

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name			First	Middle	Date
	Street Address					Home Telephone ()
	City, State, Zip					Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____					Social Security #
	Position Desired					Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?					When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)					

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____ _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying. _____ _____		



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the 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 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 [][] - [][] - [][][][]		E-mail Address			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):

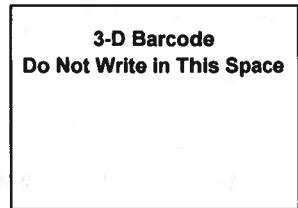
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		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



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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 Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security
<ol style="list-style-type: none"> 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 				

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
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.					
• 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 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)	

NC-4 Employee's Withholding Allowance Certificate

PURPOSE - Complete Form NC-4 so that your employer can withhold the correct amount of State income tax from your pay. **If you do not provide an NC-4 to your employer, your employer is required to withhold based on the filing status, "Single" with zero allowances.**

FORM NC-4 EZ - You may use Form NC4-EZ if you plan to claim either the N.C. Standard Deduction or the N.C. Child Deduction Amount (but no other N.C. deductions), and you do not plan to claim any N.C. tax credits.

FORM NC-4 NRA - If you are a nonresident alien you must use Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)

FORM NC-4 BASIC INSTRUCTIONS - Complete the NC-4 Allowance Worksheet. The worksheet will help you determine your withholding allowances based on federal and State adjustments to gross income including the N.C. Child Deduction Amount, N.C. itemized deductions, and N.C. tax credits. However, you may claim fewer allowances than you are entitled to if you wish to increase the tax withheld during the tax year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be "Head of Household" after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

TWO OR MORE JOBS - If you have more than one job, determine the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the "Multiple Jobs Table" to determine the additional amount to be withheld on Line 2 of Form NC-4 (See page 5).

NONWAGE INCOME - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40 to avoid underpayment of estimated tax interest. Form NC-40 is available on the Department's website at www.dornc.com.

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.

SURVIVING SPOUSE - You may claim "Surviving Spouse" filing status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will complete the NC-4 Allowance Worksheet based on the filing status, "Married Filing Jointly" or "Married Filing Separately."

- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Jointly" should consider the sum of both spouses' income, federal and State adjustments to income, and State tax credits to determine the number of allowances.
- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Separately" should consider only his or her portion of income, federal and State adjustments to income, and State tax credits to determine the number of allowances.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

NC-4 Employee's Withholding Allowance Certificate

1. Total number of allowances you are claiming
(Enter zero (0), or the number of allowances from Page 2, line 17 of the NC-4 Allowance Worksheet)
2. Additional amount, if any, withheld from each pay period (Enter whole dollars)

_____ .00

Social Security Number		Filing Status		
_____ - ____ - _____		<input type="radio"/> Single or Married Filing Separately <input type="radio"/> Head of Household <input type="radio"/> Married Filing Jointly or Surviving Spouse		
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)	M.I.	Last Name		
_____	_____	_____		
Address				Country (Enter first five letters)
_____				_____
City	State	Zip Code (5 Digit)	Country (If not U.S.)	
_____	_____	_____	_____	

Employee's Signature _____ Date _____

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above.

NC-4 Allowance Worksheet

Part I

Answer all of the following questions for your filing status.

Single -

1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$11,249? Yes No
2. Will your N.C. Child Deduction Amount from Page 3, Schedule 2 exceed \$2,499? Yes No
3. Will you have federal adjustments or State deductions from income from Page 4, Schedule 3? Yes No
4. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 5? Yes No

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.

Married Filing Jointly -

1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$19,999? Yes No
2. Will your N.C. Child Deduction Amount from Page 3, Schedule 2 exceed \$2,499? Yes No
3. Will you have federal adjustments or State deductions from income from Page 4, Schedule 3? Yes No
4. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 5? Yes No
5. Will your spouse receive combined wages and taxable pensions of less than \$6,250 or only retirement benefits not subject to N.C. income tax? Yes No

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.

Married Filing Separately -

1. Will your portion of N.C. itemized deductions from Page 3, Schedule 1 exceed \$11,249? Yes No
2. Will your N.C. Child Deduction Amount from Page 3, Schedule 2 exceed \$2,499? Yes No
3. Will you have federal adjustments or State deductions from income from Page 4, Schedule 3? Yes No
4. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 5? Yes No

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.

