



11901 E. Palmer Divide
 Larkspur, CO 80118
 303-660-1196
 Fax 303-660-1285

Personal Information

| | | |
|--------------------|----------------|-----------------------------------|
| Full Name: | | Phone: |
| Address: | | |
| City, State, Zip: | | |
| Social Security #: | Date of Birth: | Marital Status: Married or Single |

Desired Position

| | |
|--------------------------|---|
| Title of Position: | Are you currently employed? |
| Desired Wage: | May we contact your employer? If so, provide supervisor's name and phone. |
| Date available to start: | |

| | |
|---|------------------|
| Whom shall we contact in case of emergency? | |
| Name of person to contact: | Phone: |
| Address: | Alternate Phone: |
| If we cannot reach the person above, whom should we call? | |
| Name of person to contact: | Phone: |
| Address: | Alternate Phone: |
| Consider wearing a medical alert bracelet if you have any medical conditions or allergies to medication that should be made known to emergency personnel. Please keep this information current! | |

Office Use Only:

Date of Hire: _____

Wage: _____

Intuit QuickBooks Payroll



Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

Bank Name: _____

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below) _____

This authorizes _____ (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. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. 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.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____

Form W-4 (2019)

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

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

| | | | | |
|---|--|---|-----------------------------------|--|
| Form W-4 Department of the Treasury Internal Revenue Service | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0074 2019 |
| 1 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 filing separately, check "Married, but withhold at higher Single rate." | | |
| 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 800-772-1213 for a replacement card. <input type="checkbox"/> | | |
| 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) | | | | 5 |
| 6 Additional amount, if any, you want withheld from each paycheck | | | | 6 \$ |
| 7 I claim exemption from withholding for 2019, 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 (This form is not valid unless you sign it.) ▶ | | | | Date ▶ |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) | | | 9 First date of employment | 10 Employer identification number (EIN) |

Personal Allowances Worksheet (Keep for your records.)

| | | | |
|----------|---|----------|---------------|
| A | Enter "1" for yourself | A | <u> </u> |
| B | Enter "1" if you will file as married filing jointly | B | <u> </u> |
| C | Enter "1" if you will file as head of household | C | <u> </u> |
| D | Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | D | <u> </u> |
| E | <p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" | E | <u> </u> |
| F | <p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" | F | <u> </u> |
| G | <p>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F</p> | G | <u> </u> |
| H | Add lines A through G and enter the total here | H | <u> </u> |

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

| | | | |
|-----------|--|-----------|------------------|
| 1 | Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details | 1 | \$ <u> </u> |
| 2 | Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately | 2 | \$ <u> </u> |
| 3 | Subtract line 2 from line 1. If zero or less, enter "-0-" | 3 | \$ <u> </u> |
| 4 | Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) | 4 | \$ <u> </u> |
| 5 | Add lines 3 and 4 and enter the total | 5 | \$ <u> </u> |
| 6 | Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) | 6 | \$ <u> </u> |
| 7 | Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses | 7 | \$ <u> </u> |
| 8 | Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction | 8 | <u> </u> |
| 9 | Enter the number from the Personal Allowances Worksheet , line H, above | 9 | <u> </u> |
| 10 | Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 | 10 | <u> </u> |



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 (See instructions) | |
| <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. (See instructions) | |
| <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> | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div> | |

| | |
|-----------------------|---------------------------|
| 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 |





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
 Employer or authorized representative must complete and sign Section 2 within 8 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 |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| 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 | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| 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 Rehire (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) | |

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 |
|--|---------------------------|---|

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 Birth Abroad issued by the Department of State (Form FS-545) |
| 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. Certification of Report of Birth issued by the Department of State (Form DS-1350) |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 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. 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. Native American tribal document |
| | | 6. Military dependent's ID card | | 6. U.S. Citizen ID Card (Form I-197) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 8. Native American tribal document | | 8. Employment authorization document issued by the Department of Homeland Security |
| | | 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 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



11901 E. Palmer Divide
Larkspur, CO 80118
303-660-1196
Fax 303-660-1285

Confidentiality Agreement

I, the undersigned, understand and agree that I have access to certain DUTCH HERITAGE GARDENS, INC. (herein called the Company) information, which is considered to be confidential.

