

POSTLER & JAECKLE CORP.

Employee to complete with ink, and turn in to supervisor for review and signature.

(All original documentation to be forwarded by supervisor to our main office – 615 South Ave.; Rochester, NY 14620)

EMPLOYEE INFORMATION: Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____ Date of Birth: _____ E-Mail Address: _____	OFFICE USE ONLY: <input type="checkbox"/> New Hire <input type="checkbox"/> Re-Hire Date: _____ Employee Number: _____ Occupation Code: _____ Union Code: _____
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UNION AFFILIATION:
 Local Union: 13 46 112 N Pipe 112 S Pipe 112 SM 267 Other: _____
 Traveler: No Yes – From Home Union: _____ into _____ Union
 Journeyman Apprentice – Level _____ Pre Apprentice Other: _____

HOME OFFICE: ROCH LYONS SO. TIER ALB SYR BING PA/NJ

DEMOGRAPHICS:

<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Vietnam Era Vet (V)	<input type="checkbox"/> Disabled Vet
<input type="checkbox"/> Female	<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other Veteran (O)	
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____	<input type="checkbox"/> Newly Separated Vet (O)	

EMERGENCY CONTACT INFORMATION:

Name: _____	Relationship: _____
Address: _____	Primary Phone #: _____
City/State/Zip: _____	Alternate Phone #: _____

REQUIRED DOCUMENTATION:	SUPERVISOR'S INITIALS
1. IRS Employee Withholding Allowance Certificate – Form W-4	_____
2. Dept. of Homeland Security Form I-9 – Employment Eligibility Verification	_____
3. Copies of Driver's License, 10 Hr OSHA, Social Security Card (one page per document)	_____
4. Postler & Jaeckle Corp. Equal Opportunity Statement (keep copy)	_____
5. Employee Safety Orientation Video	_____
6. Employee Health & Safety Handbook Receipt Page	_____
7. Attach copies of any previous training certificates (OSHA, Safety Certs, Medical Training, etc.)	_____
8. Do you have any existing medical conditions that would prevent you from performing your job? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

TRAINING:		
<input type="checkbox"/> OSHA 10 Hr. Training Date Taken: _____	<input type="checkbox"/> CPR Training Date Taken: _____	<input type="checkbox"/> Kodak Safety Orientation Training Date Taken: _____
<input type="checkbox"/> 40 Hr. Hazardous Waste Training Date Taken: _____	<input type="checkbox"/> Basic First Aid Training Date Taken: _____	<input type="checkbox"/> Xerox Safety Orientation Training Date Taken: _____
<input type="checkbox"/> Confined Space Training Date Taken: _____	<input type="checkbox"/> Lockout/Tagout Training Date Taken: _____	<input type="checkbox"/> Mobil Safety Orientation Training Date Taken: _____
<input type="checkbox"/> Excavation Training Date Taken: _____	<input type="checkbox"/> Fall Protection Training Date Taken: _____	<input type="checkbox"/> HAS-COM Training Date Taken: _____
<input type="checkbox"/> Foreman Supervisor Training Date Taken: _____	<input type="checkbox"/> Respirator Training Date Taken: _____	<input type="checkbox"/> Fire Extinguisher Training Date Taken: _____
<input type="checkbox"/> Personal Life Training Date Taken: _____	<input type="checkbox"/> List Other: Date Taken: _____	<input type="checkbox"/> List Other: Date Taken: _____
<input type="checkbox"/> List Other: Date Taken: _____	<input type="checkbox"/> List Other: Date Taken: _____	<input type="checkbox"/> List Other: Date Taken: _____

ORIENTATION CONDUCTED BY:

Signature _____	Printed Name _____	Date _____
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Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B _____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}			
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____			
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F _____			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G _____			
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____			
	For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}	
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 0;">2010</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)



Employee's Withholding Allowance Certificate

IT-2104

New York State • New York City • Yonkers

Print or type	First name and middle initial	Last name	Your social security number
	Permanent home address (number and street or rural route)		Apartment number
	City, village, or post office	State	ZIP code
Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.			
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Complete the worksheet on page 3 before making any entries.			
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20)			1. <input type="text"/>
2 Total number of allowances for New York City (from line 31)			2. <input type="text"/>
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.			
3 New York State amount			3. <input type="text"/>
4 New York City amount			4. <input type="text"/>
5 Yonkers amount			5. <input type="text"/>

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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Penalty — A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep pages 3 and 4 for your records.

