



AHR Metals, Inc

20 Division Street • Bessemer, Alabama 35020 (205) 428-8888 FAX (205) 428-9983

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE – AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION				DATE:	
NAME				SS#:	
LAST		FIRST		MIDDLE	
PRESENT ADDRESS:					
STREET		CITY		STATE	ZIP
PERMANENT ADDRESS:					
STREET		CITY		STATE	ZIP
PHONE:		ARE YOU 18 YEARS OR OLDER?		YES	NO
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.?				YES	NO
DATE OF BIRTH*: _____					
* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.					

Height _____ Feet _____ Inches	
Weight _____ lbs.	
Are you fluent in a foreign language? YES _____ NO _____	
If yes, what language(s) do you... ..SPEAK fluently? _____	
...READ fluently? _____	
...WRITE fluently? _____	
Have you been convicted of a felony or misdemeanor within the last 5 years? ** YES _____ NO _____	
If yes, describe: _____	
I understand and agree that I may be required to take one or more: physical examination lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents, or employers from any claims arising in connection with the use of such test(s). YES _____ NO _____	
I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. YES _____ NO _____	
I agree to adhere to Company drug policies and submit to testing as required. YES _____ NO _____	
**You will not be denied employment solely because of a conviction, unless the offense is related to the job for which you have applied.	

EMPLOYMENT DESIRED		
POSITION	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

EDUCATION	NAME/LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

(CONTINUED ON OTHER SIDE)

GENERAL				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:				
U.S. MILITARY OR NAVAL SERVICE:		RANK:	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES?	
FORMER EMPLOYERS: (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT FIRST):				
DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.				
NAME	ADDRESS/TELEPHONE	BUSINESS	YEARS ACQUAINTED	
1.				
2.				
3.				

PHYSICAL RECORD:

Have you ever been injured or diagnosed as having a spinal problem? YES _____ NO _____ Please Initial _____

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES _____ NO _____

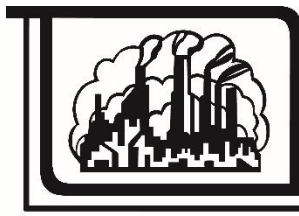
If yes, what can be done to accommodate your limitation? Please describe: _____

In Case of Emergency Notify: _____
NAME ADDRESS PHONE

"I CERTIFY THAT THE FACT CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE: _____ SIGNATURE: _____
DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:		DATE:	
HIRED:	YES	NO	DEPT:
SALARY/WAGE:		START DATE:	
APPROVED: 1.	2.	3.	
EMPLOYMENT MANAGER		DEPT. HEAD	
		GENERAL MANAGER	



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SUBSTANCE ABUSE POLICY

Due to the rising cost of drug testing material and time conducting the test, it has become the policy of **AHR Metals, Inc.** that there will be a charge of **\$45.00** prior to employment for the cost of the drug tests. This also applies to rehires.

This charge will be refunded to new employees/rehires if the drug test given is **PASSED**.

I have read the drug and alcohol policy and understand as stated above and agree to pay \$45.00 and I will not be reimbursed if I fail the given drug test.

Name

Date

I. GOAL

The goal of this Policy is to provide and maintain a drug and alcohol free work environment for all AHR Metals employees. Such an environment is supportive of the company's objective to provide its customers with the highest quality service and to provide a safe and drug free working environment for its employees.

II. POLICY

Practical experience and research has proven that even small quantities of illicit drugs, abused prescription drugs, or alcohol can impair judgment and reflexes. This impairment, even when not readily apparent, can have serious results, particularly for employees operating vehicles. Drug-using employees are a threat to coworkers, customers, and themselves, and may make costly and life-threatening errors. For these reasons, AHR Metals has adopted a policy that all employees must report to work completely free from the presence of alcohol and/or the effects of other drugs.

III. DRUG USE POSSESSION

All employees are prohibited from using, possessing, distributing, manufacturing, or having controlled substances, abused prescription drugs, or any other mind-altering or intoxicating substances present in their system while at work or on duty.

IV. ALCOHOL USE/POSSESSION

All employees are prohibited from possessing, drinking, or being impaired or intoxicated by alcohol while at work or on duty. While employees are prohibited from having any alcohol present

in their system while on duty, a Blood Alcohol Count (BAG) of .02 will be accepted as presumptive evidence of intoxication. Violation of this policy will be cause for immediate termination of employment.