Head of Household-

1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$16,499? Yes No
2. Will your N.C. Child Deduction Amount from Page 3, Schedule 2 exceed \$2,499? Yes No
3. Will you have federal adjustments or State deductions from income from Page 4, Schedule 3? Yes No
4. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 5? Yes No

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.



Brodie Contractors, Inc.



Mailing Address: P.O. Box 18973 Raleigh, NC 27619

POLICIES AND PROCEDURES

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Welcome to Brodie Contractors, Inc. (the “Company”). The purpose of these Policies and Procedures is to provide general information about the Company’s employment policies and practices; it does not address every situation that will arise and is not intended to serve as an exhaustive set of rules. Employees should read these Policies and Procedures and become familiar with them. Please note that the Company reserves the right to unilaterally change or revoke any Policies and Procedures in its sole discretion at any time with or without prior notice to employees. Employees will be notified subsequently of all changes. A violation of any of the Policies and Procedures may result in disciplinary action up to and including immediate termination of employment.

ATTENDANCE

Regular and timely attendance is an essential function of all employee positions. All employees are expected to report to work on time. Reporting to work on time means that an employee is in his or her working area ready to begin performing his or her job duties at the scheduled report time (or up to 15 minutes before the scheduled report time). Being at work on your scheduled day is a necessary condition of employment. All employees are expected to be at work promptly and regularly, arriving early enough to begin work at the starting time and remaining at work until the scheduled stopping time. **Any employee who is absent from work for two (2) consecutive days without notice to the Company will be considered to have voluntarily quit. Further, any hourly employee who is unable to report to work for any reason (such as an inability to find transportation to a job site or an inability to obtain the necessary security badge to work on projects on a military base), with or without notice to the Company, will be considered to have voluntarily quit; however, absences resulting from FMLA, jury duty, juvenile court appearances, military or parental school leave in accordance with Company policy will not be considered a failure to a report to work and a voluntary quit.**

AT-WILL EMPLOYMENT

All employees of the Company are employed on an at-will basis. This means that each employee’s employment is terminable at the will of the employee or the Company at any time with or without cause and with or without notice. No officer, agent, representative or employee of the Company has the authority to enter into an agreement with any employee on any basis other than an at-will basis except for the President of the Company. If the President of the Company amends your employment relationship with the Company, it must be in writing and signed by the President. **Nothing contained in these Policies and Procedures, Company manuals, job descriptions, any application for employment, or any other document of the Company shall in any way create an express or implied contract or contract of employment.**

CELL PHONE USE POLICY

Due to safety concerns, all employees are prohibited from using a cell phone (or any other mobile devices or PDAs) while on the job or on Company premises; however, employees may use such devices during a lunch break or other breaks. With respect to employees who operate Company vehicles or who perform work for the Company while driving a non-Company vehicle, the Company requires the use of a hands-free device when using a cell phone (or any other mobile device or PDA) while driving. Accordingly, employees are expected to dial calls only when stopped; to immediately discontinue use at any time that safety or other conditions require (even if using a hands-free device); and to safety come to a complete stop in order to look at or otherwise give attention to the mobile device in a manner that requires an employee to remove his or her attention from the path of travel.

COMPANY PROPERTY

All employees are expected to accurately and honestly handle all Company property. Employees also are expected to exercise reasonable care and responsibility and follow all operating instructions, safety standards and guidelines. Employees should notify their supervisor immediately if any property/equipment appears to be

damaged, defective or in need of repair. Unless otherwise provided for in these Policies and Procedures, employees are only allowed to use Company property for Company business-related purposes. Employees are not allowed to use Company property for their own personal benefit.

Email

The purpose of this policy is to ensure the proper use of the Company's email system and make employees aware of what the Company deems to be unacceptable use of its email system. Employees are prohibited from using the Company's email system to send or receive the following: (i) information that violates state or federal laws; (ii) information that violates any Company Policy or Procedure (e.g., harassment policy, cell phone use policy, drug and alcohol policy). Employees are also strictly prohibited from using the Company's email system for anything other than legitimate business purposes. Therefore, the sending of personal emails, chain letters, junk mail, jokes and executables is prohibited. **All messages distributed via the Company's email system are the Company's property; employees should have no expectation of privacy.**

DRUG AND ALCOHOL POLICY

As a part of our continuing efforts to have a safe and productive workplace, all employees must comply with this policy as a condition of their employment. For the purpose of this policy, "Company premises" is considered to be Company property, any job site or location where the Company conducts business and any vehicles used to conduct Company business.

