

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> |
|----------------------|------------------------------|

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> |

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

| | | |
|---|---|---|
| 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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States |
| 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 | 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 Birth Abroad issued by the Department of State (Form FS-545) |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | 3. School ID card with a photograph | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) |
| 5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form | 4. Voter's registration card | 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| | 5. U.S. Military card or draft record | |
| | 6. Military dependent's ID card | 5. Native American tribal document |
| | 7. U.S. Coast Guard Merchant Mariner Card | |
| | 8. Native American tribal document | |
| 9. Driver's license issued by a Canadian government authority | 6. U.S. Citizen ID Card (Form I-197) | |
| 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: | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | 10. School record or report card | 8. Employment authorization document issued by the Department of Homeland Security |
| | 11. Clinic, doctor, or hospital record | |
| | 12. Day-care or nursery school record | |

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Driver's Agreement

This is an agreement between Signature Concepts of Tampa, Inc. ("Company") and _____ ("Independent Contractor"). This agreement concerns the Independent Contractor's use of their personal motor vehicle to conduct business on behalf of the Company. The following are the terms of the agreement:

1. The Company does not provide coverage for damage to the Independent Contractor's personal vehicle; the Independent Contractor's personal automobile insurance policy provides primary coverage. Accordingly, in the event of an accident, the Independent Contractor's personal coverage would be primary and the Company's insurance would be excess.
2. The Independent Contractor must also prove to the Company (by giving the following information to the Company Independent Contractor's manager) that:
 - a. The Independent Contractor has a valid driver's license, which will be verified by the Company physically looking at the Independent Contractor's driver's license.
 - b. The Independent Contractor has valid automobile insurance, which will be verified by the Independent Contractor providing a copy of their insurance card and/or certificate of insurance to the Company evidencing the minimum coverage limits as required by their state. Please note that a copy of this verification will be maintained in the Independent Contractor's personal file and updated annually at the beginning of each fiscal year. Finally, the Independent Contractor must advise the Company of any change to their insurance.
3. Accident Procedures: Again, the Independent Contractor's auto insurance is primary and the Independent Contractor, upon any accident, should contact their insurance agent and/or insurance company to report the loss, as well as immediately informing their sales manager of the same.
4. Safety Guidelines:
 - a. Use of Cell Phones and/or texting: In the interest of safety for the Independent Contractor and other drivers, the Independent Contractor is prohibited from using non-hands-free cell phones or handheld PDA's while driving on Company business and/or Company time. This specifically includes texting while operating a vehicle. Furthermore, if the Independent Contractor's job requires them to keep their cell phone turned on while driving, a hands-free device must be used. Finally, even if using hands-free cell phones, the Independent Contractor should keep conversations brief while driving and must stop the vehicle and park in a proper parking area if the conversation becomes involved, traffic is heavy, and/or road conditions are poor.
 - b. Use of Seat Belts: The Independent Contractor and all passengers must wear seat belts at all times and air bags do not replace the use of seat belts.

- c. Impaired Driving: The Independent Contractor may NOT drive if impaired in any way. If impaired, the Independent Contractor should use a designated driver, taxis and/or alternative forms of transportation.
- d. Defensive Driving: The Independent Contractor is required to drive defensively while doing Company business and/or while on Company time. Defensive driving includes the following:
 - i. Keep within the legal speed limits, observe all traffic laws and instructions from signs, police and/or safety personnel.
 - ii. Allow enough time to get to your destination.
 - iii. Use turn signals when changing lanes.
 - iv. Keep adequate following distance (i.e., minimum of two (2) seconds behind vehicle in front of you)
 - v. Watch for pedestrians and cyclists.
 - vi. Keeping all windshields and headlights clean.
 - vii. Check the condition of the following on a weekly basis:
 - 1. Tires: air pressure, tread depth, signs of wear
 - 2. Brakes.
 - 3. Windshields and wipers
 - 4. Horn
 - 5. Turn signals
 - 6. Brake lights / taillights
 - 7. Headlights: high and low beams