V. PRESCRIPTION DRUGS

The proper use of medication prescribed by your physician is not prohibited; however, AHR Metals prohibits the misuse of prescribed medication and requires all employees using drugs at the direction of a physician to notify the Safety Director (SD) or their supervisor where these drugs may affect their job performance, such as by causing drowsiness. The SD/Supervisor will render an opinion as to the appropriateness of continued service while on that medication which shall be binding upon the employee and the company. A copy of the prescription must be shown displaying the user's name, the prescribing physician, and the dates of issue.

VI. PRE-EMPLOYMENT DRUG TESTING

Final applicants for employment will be required as a condition of employment to have a drug test. If an applicant tests positive and is determined to be in violation of the Policy, the applicant will be ineligible for employment until:

- (a) The expiration of one year following the date of the test; and
- (b) The applicant submits to a second drug test which discloses that the applicant is not in violation of this policy.

If an applicant is hired following a subsequent drug test, he/she must submit to another drug test within sixty (60) days following the date of employment and will be subject to unannounced drug testing for twelve (12) months as a condition of employment. Any applicant who refuses to take a drug test will be considered to have not met the conditions of employment eligibility, and will be excluded from employment considerations.

VII. EMPLOYEE DRUG AND ALCOHOL TESTING

Effective January 1996, all current employees will be required to submit to screening as a condition of continued employment.

1. Reasonable Cause Testing

All current employees will be required to submit to screening whenever a supervisor observes physical, behavioral, and/or performance standards or other circumstances which he/she believes indicate an employee has used a controlled substance or otherwise violated the substance abuse rules. Among other things, reasonable cause testing may result from supervisor observation, coworker complaints, performance decline, attendance or behavior changes, accidents involving injury or property damage or other actions which indicate a possible error in judgment or negligence, or any other violations of the alcohol, drug or other Company policy.

In the event that reasonable cause testing is required, the supervisor(s) requesting testing shall prepare and sign a written document explaining the circumstances and evidence upon which they relied within 24 hours of the testing, or before the results of the test are released, whichever is earlier.

While one supervisor may request a reasonable cause test, when feasible, supervisors are to obtain a second supervisor as a witness.

2. Random Testing

AHR Metals will conduct random unannounced screening of all employees. All employees will be randomly screened without advance notice. There will be no maximum number of samples that any one individual will be required to provide during the initial two years of testing. Annually, the tests will be spread evenly over the twelve months. The list of employees in the random pool will be updated on a monthly basis. Employees will be required to report to the Company designated collection site for testing as soon as possible but in no case later than 24 hours following notification. In compliance with Department of Transportation regulations, a separate pool will be maintained for drivers holding Commercial Drivers Licenses with testing procedures for this group to be outlined in DOT regulations.

3. Post-Accident Testing

Employees are required to immediately notify their immediate supervisor of any accident resulting in injury or damage to any property in excess of \$100 and to undergo substance screening within 32 hours. The Company will discipline, up to and including discharge, any employee who fails to report an accident or submit to substance screening as required by this policy. The immediate supervisor shall complete an Accident Report in compliance with Company procedure.

4. Return to Work Drug Testing

Prior to returning back to work after injury employee will be drug screened to confirm the residual effects from the drugs used during the rehabilitation. Any prescriptions continued from accident should be disclosed **PRIOR TO** taking the return to work drug testing.

VIII. TESTING PROCEDURES

1. General Guidelines

AHR Metals shall rely for guidance on procedures established by the federal government through the Department of Transportation to insure a drug-free workplace.

2. Substances Tested For

Employees will be tested for alcohol, amphetamines, buprenorphine, cannabinoids, cocaine, MDMA, methadone, methamphetamine, morphine, nortriptyline, opiates, oxazepam, oxycodone, phencyclidine, and secobarbital. Testing for alcohol or other substances may be conducted without advance notice at the sole discretion of the company management.

3. Testing Procedure

AHR Metals will utilize urinalysis testing as the primary drug testing procedure of this policy. All initial positive specimens will be confirmed by gas chromatography/mass spectrometry (GC/MS). Alcohol testing will be by breath analysis or blood at the discretion of the Safety Director.