Employees are prohibited from the following when reporting for work, while on the job or on Company premises:

- ❖ The unlawful use, possession, transportation, manufacture, sale, dispensation or other distribution of an illegal or controlled substance or drug paraphernalia;
- ❖ The unauthorized use, possession, transportation, manufacture, sale, dispensation or other distribution of alcohol; and
- ❖ Being under the influence of alcohol or having a detectable amount of an illegal or controlled substance in the blood or urine.

For purposes of this Policy, a "controlled substance" means a drug or other substance as defined in applicable federal laws on drug abuse prevention. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals. If you have any questions, please contact the Human Resources Department.

Conviction of a Drug or Alcohol Offense

Any employee convicted under any criminal drug or alcohol statute, including any law regarding driving under the influence must notify the Company no later than five (5) days after such a conviction. A conviction includes any finding of guilt or plea of no contest and/or imposition of a fine, jail sentence or other penalty.

Drug Testing

- ❖ **Applicants** – All applicants for employment must successfully pass a pre-employment and post job offer drug test. A job offer is contingent upon an applicant's successful tests. An applicant with an unexcused positive drug test will be disqualified.
- ❖ **All Employees** – The Company may require drug and alcohol testing based upon reasonable suspicion, testing following a job-related accident, and random drug testing. Employees who refuse to participate in testing are subject to immediate discharge.

All testing will be conducted by a licensed independent medical laboratory, which will follow testing standards established by the State of North Carolina and/or federal government. Normally, the Company will screen for

amphetamines, benzodiazepines, barbiturates, cocaine, marijuana, methadone, methaqualone, opiates, propoxyphene and PCP by urinalysis and alcohol by saliva or breath analysis as indicated for each of the above circumstances. Under specified circumstances related directly to work performance, evidence, safety, or contractual requirements, testing may include other drugs.

The Company will pay for the cost of the testing, including the confirmation of any positive test result. Employees have a right to obtain copies of all test results from the testing laboratory or the Company. Further, the Company will notify all employees in writing of any positive result. If an employee disagrees with the test results, the employee may request that the testing laboratory repeat the test. Such repeat test shall be at the sole expense of the employee.

The Company shall keep test-result information confidential; however, please be advised that the Company may release information under the following circumstances: (a) to the employee or to any other person upon written authorization signed by the employee; (b) to laboratories performing screening, confirmation tests, or retests of confirmed positive results; (c) for employment-related reasons (e.g., performance evaluations or discipline); or (d) to a government agency or court having jurisdiction over any claim or proceeding involving the employee and the Company.

- ❖ **Reasonable Suspicion** – Whenever the Company has a reasonable suspicion that an employee has violated this policy, the Company reserves the right to immediately insist that the employee submit to a drug/alcohol test as a condition of employment. "Reasonable suspicion" means a belief that the employee has used, or is using, drugs/alcohol in violation of this policy, based upon such factors as: a display of physical symptoms; reliable and corroborated reports by others that the employee has used forbidden substances while conducting Company business; evidence that the employee has tampered with one or more prior drug/alcohol tests while employed with the Company; or other evidence that the employee has been involved in drug possession, use or sale while on Company property or while conducting Company business.
- ❖ **Post-Accident** – Whenever an employee has been involved in a work-related injury, or has damaged Company property, the Company reserves the right to require that the employee submit to a drug/alcohol test as a condition of continued employment.
- ❖ **Random** – The Company reserves the right to randomly test employees for compliance with this policy. As used in this policy, "random testing" means that selections will be made by an independent third party-administered computer generated program.

Disciplinary Actions

Any employee with an unexcused positive drug test or an alcohol test of .05 BAC or above will be subject to the Company's **ZERO TOLERANCE** policy and will be dismissed. If the employee trusts that the results of the test are inaccurate, then they may, at their own expense, provide medical proof to contest the results; however, this does not automatically guarantee reinstatement. An employee tested under certain post accident or reasonable cause conditions may be suspended or removed from specific job duties for safety reasons until testing is completed. Any employee engaged in the use, possession, sale, purchase or manufacture of alcohol, drugs or drug paraphernalia will be dismissed. Failure to comply with testing required by this policy will result in dismissal. Any violation of this policy may result in disciplinary action up to and including immediate dismissal.

