

STATEMENT OF UNDERSTANDING

EMPLOYEE: _____

STATION: _____

POSITION HIRED: _____

PAY PERIOD begins on Wednesday and ends Tuesday. Pay period is every two weeks.

PAYDAY will be Friday following the pay period.

PAY RATES:

REGULAR RATE: \$ _____ for the first 40 hours worked each week.

\$ _____ per week based on a _____ work week.

OVERTIME: 1 1/2 times regular rate for all hours over 40 each week.

COMMISSIONS:

I understand that commissions are above and beyond my base pay and to be eligible for commissions must be employed during the entire month that the commissions are earned.

DISCUSSION OF ANY PERSONS PAY IS A VIOLATION OF EMPLOYER/EMPLOYEE CONFIDENCE AND IS GROUNDS FOR EMPLOYEE(S) TERMINATION.

'CONTRACT OF ASSIGNMENT OF RIGHTS OF MONIES'

I authorize my employer, H.R. Lewis, Inc., to deduct any advances I may receive from my current earnings. I agree to have my employer deduct from my current earnings any shortages for which I am responsible, do to negligence or that results from disregarding company policy.

In the event of my termination, all outstanding debts of mine to my employer becomes immediately payable in total and may be withheld from my wages.

NOTICE OF LEAVING EMPLOYMENT

I will give a two weeks written notice to my manager if I quit my job.

EFFECTIVE DATE OF EMPLOYMENT: _____

EMPLOYEE SIGNATURE: _____

MANAGER SIGNATURE: _____

DATE: _____

APPROVED: _____

FORMS/EMPLOYEE PACKET/STATEMENT UNDERSTANDING

EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number	City	State	ZIP Code
Date of Birth (Month Day Year)		Social Security Number	

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month Day Year)
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PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee) I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)
Address (Street Name and Number)	City State Zip Code

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box, **OR** examine one document from List B **and** one from List C and check the appropriate boxes. Provide the **Document Identification Number** and **Expiration Date** for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph Document Identification # _____ Expiration Date (if any) _____	_____ and _____ <input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. Other (Specify document and issuing authority) _____ Document Identification # _____ Expiration Date (if any) _____	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____ Document Identification # _____ Expiration Date (if any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

IDENTIFICATION & PREPLACEMENT MEDICAL QUESTIONNAIRE

Full Name _____

Date of birth ____/____/____ Male _____ Female _____

Anyone dependent on you in whole or part? () YES () NO

If yes, explain _____

Family Physician _____ Address _____

When was you last physical examination? _____

Name and address of doctor _____

Do you have or have you ever had any of the following":

Answer YES or NO for each of the following:

- Eye Trouble () YES () NO
- Heart Trouble () YES () NO
- Epilepsy () YES () NO
- High Blood Pressure () YES () NO
- Diabetes () YES () NO
- Arthritis () YES () NO
- Allergic Conditions () YES () NO
- Broken Bones () YES () NO

Other _____

Have you ever injured or sprained your back? () YES () NO

Have you ever injured or sprained your neck? () YES () NO

If yes did you receive treatment from a doctor? () YES () NO

When? _____ Where? _____

Name and address of doctor _____

Have you ever received any compensation or disability benefits? () YES () NO

If yes, explain _____

I certify the above answers are true and understand that any false or misleading statements may be reason for denial of workers' compensation benefits and/or termination of employment.

EMPLOYEE'S SIGNATURE

DATE

MANAGER'S SIGNATURE

7/88

Form W-4 (2001)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 2001 expires February 19, 2002.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$xxx and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer (or zero) allowances.**

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 line **E** below.

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.

Two earners/two 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.

Check your withholding. After your Form W-4 takes effect, use **Pub. 919** to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get **Pub. 919** especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$xxx,xxx (Single) or \$xxx,xxx (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

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: } **B** _____

- 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 \$1,000 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 \$x,xxx of child or dependent care expenses for which you plan to claim a credit **F** _____

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit):

- If your total income will be between \$xx,xxx and \$xx,xxx (\$xx,xxx and \$xx,xxx if married), enter "1" for each eligible child.
- If your total income will be between \$xx,xxx and \$xx,xxx (\$xx,xxx and \$xxx,xxx if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five 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. }

- 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 are single, have more than one job and your combined earnings from all jobs exceed \$xx,xxx, or if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$xx,xxx, see the **Two-Earner/Two-Job 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.

