo y acepto las condiciones y requisitos contenidos en este documento, incluida mi autorización para la realización de pruebas de detección de drogas y para la divulgación de mi información médica y no médica.)

Employee Signature (Firma del empleado) X _____ Date (Fecha): _____

Employee Name (Nombre del empleado): _____

Date of Birth (Fecha de Nacimiento): _____ Male (Masculino) Female (Femenino) Prefer Not to Say (Prefiero no decir)

Address (Dirección): _____

City, State, Zip (Ciudad, Estado, Código Postal): _____

Telephone Number (Número telefónico) _____ Social Security No. (No. de Seguridad Social): _____

Employee E-Mail Address (Correo electrónico del empleado) _____

Emergency Contact (Contacto de emergencia) _____ Phone Number (Número telefónico) _____

Voluntary EEO Identification (Identificación Voluntaria de Igualdad de Oportunidades de Empleo [EEO, por sus siglas en inglés])

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which an applicant applies. The information requested here is for compliance with certain record keeping requirements.

(Diversos organismos gubernamentales de los Estados Unidos exigen a los empleadores que conserven información sobre los solicitantes en relación con factores como la raza, el sexo y el tipo de puesto para el que se presenta el solicitante. La información que se pide aquí es para cumplir con ciertos requisitos de mantenimiento de registros.)

White (Not of Hispanic or Latino origin)
Raza blanca (no de origen hispano o latino)

Black or African American (Not of Hispanic or Latino origin)
Raza negra o afroamericana (no de origen hispano o latino)

Hispanic or Latino (*hispano o latino*)

Asian (Not of Hispanic or Latino origin)
Raza asiática (No de origen hispano o latino)

Native Hawaiian or other Pacific Islander
Nativo de Hawái u otras islas del Pacífico

American Indian/Alaska Native (*Indígena americano/nativo de Alaska*)

Two or more races (Not of Hispanic or Latino origin)
De dos razas o más (no de origen hispano o latino)

If the employee elected not to complete this form, the employer has completed it through visual identification as required by law.
(Si el empleado eligió no completar este formulario, el empleador lo ha completado mediante identificación visual, tal como lo exige la ley.)

Completed by Client Company (Debe rellenarlo la Compañía Cliente)

New Hires (Recién contratados)

You must fax, call or email the following information to WBS on or before the new hire starts work: name, WC Code, Social Security Number, Pay Rate and Date of Birth. Workforce Business Services cannot pay any employee without receiving this information on or before the employee begins work. Nor will this employee be covered with workers' compensation coverage until this information has been submitted to us. To report a new hire after hours, please fax or call our offices and leave a detailed message.

(Usted deberá enviar por fax, llamar o enviar por correo electrónico la siguiente información a WBS en o antes de que el empleado recién contratado comience a trabajar: nombre, Código WC, Número de Seguridad Social, Tasa de Pago y Fecha de Nacimiento. *Workforce Business Services* no puede pagar a ningún empleado sin recibir esta información en o antes de que el empleado empiece a trabajar. Tampoco se cubrirá a este empleado con la cobertura de indemnización laboral hasta que se nos haya enviado esta información. Para avisarnos de un empleado recién contratado fuera del horario de trabajo, envíe un fax o llame a nuestras oficinas y deje un mensaje detallado.)

THE EMPLOYEE ENROLLMENT FORM MUST BE RETURNED TO WBS WITHIN THREE DAYS OF THE DATE OF HIRE.

EL FORMULARIO DE INSCRIPCIÓN DEL EMPLEADO DEBE DEVOLVERSE A WBS EN UN PLAZO DE TRES DÍAS A PARTIR DE LA FECHA DE CONTRATACIÓN.

Employee Name (Nombre del empleado): _____

Client Company Name (Nombre de la Compañía Cliente): Professional Plastering Designs, Inc.

Department (if applicable) (Departamento, si corresponde): _____ Job Code (if applicable) (Código de trabajo, si corresponde) _____

Rate of Pay (Tasa de pago) \$ _____ Hourly (Por hora) Salary (Salario) Exempt (Exento) Non-Exempt (No Exento)

Full Time (Horario completo) Part Time (Horario parcial)

Work Comp. Code (Código de Indemnización Laboral) _____

From the EEO job classifications listed, which one best describes the employee's position?

(De las clasificaciones laborales de la EEO enumeradas, ¿cuál describe mejor el puesto del empleado?)

1.1 Executive/Senior Level Officers and Managers (Funcionarios y directivos de nivel ejecutivo/superior)

1.2 First/Mid-Level Officers and Managers (Funcionarios y directivos de primer y medio nivel)

2 – Professionals (Profesionales)

3 – Technicians (Técnicos)

4 – Sales (Vendedores)

5 – Office and Clerical (Oficina y administrativa)

6 – Craft Workers (skilled) (Artesanos habilidosos/especializados)

7 – Operative (semi-skilled) (Operarios, semicualificados)

8 – Laborers (unskilled) (Obreros, no cualificados)

9 – Service Workers (Trabajadores de servicios)

Job Description (Descripción del trabajo) _____

Original Date of Hire (Fecha de contratación original) _____

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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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

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)
	Professional Plastering Designs, Inc. 5409 Overseas Highway #199 Marathon, FL 33050		20-3797879



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	
<p>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.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 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:						
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)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Arce, Daniella / Office Manager				
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
Professional Plastering Designs, Inc.		5409 Overseas Highway #199, Marathon, FL 33050		

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