EMPLOYEE CLASSIFICATION

Upon hire, all employees of the Company are classified as exempt, non-exempt, full-time, part-time or variable hour for payroll and benefit eligibility purposes. If you have any questions about your employment classification, please speak with the Accounting Manager.

- **Exempt Employees.** Generally, this classification applies to employees engaged in executive, professional or administrative positions who are exempt from the overtime provisions of the Fair Labor Standards Act ("FLSA") and state wage and hour laws. Exempt employees do not receive additional compensation for hours worked over 40 per workweek.

- **Non-Exempt Employees.** This classification applies to employees whose job description indicates that they are eligible for overtime pay in accordance with the FLSA and the state wage and hour laws. Non-exempt employees are paid at the rate of one and one-half (1.5) times their regular rate of pay for all hours worked over 40 in one week.
- **Full-time Employees.** Full-time employees are those who work a minimum of 40 hours per workweek; provided however, that for purposes of the Company's health insurance benefits, employees who regularly work at least 30 hours per workweek will be considered full-time.*
- **Part-time Employees.** Part-time employees are those who regularly work less than 40 hours per workweek; provided however, that for purposes of the Company's health insurance benefits, employees who regularly work at least 30 hours per workweek will be considered full-time.*

***Variable Hour Employees** - Upon hire, because their hours fluctuate on a weekly basis, all hourly field employees will be classified as "variable hour" employees for purposes of the Company's group health insurance benefit eligibility. After a 12-month initial measurement period beginning in the month of hire, if the employee has regularly worked 30 hours or more each workweek during the measurement period, the employee will then be classified as full-time for purposes of health insurance benefit eligibility beginning in the 13th month and extending for a 12-month coverage period (the "Stability Period"). The employee's hours will continue to be reviewed on an ongoing standard 12-month measurement period basis to determine continued eligibility for group health insurance. The standard measurement period begins on December 1st and ends of November 30th of each year.

EMPLOYMENT AUTHORIZATION

The Company is required to comply with the Immigration Reform and Control Act of 1986 and cannot employ any individual unless he or she is a citizen of the United States or an alien with proper authorization to work in the United States. Accordingly, each employee must complete an Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. All employee information must successfully be verified with the federal government within three (3) days following the employee's hire date.

EQUAL EMPLOYMENT OPPORTUNITY

The Company does not discriminate against any person because of his or her race, color, religion, sex, national origin, citizenship, handicap, disability, veteran status, age or any other characteristic protected by law. The Company's policy of equal employment extends to all aspects of employment including recruitment, advancement, promotion, compensation, benefits administration, training and development and all other personnel actions.

HARASSMENT POLICY

It is the Company's policy to maintain a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere which prohibits discriminatory practices, including sexual harassment and harassment based on race, color, religion, age, sex, disability, national origin or any other characteristic protected by applicable law. Harassment – whether verbal, physical or environmental – is unacceptable and will not be tolerated by the Company. This policy covers all employees whether or not they are on the Company's premises, provided that such individuals are conducting Company-related business or are participating in a Company-sponsored event or function. Any type of harassment, whether engaged in by fellow employees, supervisory employees, or by non-employees with whom the employee comes into contact in the course of his or her employment (e.g., vendors, services providers, contractors, customers), violates this policy and will not be tolerated. The Company encourages the reporting of all incidents of harassment, regardless of who the offender may be.

Definition of Harassment

Harassment is verbal, non-verbal or physical conduct that denigrates or shows hostility or aversion towards an individual because of the race, color, religion, age, sex, disability, national origin, or any other characteristics protected by applicable law of that individual or persons with whom that individual associates. The Company's policy is to prohibit behavior based on a protected characteristic that: (1) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (2) has the purpose or effect of unreasonably interfering with an individual's work performance; or (3) otherwise adversely affects an individual's employment opportunities.

Regardless of whether any single instance of improper behavior described below rises to the level of harassment prohibited by law, it is the Company's policy that such behavior is inappropriate and offensive and will not be tolerated. Examples of behavior that violate this policy and may constitute harassing conduct include, but are not limited to any of the following actions, if based upon a characteristic protected by applicable law:

- ❖ Epithets, slurs, quips, or negative stereotyping;
- ❖ Threatening, intimidating or hostile acts;
- ❖ Written or graphic material (including graffiti) that denigrates or shows hostility or aversion toward an individual or group; or
- ❖ Jokes, pranks or other forms of "humor" that are demeaning or hostile.