I agree that I will hold all of the Company's Confidential Information (as defined below) in the strictest confidence. This means that I will not, during or after the term of my employment with the Company, use any Confidential Information for any purpose other than the performance of my duties to the Company or publish, disclose, or otherwise make available any Confidential Information to any third person or entity without the Company's prior written consent.

"Confidential Information" means all information of a technical or commercial nature, in any form, relating to the Company including (without limitation) all technical, marketing, financing, pricing, cost, sales, product, customer, employee, and supplier information, manufacturing techniques and processes, discoveries or ideas which are not known generally to the public.

I understand and agree to the following:

1. I am not to disclose Confidential Information to others who are not authorized to have access to it including, but not limited to co-workers, family members, vendors, customers, competitors, and subsequent employers.
2. If I have any questions about whether information is considered confidential information, or about the disclosure of confidential information, I am to seek direction from Dutch Heritage Gardens, Inc.
3. Should I leave employment with the Company, I will return to the Company all documents or other materials containing Confidential Information and will not take any Confidential Information with me.
4. Any violation of this policy will subject me to disciplinary action up to the including the termination of my employment.
5. In the event of any violation of this policy, the Company shall have the right to seek injunctive relief in addition to any other available remedies.
6. My obligation to hold the Company's information in the strictest of confidence continues after my employment with the Company for a period of one year, whether such termination is voluntary or involuntary.

Printed Name

Signature

Date



11901 E. Palmer Divide Ave
Larkspur, CO 80118
303-660-1196
Fax 303-660-1285

SUBSTANCE ABUSE POLICY

The welfare and success of Dutch Heritage Gardens, Inc. (referred to as DHG) depends on the physical and psychological health of all its employees. While DHG is committed to maintaining a safe and productive workplace, it is the responsibility of both DHG and the employees to create and maintain a safe, healthful, and efficient working environment. Therefore, for the protection of its clients, employees, property, and the general public, DHG has adopted this Substance Abuse Policy.

PURPOSE AND SCOPE

The purpose of this Policy is to maintain a safe, healthful, and efficient environment by eliminating any abuse of legal and illegal drugs, alcohol and inhalants on the jobsite or at any time while on company business and requiring all employees of DHG to be free from the effects of legal and illegal drugs, alcohol and inhalants while on the jobsite or at any time while on company business. This policy applies to all employees of DHG.

DISCIPLINARY ACTION AND PROHIBITED CONDUCT

An employee's failure to comply with any part of this policy will result in disciplinary action up to and including termination of employment.

Any employee will be subject to the above measures for any of the following:

- The manufacture, distribution, possession, use or sale of alcohol, inhalants, unauthorized or illegal drugs or the misuse of any legal or prescription drugs on the jobsite or company premises or while on company business.
- Being under the influence of any substance described above which impairs judgment, performance or behavior while on the jobsite or company premises or while on company business.
- Conviction under any criminal statute for the possession, use or sale of drugs or alcohol or any related activity.
- Refusing to submit to a medical evaluation, including drug or alcohol testing as provided for in the 'Testing' section of this policy.
- Generating test result which indicate any drug, alcohol or other substance abuse.

TESTING

For the purpose of this Policy, "drug" is defined as any alcoholic beverages, illegal inhalant, illegal drug or other substance, the use, possession, manufacture, distribution or dispensation of which is prohibited by any state or federal law or regulation and any drug substance obtained by prescription, over-the-counter or otherwise. All persons applying for a position with DHG may be required to submit to a drug test as a condition of employment.

All current and future employees must submit to a drug test upon the request of DHG under the following:

- When special safety consideration attendant to obtain jobs indicated that such testing presents a reasonable means to assure a safe working environment.
- When the employee either sustains an injury in the course and scope of employment or contributes to or causes another employee to sustain an injury in the course and scope of employment.
- When the employee causes, indirectly or directly, damage to the company's property or to the property of another.
- When the employee is convicted under any criminal drug statute for a violation occurring during the course and scope of employment. If such a conviction occurs, it is the employee's responsibility to notify DHG within five (5) days of the conviction. This requirement includes any finding of guilt, guilty plea of no contest or imposition of sentence or any other penalty whatsoever by any court of competent jurisdiction or otherwise in connection with any state or federal criminal statute involving the manufacture, distribution, dispensation, use or possession of any controlled substance or drug, including alcohol.
- When DHG, in its sole discretion, determines that it is in the company's best interests to conduct such a drug test.