All confirmations of non-negative results of drug tests shall be quantitative analysis using gas chromatography/mass spectrometry (GC/MS). Unless otherwise specified, cutoff limits for drug group and/or drug detection will typically be:

Amphetamines	1000ng/mL
Buprenorphine	10ng/mL
Cannabinoids	50ng/mL
Cocaine	300ng/mL
MDMA	500ng/mL
Methadone	300ng/mL
Methamphetamines	1000ng/mL
Morphine	300ng/mL
Notriptyline	1000ng/mL
Opiates	2000ng/ml
Oxazepam	300ng/mL
Oxycodone	100ng/mL
Phencyclidine	25ng/ml
Secobarbital	10ng/mL

IX. COLLECTION SITES

Drug testing will be administered by the Safety Director (SD) or Supervisor at AHR's home office or field office, if necessary. AHR will follow the appropriate chain of custody principles and procedures for the collection of specimens. If circumstances dictate the use of an off-site testing location, it must first be approved by AHR's management or SD.

X. EVALUATION AND RETURN OF RESULTS TO COMPANY

Any employee having a non-negative drug screening result will immediately be taken to Brookwood Occupational Health Care in McCalla, AL for a rescreening. If the test is conducted at a field office, the management and/or safety director will determine a neutral testing facility to be used. The laboratory will transmit their findings back to the company Safety Director. The Safety Director (SD) will be responsible for reviewing the quantified test results of employees and confirm that the individuals testing positive have used drugs in violation of company policy and procedures. Prior to making the decision final, the SD shall give the individuals an opportunity to discuss the result either face to face or over the telephone.

The SD shall promptly tell the appropriate company manager which employee or applicants test positive.

Evaluations of employees testing positive for alcohol will be made by the company SD provided through the Employee Assistance Program to determine treatment required for rehabilitation.

XI. INDEPENDENT TESTING

Any applicant having a non-negative drug screening result may request to have a second test performed at an independent testing facility at his/her *own expense*. When possible, this test must be performed on the same day as the screening given by AHR Metals, but may be performed within a 24 hour period if necessary. Review of the independent test findings will be evaluated by a qualified independent testing facility and the results will be sent to the company Safety Director. If the second test returns with negative results, reconsideration for hiring will be at the discretion of the company SD and management.

XII. EMPLOYEE ASSISTANCE

AHR Metals recognizes that drug abuse, alcohol abuse, and/or dependency are medical/behavioral conditions that can be successfully treated. Employees with drug or alcohol problems are encouraged to request assistance from the Employee Assistance Program (EAP). Voluntary participation is treated on a confidential basis; however, a request for assistance does not excuse an employee from a violation of the Policy. The objective of the EAP is for the employee to voluntarily seek help, realize/accept the problem, and for the company to assist the employee in overcoming drug, alcohol, or other problems which adversely affect an employee's health safety and/or performance.

The company EAP will also provide:

- (1) Education and training for employees regarding drugs and alcohol;
- (2) Education and training for supervisors regarding drugs and alcohol.

Details of the AHR Metals Employee Assistance Program are contained in separate company policy.

XIII. DISCIPLINE

The company will discipline, up to and including discharge, employees for any violation of this alcohol and drug policy, including refusal to submit to screening, knowingly altering or adulterating the test specimen, failing to execute a release, or otherwise cooperate with an investigation or search by management.

All current employees who test positive in a confirmative substance test will be subject to discipline up to and including discharge. No employee may be returned to work or other duties after any rehabilitation or testing positive unless he/she is retested and certified as safe and not using drugs by the company Safety Director (SD). Any employee found to be in violation of the policy or who tests positive will receive a minimum mandatory suspension of no less than seven days or discipline up to and including discharge. Any employees returned to duty after violating the policy or testing positive will be subject to aftercare and random testing as set out in a written Agreement which he will be required to execute.

In cases involving discharge due to positive test results, copies of the laboratory findings along with the report of the SD will be submitted to the Department of Industrial Relations

Unemployment Compensation Division of the State of Alabama with the request for “Total Disqualification” of Unemployment Compensation benefits as allowed under Section 25.4.78(3)a of the Alabama Code – Revised.

NOTE: This Substance Abuse Policy is not intended to be, and is not, a contract of employment, and it should not be considered to be a contract for any employment purposes.

NOTE: Some customers dictate an additional tobacco use policy at their sites. In this event, we as a Company will work to help obtain a suitable solution for both the employee and the Customers’ policies.

This policy, dated January 2020, supersedes any previous policy on Alcohol and Drugs previously established by AHR Metals.