Definition of Sexual Harassment

Sexual harassment includes unwelcome or unwanted sex-based conduct: (1) when an employee's submission to or rejection of this conduct affects decisions regarding hiring, evaluation, promotion or any other aspect of employment; (2) when such conduct substantially interferes with an individual's employment or creates an intimidating, hostile or offensive work environment. Please be aware that sexual harassment may involve individuals of the same or different genders.

The Company prohibits any inappropriate or offensive behavior including, but not limited to:

- ❖ Coerced sexual acts;
- ❖ Express or implied demands for sexual favors in exchange for favorable reviews, assignments, promotions, continued employment or promises of continued employment;
- ❖ Touching or assaulting an individual's body, or staring, in a sexual manner;
- ❖ Graphic, verbal commentary about an individual's body or sexuality;
- ❖ Unwelcome or offensive sexual jokes, sexual language, sexual epithets, sexual gossip, sexual comments or sexual inquiries;
- ❖ Unwelcome flirtations, advances, or propositions;
- ❖ Sexually suggestive or obscene comments or gestures;
- ❖ The display in the workplace of graphic and sexually suggestive objects, pictures or graffiti;
- ❖ Negative statements or disparaging remarks targeted at one sex (either men or women), even if the content of the verbal abuse is not sexual in nature; or
- ❖ Any form of retaliation against an employee for complaining about the type of behavior described above or supporting the complaint of an alleged victim.

Reporting an Allegation of Harassment

- ❖ An employee who believes that he or she has been subjected to sexual harassment by anyone is encouraged – but not required – to promptly tell the offender that the conduct is unwelcome and ask the offender to stop the conduct. The offender must immediately comply with such a request and must not retaliate against the employee for rejecting the conduct.

- ❖ Complaints of sexual harassment must be brought to the attention of the Human Resources Department or to his or her direct supervisor. If the employee feels uncomfortable about discussing the complaint with the immediate supervisor or Human Resources, the employee should feel free to bypass the supervisor or Human Resources and take the complaint to any other supervisor or official in the Company. Employees have a legal obligation to take advantage of this complaint procedure. An employee's failure to fulfill this obligation could affect his or her right to pursue legal action.
- ❖ Complaints may be made in writing or verbally.
- ❖ Supervisors and managers are required to immediately report all conduct they believe may violate this policy, whether they directly observe this conduct or it is reported to them by an employee or other individual, directly to the Human Resources Department. Even if the supervisor or manager believes that the suspected sexual harassment was sanctioned or involves persons who work in a department other than the supervisor's the supervisor must report it.

Investigation and Resolution

All reports will be investigated immediately and thoroughly. Complaints and action taken to resolve complaints will be handled as confidentially as possible. Appropriate action(s) will be taken to stop and remedy such conduct, including interim measures during a period of investigation. The Company, however, has a legal obligation to act on all information it receives if it believes an individual may be engaging in wrongful conduct or violation of the law. Individuals involved in the investigation process are expected to provide their full cooperation and to maintain confidentiality. Our immediate goal is to take prompt remedial action to stop the discriminatory, harassing or offensive conduct if a violation of this policy is found. Our second goal is to ensure that the violation will not reoccur. Even where a violation is not found, it may be appropriate to counsel individuals regarding their behavior. After the investigation has been completed, a determination will be made by appropriate management and Human Resources regarding the resolution of the matter. If warranted, disciplinary action up to and including involuntary termination will be imposed. Other appropriate actions will be taken to correct problems caused by the conduct.

Retaliation

The Company will not retaliate in any way against an individual who makes a good faith report of perceived harassment or discrimination or participates in an inquiry of such reports; nor will the Company permit any employee to do so. Retaliation is a serious violation of this policy and anyone who feels that they have been subjected to any act of retaliation should immediately report such conduct directly to the Human Resources Department or a supervisor or manager. Any person who retaliates against another individual for reporting any perceived acts of harassment or discrimination will be subject to disciplinary action up to and including termination.