5. Miscellaneous Provisions:

- a. The Independent Contractor will not drive on behalf of the Company in any vehicle until certified by the Company to do so.
- b. The Independent Contractor is responsible for all traffic and parking tickets issued while driving on Company business and/or on Company time.
- c. The Independent Contractor will keep their vehicle roadworthy and safe to drive at all times. Furthermore, the Independent Contractor will follow the maintenance schedule provided by the vehicle manufacturer.
- d. Severability: The invalidity or unenforceability of any provision of this agreement shall not affect, impair, or render unenforceable any other provisions hereof. It is intended that any provision herein that is subsequently held to be invalid or

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Company Safety Rules

Signature Concepts, intends to provide a safe and healthy working environment. To do this, we must constantly be aware of conditions in each individual's work area that can produce injuries. No employee is required to work at a job that is not safe or healthful. Employee cooperation in detecting hazards, and in turn controlling them, is a condition of employment. We take your safety seriously and any willful or habitual violation of safety rules will be considered cause for dismissal. Signature Concepts, is sincerely concerned for the health and wellbeing of each member of the team.

The cooperation of every employee/ independent contractor is necessary to make this company a safe place in which to work. Help yourself and others by reporting unsafe conditions or hazards immediately to your supervisor. Give earnest consideration to the rules of safety presented to you by poster signs, discussions with your supervisor, posted department rules and regulations published in the safety manual. Begin right by always thinking of safety as you perform your job, or as you learn a new one.

Gail Yeoman

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ACCIDENT REPORTING

Any injury at work—no matter how small—must be reported immediately to your supervisor and receive first aid attention. Serious conditions often arise from small injuries if they are not cared for at once.

General Safety Directives:

1. All employees/independent contractors of this company, by law [Sec. 5(b) Occupational Safety and Health Act of 1970] shall follow these safety rules and practices. Employees/independent contractors must inform their supervisor immediately of any situation beyond their ability or authority to correct.
2. Supervisors shall insist that employee/independent contractors observe every safety rule, regulation, and order as necessary for the safe conduct of the work, and shall take such action as is necessary to obtain compliance.
3. Anyone known to be under the influence of alcohol and/or drugs shall not be allowed on the job while in that condition. Anyone suspected of being under the influence may be required to submit to testing.
4. No one shall knowingly be permitted or required to work while his or her ability or alertness is so impaired by fatigue, illness, or other cause that might necessarily expose the individual or others to injury.
5. Work shall be planned and supervised to prevent injury in all work processes, particularly when working with equipment and handling heavy materials.
6. Employees/independent contractors shall immediately report any personal injury or damage to property to their supervisor, no matter how trivial, regardless of the amount of damage and irrespective of cause or fault.

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Supervisor's Responsibilities

1. To set examples of safe practices by their own conduct.
2. To investigate and correct, or have corrected promptly, unsafe conditions which have come to their attention.
3. To know, observe and enforce all general safety rules and such special instructions as are set up for their department.
4. To thoroughly acquaint each employee/independent contractor with safety instructions and practices.
5. To take part in work place safety and health program activities and contribute to their success.
6. To investigate and report all personal injuries and illnesses sustained on the job by the personnel within their area of responsibility.
7. To investigate and report all property damage accidents.
8. To welcome and utilize, as far as practical, the safety suggestions which may be made by the workers.
9. To thoroughly instruct new personnel on safety and carefully observe them at work.

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SPECIFIC SAFETY RULES AND GUIDELINES

- Observe and practice the safety procedures established for the job.
- In case of sickness or injury, no matter how slight, report at once to your supervisor. In no case should an employee/independent contractor treat his own or someone else's injuries or attempt to remove foreign particles from the eye.
- In case of injury resulting in possible fracture to legs, back, or neck, or any accident resulting in an unconscious condition, or a severe head injury, the employee/independent contractor is not to be moved until medical attention has been given by authorized personnel.
- Never distract the attention of another employee/independent contractor, as you might cause him or her to be injured. If necessary to get the attention of another employee, wait until it can be done safely.
- Pile materials, boxes and or other equipment and or product so as not to block aisles, exits, fire-fighting equipment, electrical lighting or power panels, etc. **FIRE DOORS AND AISLES MUST BE KEPT CLEAR.**
- Keep your work area clean.
- Observe smoking regulations.
- Running and horseplay are strictly forbidden.
- Do not block access to fire extinguishers.
- Do not tamper with electric controls or switches.
- Do not operate machines and equipment until you are properly instructed and authorized to do so by your supervisor.
- **HELP TO PREVENT ACCIDENTS.**
- Use designated passages when moving from one place to another, never take hazardous shortcuts.
- Lift properly—use your legs, not your back. For heavier loads, ask for assistance.
- Do not throw objects.
- Clean up spilled liquid immediately.
- Wear proper shoes and appropriate clothing.
- Place trash and paper in proper containers and not in cans provided for cigarette butts.