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PER DIEM POLICY

AHR Metals, Inc. is, in every instance and circumstance, interested in its employees, their well-being, their families, their livelihoods, and their safety. We want each and every employee from the president to the floor sweeper to feel needed, respected, and genuinely appreciated. We understand that our people are what make our company successful. It is the person at every facet of our business that is our most precious commodity. Without the personnel, our company cannot perform its everyday tasks. We can buy materials and equipment, but good, honest, and skilled people are hard to come by and even harder to keep and maintain. It should be noted that our company leadership is concerned due to the fact that we- the managers, superintendents, and foremen- all come from a workforce, "tool-carrying" background, and we understand and appreciate the effort and the energy expounded in the course of a work day, which most seemingly educated people, as a rule, seem to take for granted.

Because of our concern for our personnel, we have made every effort to maintain an "OPEN DOOR" policy where we welcome the input and ideas from each and every person within our company. Our hope is that we are approachable and considerate of our employees' insights into how we can better serve them and thereby increase our company's profits, which in turn benefits our people. As you know, we have made every attempt to treat all personnel fairly with no bearing being placed on age, race, sex, creed, or religion. Because of our diversity, however, we sometimes have to create and implement rules to live by. These rules are set in place as guidelines and are, in some cases, reviewed and/or modified in order to fairly take care of our people.

The following is a list of "Policy Guidelines" which have been implemented across the board to any employee required, as part of their job description, to travel to various job sites. These are to be for a guideline, as we understand that circumstances may vary in some instances. We will, however, try to evaluate the circumstances relating to each job location and the surrounding area's underlying expenses based on motel rates, restaurant locations, and area accessibility.

The basic guidelines are as follows:

Per Diem will be paid per day worked, based on the driving distance to a jobsite from the employee's permanent residence.

Per Diem will be paid in arrears. The employee will receive Per Diem by the end of the week following the days worked.

The most direct route of travel as agreed upon by AHR's home office Field Superintendent will determine the Per diem received.

0-75 miles: No per diem

75-100 miles: \$30/day

100+ miles: \$75/day

It should be noted: if an employee lives beyond 100 miles from a jobsite and he/she chooses to drive from home daily, he/she must arrive at the work area prior to the shift safety meeting and must be alert throughout the course of the day in order to perform any given assignment to an acceptable outcome as will be determined by his/her superintendent. Should any employee be late, his/her full expense for the day will be withheld as a first recourse for being late. Should his/her traveling to and from create difficulty in carrying out their daily tasks, he/she will be asked to rent a motel room and no longer travel to and from home. At such time, it will be determined if the employee can comply or should be transferred to another jobsite. Any such deviation from the original guidelines will be noted in the personnel records and evaluated during the course of future advancement. Should family difficulties come into play, AHR will make every effort possible to work with the employee to an advantageous end for both AHR Metals, Inc. and the employee.

(To inquire into the AHR Metals, Inc. health and benefits package, please contact your supervisor, who will in turn familiarize you with our 401k, health insurance, and dental policies?)

Name _____

Date _____



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Professional Conduct Policy and Prohibition Harassment

AHR Metals, Inc. (AHR) is proud of its professional and congenial work environment, and will take all necessary steps to ensure that the work environment remains pleasant for all who work here. All employees must treat each other with courtesy, consideration, and professionalism. AHR will not tolerate harassment of any employee by any other employee or supervisors for any reason. In addition, harassment for any discriminatory reason, such as race, sex, national origin, disability, religion, or age, is prohibited by state and federal laws, which may subject the individual harasser to liability for any such unlawful conduct. Supervisors do not have the authority to discharge, grant, or deny promotions, or to force any change to an employee's job status, unless specifically authorized by Senior Management of AHR. With this policy, AHR prohibits not only unlawful harassment, but also other unprofessional and discourteous actions. There will be zero tolerance for derogatory racial, ethnic, religious, sexual, age-related or other inappropriate remarks, slurs or jokes.

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, or any other visual, verbal, or physical conduct of a sexual nature when:

1. Submission to the conduct is made either implicitly or explicitly a condition of the individual's employment;
2. Submission to or rejection of the conduct is used as the basis for an employment decision affecting the harassed employee; or
3. The harassment has the purpose or effect of unreasonably interfering with the employee's work performance or creating an environment that is intimidating, hostile, or offensive to the employee.