11901 E. Palmer Divide Ave
Larkspur, CO 80118
303-660-1196
Fax 303-660-1285

MISCELLANEOUS PROVISIONS

In addition, any illegal drug or other substance obtained by DHG from any employee may be turned over to a law enforcement agency and may result in criminal prosecution.

Each employee is responsible for promptly reporting to the appropriate company officers any use of prescribed medication which may affect the employee's judgment, performance, or behavior.

The company will establish such other procedures as it find necessary to effectively enforce this Policy. This may include a requirement that employees cooperate in personal or facility searches when there is a reason to believe drugs or alcohol are present, when their performance is impaired or when their behavior is erratic. Refusing to cooperate with these procedures may be cause for disciplinary action as provided above.

ACCIDENTS / INJURIES PROCEDURES

The following procedures must be followed for all work related injuries.

1. If the accident is an emergency, call 911 immediately. Then follow the procedures below.
2. ALL ACCIDENTS/INJURIES must be reported to your foreman or supervisor, even if no medical attention is required. The injured employee must complete a Report of Employee Injury/Accident whether or not medical attention is required. It will be placed in their medical file for future reference in case of problems.
3. The supervisor must complete a Supervisor's Report of Accident at the same time the employee accident report is being filled out, regardless of whether medical attention is required. Both reports need to be handed in immediately.
4. If the injury requires medical attention and is not an emergency situation, have your supervisor contact CCC prior to going to the medical facility. In case of an emergency, have your supervisor call and report which medical facility you are being transported to. We need to authorize treatment, arrange for proper billing, and determine that the facility follow proper procedures.
5. A drug screen is REQUIRED for all injuries. A drug test is required to be taken within 24 hours after an injury is reported. Refusal to submit to a drug test will result in the same consequences as a positive drug or alcohol test.
6. I understand and agree to abide by the above accident procedure. I understand that any payments to me or anyone else for expenses in connection with my accident and resulting injury is not an admission of liability on the part of CCC. In the event of an injury, I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings and documents of any kind relating to my past or present injury/illness to CCC. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization.



11901 E. Palmer Divide
Larkspur, CO 80118
303-660-1196
Fax 303-660-1285

Medical Authorization

By signing below I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings, and documents of any kind relating to my past or present injury/illness to Dutch Heritage Gardens. Inc. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization.

Payroll Deduction Authorization

By signing below I authorize deductions when applicable to be made out of my paycheck for tools, health insurance, errors in payroll, overpayments and any other work related deductions.

In signing below, I acknowledge the above listed policies and conditions of employment with Dutch Heritage Gardens. Inc. I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application is grounds for dismissal.

Overtime Exemption

According to **FLSA – 29 CFR Part 708**: Dutch Heritage Gardens falls under the agricultural exemption rule and is therefore exempt from being required to pay employees overtime for work in excess of 40 hours per week.

By signing below I acknowledge that my employment with Dutch Heritage Gardens. Inc. will be paid as “straight pay” for all my hours worked.

Policies and Authorization

Initialing of the following area verifies that the above named individual has received a copy of Dutch Heritage Gardens, Inc.’s policies, has read, fully understands, and agrees to adhere to these policies incorporated herein and made a part of the employment application process.

_____ I have received, read, and understand Dutch Heritage Gardens, Inc.’s Accident / Injury Procedures.

_____ I have received, read, and understand Dutch Heritage Gardens, Inc.’s Substance Abuse Policy.

_____ I have received, read, and understand Dutch Heritage Gardens, Inc.’s Overtime Exemption clause.

_____ I have received, read, and understand WPS Training (EPA number 305-C-06-001)

Applicant's Signature

Date of Application