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SAFETY CHECKLIST- It is every employee's/independent contractor's responsibility to be on the lookout for possible hazards. If you spot one of the conditions on the following list—or any other possible hazardous situation—report it to your supervisor immediately.

- Slippery floors and walkways.
- Tripping hazards of any kind.
- Poorly lighted areas.
- Loose or broken windows.
- Dangerously piled supplies or product.
- Open or broken doors.
- Unlocked doors.
- Leaks of steam, water, oil, etc.
- Blocked aisles.
- Blocked fire extinguishers
- Blocked fire doors.
- Evidence of any equipment running hot or overheating.
- Evidence of smoke in non-smoking areas.
- Roof leaks.
- Directional or warning signs not in place.
- Safety devices not operating properly.

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GOOD HOUSEKEEPING—your work location should be kept clean and orderly. Keep machines and other objects (merchandise, boxes, etc.) out of the center of aisles. Clean up spills, drips and leaks immediately to avoid slips and falls. Place trash in the proper receptacles. Stock items carefully so merchandise will not fall over upon contact by employees or other in the vicinity.

Safety Violation Procedures

There are four (4) step corrective action procedures;

| | |
|--------------------|--|
| First occurrence: | Verbal Warning, Documented in file |
| Second Occurrence: | Written Warning, Documented in file |
| Third Occurrence: | Three Day Suspension, Documented in file |
| Fourth Occurrence: | Termination |

These four steps will be followed at all times with exception of the most serious violations. Serious violations will be handled on a case by case basis depending on the severity. They may result in expedited occurrences and/or immediate discharge on a first occurrence, pending an investigation.

To ensure that this policy is effective, the management of Signature Concepts will:

- Review the policy annually, or on significant changes to our business.
- Make any changes known to our employees/independent contractor.
- Maintain procedures for communication and consultation between all levels of staff on matters of health, safety and welfare,

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Employee/Independent Contractor Acknowledgement

I understand that my duties are to:

1. Take reasonable care of my own health and safety, and that of others who may be affected by my acts or omissions at work.
2. Co-operate with others in the company to fulfill our statutory duties.
3. Not interfere with, misuse or willfully damage anything provided in the interest of health and safety.

I also acknowledge by signing below that I have been given a copy of this policy and that I understand my duties as stated above and I will abide by the company safety policy to the best of my ability.

Signature: _____

Date: _____

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Equal Employment Opportunity Policy Statement

It has been and continues to be the policy of Signature Concepts, to ensure equality of opportunity for all employees/vendors and applicants for employment without regard to race, color, religion, sex, sexual orientation, national origin, age or disability. In addition, Signature Concepts will continue to ensure that employees and applicants can work free from retaliation based upon participation in the equal employment opportunity (EEO) process. Signature Concepts has been and will continue to be committed to the policy of EEO and to the principles of affirmative action.

Signature Concepts will continue to make strong, positive efforts to ensure all persons are given full and appropriate consideration for employment, promotions, training, and participation in all High Street Group – sponsored programs.

We will continue to value and respect the differences each employee brings from his/her culture. In addition, supervisors and managers will continue to create an environment where all employees are judged on their merits and promote a workplace free of discriminatory policies and practices. Managers and supervisors are held accountable for supporting Signature Concepts EEO policy and programs.