Each employee must exercise his or her own good judgment to avoid engaging in conduct that may be perceived by others as harassment. Forms of harassment include, but are not limited to:

1. Verbal: repeated sexual innuendoes, racial or sexual epithets, derogatory slurs, off-color jokes, propositions, threats or suggestive or insulting sounds;
2. Visual/Non-verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; graphic commentaries; leering; or obscene gestures;
3. Physical: unwanted physical contact including touching, interference with an individual's normal work movement, or assault;
4. Email and Internet: offensive, demeaning, or disruptive messages or sexually explicit screen views;
5. Other: making or threatening reprisals as a result of a negative response to harassment. Same sex harassment or harassing conduct from non-employees, such as vendors or clients, is also in violation of this policy.

Any employee who believes that he/she is or may be subjected to objectionable conduct must report it immediately to the Vice President, Safety Director, or Human Resources. You may also inform a supervisor or foreman about your concerns, who can make the initial report on your behalf. You should assume that no report has been made following your discussion with a supervisor or foreman if you have not been contacted within 48 hours by upper management. Do not allow an inappropriate situation to continue by not reporting it, regardless of who is creating that situation. No employee in this organization is exempt from this policy. In response to every complaint, AHR will take prompt investigatory actions and corrective and preventative actions where necessary. An employee who brings such a complaint to the attention of AHR in good faith will not be adversely affected as a result of reporting the harassment. The organization will not tolerate retaliation by managers and employees against any employee reporting incidents of harassment or for participating in an investigation of a harassment claim.

Any employee who engages in objectionable conduct is subject to discipline up to and including termination. If an employee is not satisfied with the handling of a complaint or the action taken by the supervisor, then the employee should bring the complaint to the next higher level of authority set forth in the **"Problem Resolution"** section of the Handbook. In all cases, the employee will be advised of the findings and conclusion.

I have read and will abide by the noted policy statements herein.

Signed: _____ Date: _____

Employee's Withholding Certificate**2022**

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:
Claim
Dependents**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 . . . ▶ \$

Add the amounts above and enter the total here . . . **3** \$

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . . . **4(c)** \$

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY STATE ZIP CODE

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. _____
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption _____
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption _____
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* _____
5. Additional amount, if any, you want deducted each pay period \$ _____
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

EMPLOYER NAME	EMPLOYER IDENTIFICATION NUMBER (EIN)
ADDRESS	CITY STATE ZIP CODE

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **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 (<i>See instructions</i>)	
<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. (<i>See instructions</i>)	
<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>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

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



Employer Completes Next Page



Direct Deposit Authorization Form for Bank Account

Name on Account: _____

The diagram shows a check with the following details:

- Payee: John Jones, 124 Main Street, Anywhere, MA 02345
- Date: _____
- Pay to the order of: _____
- Amount: \$ _____ Dollars
- Routing Number: 123456789 (labeled "9 digit Routing Number")
- Account Number: 1234567891011 (labeled "Account Number (1-17 digits)")
- Check Number: 0259 (labeled "Check Number (do not include)")

The word "EXAMPLE" is written across the center of the check.

Name of Bank: _____

Location (City): _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Circle One)

Please attach a voided check or a direct deposit letter form for the bank account to which funds should be deposited. (NO PHOTO COPIES)

AHR Metals, Inc. is hereby authorize to credit the account listed above for my net payroll. I also authorize AHR Metals, Inc. to debit my account for any reversals/corrections which may be necessary.

Employee Print Name: _____

Employee Signature: _____

Date: _____



Manage your money with ease with the new dash mobile app

A new and improved cardholder experience - right at your fingertips

The new dash mobile app provides a user-friendly way to manage your money, whenever and wherever you need to. You will easily be able to keep up with account balances, track your spending, pay bills, grow your savings and so much more.