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>Employee's Withholding Allowance Certificate</h2> <p>► For Privacy Act and Paperwork Reduction Act Notice, see page 2.</p>	OMB No. 1545-0010 <h1 style="font-size: 2em;">2001</h1>
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 on your social security card, check here. You must call 1-800-772-1213 for a new 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 2001, and I certify that I meet both of the following conditions for exemption: • 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 _____		_____
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.		
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 _____

H. R. LEWIS PETROLEUM CO.

P.O. Box 40763 - 1432 Cleveland St.

Jacksonville, FL 32203

Phone (904) 356-0731



STATION: _____

EMPLOYEE'S NAME: _____

DATE: _____

I agree that I have been hired by H.R. Lewis, Inc. on _____ and that I have been notified that I am on a probationary period of ninety (90) days.

I also agree that I have been notified within seven (7) days of my starting date.

Changes in the Unemployment Compensation Law - State of Florida. Effective October 1, 1980 an employer can be non-charged when he terminates unsatisfactory employees during a probationary period. The term "probationary period" means: "an established probationary period which applies to all employees or a specific group of employees and does not exceed 90 calendar days. The employee must be informed of the probationary period within the first seven (7) work days. There must be conclusive evidence to establish that the individual was separated due to unsatisfactory work performance and not separated due to lack of work do to temporary, seasonal, casual, or other similar employment not of a regular permanent year-round nature".

EMPLOYEE' SIGNATURE

**MANAGEMENT SIGNATURE for
H.R. Lewis, Inc.**

PROBATIONARY AGREEMENT

TIME CARD UNDERSTANDING

EMPLOYEE: _____

STATION: _____

I realize it is my responsibility to punch on the time clock when I arrive for work. Failure to do so will result in my hours being calculated from the time I actually punch in. Under no circumstances will I punch in/out for another employee and doing so is grounds for termination of employment.

EMPLOYEE SIGNATURE: _____

DATE: _____



MOTOR VEHICLE REPORT REQUEST FORM

H R LEWIS PETROLEUM COMPANY
 1432 CLEVELAND STREET
 JACKSONVILLE FL 32203

Date	No. of Pages
To MVR Center	From
Co Federated Insurance	Co
Phone No. 1-800-335-4MVR	Phone No.
Fax No.	Fax No.

FAX TO 636-0017

Please see reverse side for Motor Vehicle Report (MVR) important information which includes FAX numbers, phone numbers and mail addresses.

PROSPECTIVE OR NEW EMPLOYEE

<input type="checkbox"/> Prospective Employee.		<input type="checkbox"/> New Employee					Relationship to Named Insured*						
Last	First	Middle Initial	Date of Birth	State	Driver's License Number			1	2	3	4	5	6
CHECK THE APPROPRIATE BOX FOR EACH QUESTION:							Yes	No					
Have you ever been denied a driver's license or had one suspended or revoked?							<input type="checkbox"/>	<input type="checkbox"/>					
Have you had any violations in the past 3 years?							<input type="checkbox"/>	<input type="checkbox"/>					
Have you had any auto accidents in the past 3 years?							<input type="checkbox"/>	<input type="checkbox"/>					
IF THE ANSWER TO ANY QUESTION WAS "YES", please explain (give dates of violations and/or accidents) _____													
DRIVER - I hereby grant permission for Federated Insurance Company and my employer or prospective employer to secure a Motor Vehicle Report on me. I also affirm that the statements made above are stated truthfully and without reservation.													
Signed this _____ day of _____, _____ Driver's Signature _____													

OTHER EMPLOYEE DRIVERS

Last	First	Middle Initial	Date of Birth	State	Driver's License Number	Relationship to Named Insured*					
						1	2	3	4	5	6
						1	2	3	4	5	6
						1	2	3	4	5	6

- * Please show Relationship to Named Insured, as indicated below, by circling the corresponding number above.
- 1. Owner (owner, partner, officer, director)
 - 2. Owner's family member (spouse, dependent)
 - 3. Heavy truck driver (2 ton trucks and heavier)
 - 4. Driver or salesperson
 - 5. All other-frequent use (not shown in 1 - 4 but often drives)
 - 6. All other-infrequent use (not shown in 1 - 4 but rarely drives)