I expect and encourage supervisors and managers to promote Signature Concepts EEO policy in all of their employment/vendor activities. Diversity in our work force enhances our ability to accomplish Signature Concepts mission because it increases the range of skills and approaches available to us.

Gail Yeoman

Signature Concepts of Tampa, Inc.
August 24, 2010

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Equal Employment Policy

Signature Concepts is an Equal Opportunity Employer. This means that we will extend equal opportunity to all individuals without regard for race, religion, color, sex, national origin, age, disability, handicaps, or veteran's status. This policy affirms Signature Concept's commitment to the principles of fair employment and the elimination of all vestiges of discriminatory practices that might exist. We encourage all employees/vendors to take advantage of opportunities for promotion as they occur.

Signature Concepts does not unlawfully discriminate on the basis of race, color, creed, pregnancy, religion, sex, national origin, age, disability, veteran status, or marital status. Signature Concepts also makes reasonable accommodations for disabled employees/vendors.

Finally, Signature Concepts prohibits the harassment of any individual on any of the bases listed above. This policy applies to all areas of employment, including recruitment, hiring, training, promotion, compensation, benefits, transfer, and social and recreational programs.

Any incident of discrimination or harassment, including work-related harassment by Signature Concepts personnel or any other person, should be reported to the employee's supervisor, who will investigate the matter. It is the responsibility of every manager and employee to conscientiously follow this policy. If you have any question regarding this policy, you should discuss them with your supervisor.

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Policy on Prevention of Sexual Harassment

At Signature Concepts, we are committed to a workplace free from illegal harassment, including sexual harassment. Sexual harassment will not be tolerated or condoned, and employees engaging in sexual harassment or discrimination will be subjected to disciplinary action, up to and including removal.

Sexual Harassment includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a condition of an individual's employment, (2) Submission to or rejection of such conduct by an individual is used as the basis for career or employment decisions affecting such individuals, or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment. Sexual harassment also includes offensive comments or behavior directed at a person because of his or her sex.

Each of us has a role in the prevention or elimination of sexual harassment by (1) examining his/her behavior on the job, (2) supporting Signature Concept's policy on sexual harassment, (3) notifying his/her supervisor or higher level manager when there is a concern. Managers and supervisors are held accountable for enforcing standards of appropriate office behavior and are expected to take prompt action to make inquiries and remedy any conduct identified as sexual harassment under this policy.

Sexual harassment adversely affects both mission accomplishments and productivity in the workplace, and it is against the law. All employees/vendors may initiate a discrimination complaint by contacting the Equal Employment Office (EEO) at (800) 669-4000 within 180 days from the date of the alleged harassment.

Filing a Charge of Employment Discrimination

The Federal Equal Employment Opportunity (EEO) process is governed by the regulations, management directives, guidance, and case law of the EEO Commission (EEOC), as well as applicable federal court cases. For more information on filing a charge we have provided the link to the Tampa Field Office [.http://www.eeoc.gov/tampa.](http://www.eeoc.gov/tampa) All complaints to Signature should be in writing and submitted to the company's HR manager or the company's EEO officer.

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Employee/Vendor Acknowledgment

I acknowledge that I have received a copy of Signature Concepts Equal Employment Opportunity Statement Policy, and I do commit to read and follow this policy.

I am aware that if, at any time, I have questions regarding Signature Concepts company policies I should direct them to my manager or the Human Resources Department.

Employee / Vendor Printed Name

Position

Employee/Vendor's Signature

Date

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Authorization for Direct Deposits – Vendor Form

This authorizes, Signature Concepts, (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. **PLEASE ATTACH A VOIDED CHECK!!**

Account #1

Account Type
(e.g. Checking or Savings) _____

Vendor Bank Name _____

Branch _____

City, State _____

Account Number _____

Bank Routing Number (ABA#) _____

Percentage to be deposited _____

Account #2

Account Type
(e.g. Checking or Savings) _____

Vendor Bank Name _____

Branch _____

City, State _____

Account Number _____

Bank Routing Number (ABA#) _____

Percentage to be deposited _____

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME

DATE

*To sign up for direct deposit you must be a Vendor for a period of 6 months or more and average at least 15 hours in a pay period.