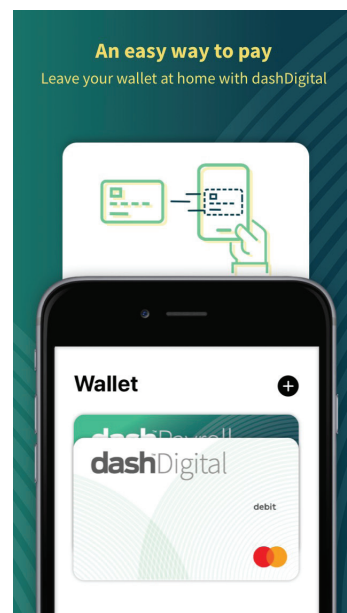
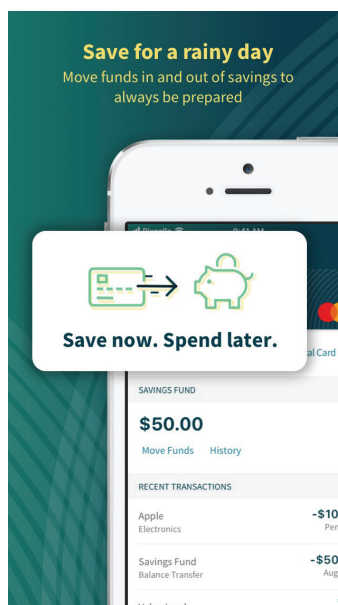


Stay in control of your money

- Text notifications
- Mobile Check Deposit
- Prescription Drug Savings
- ATM locator

Save now. Spend later.

- Instantly transfer money from your card to your free savings account.
- Easily transfer money out of your savings directly to your card account with no fees.
- Set up automatic transfers.



Pay on the go with dashDigital

- Buy items online without providing card details
- Buy items in store without taking out your card
- Safe and secure

Get the App Today! Scan the QR Code



or search for 'MyDashCard' in the App Store.



GETTING STARTED IS FAST AND EASY.

Want to learn more about the full dashPayment product suite? Contact us at sales@in-prepaid.com.

You do not have to accept this payroll card.			
Monthly Fee \$0.00	Per Purchase \$0.00 signature \$0.50 pin	ATM withdrawal \$0.00 in-network \$3.00 out-of-network	Cash reload \$0.00
ATM balance inquiry (in-network or out-of-network)			\$0.50
Customer service (automated or live agent)			\$0.00 per call
Inactivity (Fee assessed monthly after 180 days of no value loads or transactions)			\$4.95 per month
We charge 4 other types of fees. Here are some of them:			
ATM Decline			\$1.75
Issue a replacement card for a lost/stolen card AHR replacement card for a lost/stolen card			\$10.00
No overdraft/credit feature. Your funds are eligible for FDIC insurance. For general information about prepaid accounts, visit cfpb.gov/prepaid . Find details and conditions for all fees and services in the cardholder agreement, or call 833-848-5768 (current as of October 2018) or visit paymentcardinfo.com .			

Visa Prepaid Payment Card is issued by MetaBank®, Member FDIC, pursuant to license from Visa U.S.A. Inc. Card is serviced by Prepaid Technologies Company, Inc.

YES. I want to receive a Payment Card from AHR Metals, Inc. to submit payment to my card account. I understand that this card was provided to me as an option by AHR Metals, Inc.

AHR Metals, Inc. also provided me a listing of all fees associated with this card that will be deducted from the card balance.

Name	
Address	
City	
Social Security Number	Date of Birth
Phone	Email

I hereby authorize my Employer to act as my agent to submit my application for the Payment Card to the issuing Financial Institution of the Payment card, and to the Terms and Conditions governing my use of Payment Card that I will receive at the time I receive my card. I understand that this authorization replaces any previous authorization relating to my employer's payment to me, and unless terminated by my Employer or issuing Financial Institution, this authorization will remain in full force and effect until my Employer has received written notification from me of its termination in such time as to afford it a reasonable opportunity to act, or I have terminated the Payment Card as provided in the Terms and Conditions I received with the card. Upon approval of my application for the Payment Card, I hereby authorize my employer to deposit payments due to me to my Payment Card and perform the following corrective actions related to my payment card: 1. Correct any funding error made by my Employer to which I am not entitled by submitting a correcting debit to my pay card account through ACH or directly to my pay card account; 2. At my request, submit a request for a change in my pay card account status to lost or stolen (or effectuate a change in the employee's account status to lost or stolen); 3. At my request transfer funds to a newly issued card; This Consent does not allow my Employer to access my cardholder activity detail on my Payment Card without my prior consent.

The USA PATRIOT Act is a federal law that requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. You will be asked to provide your name, a valid physical U.S. street address, a telephone number, a date of birth, and other information that will allow us to identify you. You may also be asked to provide documentation as proof of identification. I acknowledge and agree that this authorization may be rejected or discontinued by the issuing Financial Institution at any time.