Employers only: Please mark an **X** in the appropriate box(es) to indicate why you are sending a copy of this form to New York State:

Employee is a new hire Employee claimed more than 14 exemption allowances for New York State

Employer's name and address (Employer: complete this section only if you must send a copy of this form to the NYS Tax Department.)	Employer identification number
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Instructions

Changes for 2010

The additional withholding per week dollar amounts and the number of allowances in the charts on page 4 of the instructions for this form have been revised for tax year 2010. If you filed a 2009 Form IT-2104 (dated 4/09) based on the tax rate increase effective for tax year 2009, and you used the charts on page 4 of the 2009 Form IT-2104 to compute an additional dollar amount to claim on lines 3, 4, or 5 of Form IT-2104, you should complete a new 2010 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You itemize your deductions on your personal income tax return.

- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must** file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, **and** you are over 65 years of age, under 18, or a full-time student under 25. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,000.

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

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. **(State employment agencies may omit the date the employee began employment.)**

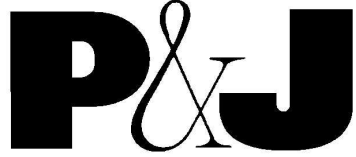
Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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POSTLER & JAECKLE CORP.

MECHANICAL CONTRACTORS

September 16, 2002

To: All Employees/Applicants

From: Dominick Mancini

Subject: Equal Employment Opportunity Policy Statement

It is the policy of Postler & Jaeckle Corp. to afford equal employment opportunity to all qualified persons without regard to race, color, religion, sex, physical impairment, national origin or status as a disabled veteran or veteran of the Vietnam Era.

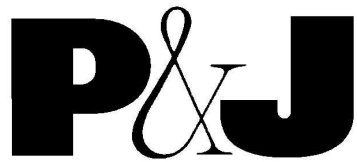
This includes, but is not limited to the following:

- Hiring, placement, upgrading, transfer, promotion or demotion;
- Recruiting, advertising or solicitation for employment;
- Treatment during employment;
- Rates of pay or other forms of compensation;
- Selection of training, including apprenticeship;
- Layoff or termination.

Dominick Mancini is appointed the Equal Employment Officer for Postler & Jaeckle Corp.; 615 South Ave.; Rochester, NY 14620; 585-546-7450. He will handle all complaints which allege discrimination because of race, color, religion, sex, physical or mental handicap, or status as a veteran or veteran of the Vietnam Era

We shall pursue enforcement of this program with the same vigor, determination, imagination and resourcefulness that we have always given to the programs we undertake at Postler & Jaeckle Corp.

It is the policy of this company to cooperate to the fullest extent with the applicable regulations of the Civil Rights Act and the Executive Orders on Equal Employment Opportunity. I have instructed my directors and staff to assist in every way possible to ensure that our policy is adhered to. We would hope that each and every employee would do his or her utmost to provide both the spirit and the letter of this policy.



POSTLER & JAECKLE CORP.

MECHANICAL CONTRACTORS

**AMENDMENT TO POSTLER & JAECKLE CORP.'S
FIELD EMPLOYEE HEALTH & SAFETY HANDBOOK**

POLICY STATEMENT:

POSTLER & JAECKLE CORP. is committed to providing a work environment which is free from harassment based on an individual's sex, race, color, religion, sexual orinetatin, national origin, ancestry, disability or age. Harassment in all of these forms is unlawful and violates the rights of the individual and undermines the integrity of the employment relationship, which can destroy the morale and commitment of the individuals involved.

Any employee, who believes he or she has been subjected to harassment, or is aware of harassment to others in the workplace, should report the incident to their supervisor or any member of management.

POSTLER & JAECKLE CORP. DIRECT DEPOSIT AUTHORIZATION FORM:

I hereby consent to and Authorize Postler & Jaeckle Corp., to deposit my NET WAGES into the account in my name, at the bank indicated below, and authorize bank to credit such amounts to:

INDICATE TYPE OF ACCOUNT: _____ CHECKING _____ SAVINGS

NAME OF BANK OR SAVINGS ASSOCIATION:

BRANCH:

CITY/STATE/ZIP:

|: _____|:

BANK ROUTING AND TRANSIT NUMBER

(this is the 9-digit number btw the |: symbols prior to the account # at the bottom of check)

| _____|

ACCOUNT NUMBER

My company is authorized to make withdrawal on this account to adjust any over-deposit which it has caused to be made. This authorization is to remain in full force and effect for the duration of my employment, or until the company may wish to discontinue the service, or until company has received written notification from me of its termination in such time and manner as to afford company and bank a reasonable opportunity to act on it.

Employee Signature

Employee Name (Print)

Date

Social Security Number

Employee #

STAPLE VOIDED CHECK OR DEPOSIT TICKET HERE