Employee Signature	Date
--------------------	------

Meta Payroll Plus - Prepaid Payment Card

All fees	Amount	Details
Get Started		
Card issue fee	N/A	Fee assessed for the initial card.
Monthly usage		
Monthly maintenance fee	N/A	Maintenance fee assessed monthly starting one month after the card has been activated. There is no monthly fee for this card.
Add money		
Direct deposit	N/A	Funds loaded to the card by ACH.
Cash reload	N/A	Fees of up to \$3.99 may apply when reloading your card at reload agents. Locations may be found at https://usa.visa.com/pay-with-visa/cards/services-locator.html or https://www.mastercard.us/en-us/consumers/get-support/reload-a-prepaid-card.html .
Spend money		
Signature Purchases	N/A	Signature Purchase fee per transaction.
PIN Purchases	\$0.50	PIN Purchase fee per transaction.
Bill payment	N/A	Bill pay available when you log in to your account at www.paymentcardinfo.com . Regular bill pay transactions will be completed within 3 business days for electronic payments and within approximately 7 days if we have to mail a paper check to pay your bill.
Get cash		
ATM withdrawal (in-network)	N/A	"In-network" refers to the Allpoint ATM Network. Includes ATM Cash Withdrawal at any ATM in the Allpoint ATM Network. Locations can be found at www.allpointnetwork.com .
ATM withdrawal (out-of-network)	\$3.00	This is our fee. "Out-of-network" refers to all the ATMs outside of the Allpoint ATM Network. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Over the Counter Cash Withdrawal at a Bank	\$5.00	One (1) withdrawal per value load with no fee; then \$5.00 each additional withdrawal. Over the counter withdrawal at a Visa sponsor bank.
Funds Transfer to a U.S. Bank Account	\$2.00	One (1) withdrawal per value load with no fee; then \$2.00 each additional transfer. Transferring funds from card account to a U.S. bank account.
Information		
Customer service (automated)	N/A	Automated customer service line, including balance inquiries and other self-service features.
Customer service (live agent)	N/A	Live agent customer service line.
ATM balance inquiry	\$0.50	This is our fee. The fee applies to all "In-network" and "Out-of-network" ATM balance inquiry transactions.
ATM decline	\$1.75	This is our fee. The fee applies to all "In-network" and "Out-of-network" ATM decline transactions.
Using your Card outside the U.S.		
Foreign Transaction Fee	\$0.50 per transaction plus 1% surcharge	\$0.50 per transaction plus 1% surcharge of the U.S. dollar amount of each transaction. Fee for International Purchases and Cash Withdrawals.
International ATM withdrawal	\$3.50	This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
International ATM balance inquiry	\$0.50	This is our fee. You may also be charged a fee by the ATM operator.
International ATM decline	\$1.75	This is our fee. You may also be charged a fee by the ATM operator.
Other		
Inactivity fee	\$4.95	Fee assessed monthly after 180 days of no value loads or transactions.
Online Statement or Request for Mailed Paper Statement	N/A	Fee to obtain an online or mailed paper statement.
Transaction and Balance Notification by Text Messaging	N/A	No fee charged. Standard carrier rates may apply from your mobile phone service provider.
Secondary Card Request	\$5.00	Ordering a secondary card enabled for spend on the primary account. Fee applies per card with a maximum of three (3) secondary cards allowed.
Lost/Stolen Replacement Card/AHR	\$5.00 + \$5.00	Per card fee for Lost/Stolen Replacement cards. Card fee per card for Replacement AHR to order.
Expedited Shipment of Card	\$15.00	Optional fee to expedite the shipping of the card.

Additional Disclosures

Pursuant to state law, you are entitled to one withdrawal of your full wages per pay period at no charge by going to any participating sponsor bank and presenting your card to withdraw funds

CAN I USE MY CARD FOR GAS PURCHASES AND "PAY AT THE PUMP?"

We suggest you go inside and ask the cashier to authorize an amount within the remaining Card balance. If you "pay at the pump," an average purchase of gas will be pre-authorized because the final amount is unknown. This amount changes as retail gas prices change. It can range from \$40 to \$75. If your Card balance does not cover this pre-authorized amount, your attempt to pay at the pump will be declined. Restaurants, hotels and other merchants may pre-authorize in this same manner. Also, the amount pre-authorized will restrict those funds from use until the merchant presents the transaction for payment.



AHR Metals, Inc.

20 DIVISION STREET
BESSEMER, ALABAMA 35020

OFFICE (205) 428-8888
FAX (205) 428-9983

AHR METALS, INC BENEFIT PACKAGE

WELCOME TO AHR METALS, INC! WE ARE EXCITED TO HAVE YOU ON BOARD WITH OUR TEAM AND FAMILY. AS A FULL TIME AHR, EMPLOYEE, THERE ARE BENEFITS THAT YOU CAN BECOME ELIGIBLE FOR AFTER A PERIOD OF TIME.

1. HEALTH INSURANCE PACKAGE: AFTER 90 DAYS SPONSORED THROUGH BLUE CROSS BLUE SHIELD OF ALABAMA:

The following are the overall WEEKLY cost of each plan, with and without Vision/Dental:

BC/BS-BLUE SAVER 4000 + GAP:

Employee Only	\$ 33.33
Employee +Child	\$ 98.83
Employee+Spouse	\$ 139.88
Family	\$ 186.66

DENTAL/VISION ADD ON:

Employee Only	\$ 6.93
Employee+Child	\$ 14.50
Employee+Spouse	\$ 13.86
Family	\$ 21.42

2. DISABILITY INSURANCE: PAID BY THE EMPLOYEE THEREFOR OPTIONAL UPON HIRING YOU HAVE THREE DIFFERENT PROVIDERS TO CHOOSE FROM. RATES MAY VARY.

PLEASE SEE THE FRONT OFFICE FOR MORE INFORMATION.

- a. AFLAC INSURANCE
- b. LIBERTY NATIONAL INSURANCE
- c. COLONIAL LIFE INSURANCE

3. LIFE INSURANCE POLICY: AFTER 12 MONTHS:

*A LIFE INSURANCE POLICY WILL BE TAKEN OUT IN YOUR NAME THROUGH KANSAS CITY LIFE INSURANCE COMPANY IN THE AMOUNT OF ONE YEAR'S SALARY UP TO \$50,000. **THIS IS PAID FOR BY AHR METALS, INC ON YOUR BEHALF.**

4. 401K PLAN: AFTER 12 MONTHS:

- a. SPONSORED THROUGH PRINCIPAL FINANCIAL SERVICES
- b. AHR METALS WILL MATCH 50% UP TO THE FIRST 4% OF YOUR CONTRIBUTION

FOR EXAMPLE

- i. IF YOU CONTRIBUTE 4% OF YOUR PAYCHECK AHR WILL MATCH YOU AT 2% TOTAL OF THAT PAYCHECK
- ii. IF YOU CONTRIBUTE 10% OF YOUR PAYCHECK AHR WILL MATCH AT A 2% TOTAL OF THAT PAYCHECK
- iii. IF YOU CONTRIBUTE 2% OF YOUR PAYCHECK AHR WILL MATCH YOU WITH A 1%

5. HOLIDAY AND VACATION PAY: AFTER 12 MONTHS:

- a. AHR METALS RECOGNIZES 5 PAID HOLIDAYS
 - i. NEW YEAR'S DAY
 - ii. FOURTH OF JULY
 - iii. LABOR DAY
 - iv. THANKSGIVING
 - v. CHRISTMAS DAY
 - vi. PAID VACATION/TIME OFF
 - vii. ONE WEEK OR THE EQUIVALENT OF 40 HOURS

6. HOLIDAY AND VACATION PAY: AFTER 24 MONTHS:

- i. PAID VACATION/TIME OFF
- ii. TWO ONE WEEK OR THE EQUIVALENT OF 80 HOURS

***PRICES AND PROVIDERS MAY CHANGE BASED ON SERVICES AND PRICES PROVIDED TO AHR METALS, INC**

Employee ID: _____

Date Of Hire: _____

FB User: _____

FB Email: _____

Binder: _____

2022 Employee Contact Information

If any of the following information should change, please notify your supervisor as **soon as possible**.

Name (First, Middle Initial, Last) _____

Home Address _____

Cell Phone _____ Home Phone _____

Emergency Contact Name _____

Emergency Contact Number _____

Driver's License State of Issue & Number _____

Expiration Date of Driver's License _____

Current Email Address _____

Select a Password to View Pay Stubs _____

Your password must:

- Contain a minimum of 8 characters
- Contain at least one lower case letter
- Contain at least one upper case letter
- Contain at least one number
- Contain at least one special character (@ ! \$, etc.)
- Cannot include your username