LEAVE

Family and Medical Leave (FMLA) – Policy Summary

Under this policy, the Company will grant up to 12 weeks (or up to 26 weeks for Military Caregiver Leave to care for a covered service member with a serious injury or illness) during a 12-month period to eligible employees. Eligible employees must have worked for the Company for a 12-month period and must have worked at least 1250 hours during that immediately preceding 12-month period. FMLA leave is unpaid; however, employees are allowed to use other paid leave concurrently, such that the leave may be paid or a combination of paid and unpaid leave, depending on the circumstances of the employee's leave bank and as specified in this policy. With respect to Military Caregiver leave, an eligible employee is limited to a *combined* total of 26 workweeks of leave for any FMLA-qualifying reason during the "single 12-month period;" however, only 12 of the 26 week-total may be for an FMLA-qualifying reason other than to care for a Covered Servicemember.

This is a summary of the Company's full FMLA policy. For additional information on FMLA leave, please contact the Human Resources Department.

Leave Covered

To qualify as FMLA leave under this policy, the employee must be taking leave for one of the reasons listed below:

- ❖ The birth of a child and in order to care for that child.
- ❖ The placement of a child for adoption or foster care and to care for the newly placed child.
- ❖ To care for a spouse, child or parent with a Serious Health Condition.
- ❖ The Serious Health Condition of the employee that make the employee unable to perform the functions of the employee's job.
- ❖ Qualifying Exigency Leave for families of members of the National Guard or Reserves or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty.
- ❖ Military Caregiver Leave, also known as covered servicemember leave, to care for an injured or ill Covered Servicemember or veteran.

Requesting FMLA Leave

All employees requesting FMLA leave must provide verbal or written notice of the need for the leave to the Company. Within five (5) business days after the employee has provided this notice, the Company will complete and provide the employee with the DOL Notice of Eligibility and Rights.

- ❖ Notice. When the need for the leave is foreseeable, the employee must provide the Company with at least 30 days' notice. When an employee becomes aware of a need for FMLA leave less than 30 days in advance, the employee must provide notice of the need for the leave either the same day or the next business day. When the need for FMLA leave is not foreseeable, the employee must comply with the Company's usual and customary notice and procedural requirements for requesting leave, absent unusual circumstances. If an employee fails to provide 30 days notice of foreseeable FMLA leave (based on the expected birth, placement for adoption or foster care, or planned medical treatment for a Serious Health Condition of the employee or a family member), the Company may delay the taking of FMLA leave.
- ❖ Designation of FMLA Leave. Within five (5) business days after the employee has submitted the appropriate certification form, the Company will complete and provide the employee with a written response to the employee's request for FMLA leave using the DOL Designation Notice.
- ❖ Intent to Return to Work From FMLA Leave. The Company may require an employee on FMLA leave to report periodically on the employee's status and intent to return to work. Prior to the commencement of leave, employees must discuss this reporting procedure with the Company.
- ❖ Anti-Retaliation. The Company will not interfere with, restrain or deny the exercise of any rights provided under the FMLA and will not discharge or discriminate against any person for opposing any practice made unlawful by the FMLA or for taking part in any proceeding under or relating to the FMLA.

Jury Duty Leave

Any employee who is summoned to report for jury duty shall be excused from employment for the days required to serve as a juror. If on any day during jury duty, the Court excuses the employee, and it is possible to complete at least three (3) hours of work of a scheduled workday, the employee is required to report to work. Leave to report to jury duty is unpaid.

Juvenile Court Appearances

An employee who is a parent, guardian or custodian of a juvenile under the jurisdiction of a juvenile court in North Carolina shall be allowed unpaid leave to attend necessary court hearings, or otherwise comply with court orders regarding evaluations, and related matters. Employees may use any available paid leave. An employee who is requested to attend a juvenile hearing or participate in such other aspect of a juvenile proceeding must give the Company as much notice as possible of the need to miss work. All requests should be made to the

Human Resources Department. The Company may require written verification of any court appearance or participation in a juvenile proceeding.

Military Leave

Employees absent for military service will be granted time off from work or a leave of absence in accordance with federal law. For purposes of this policy, "military service" includes active duty, training for active or inactive duty, funeral honors duty, National Guard duty; and any time an employee spends away from his or her job to take an examination to determine fitness for military duty. When possible, employees should submit a written request for military leave to the Human Resources Department 30 days before the absence begins. When 30 days notice is not possible, employees should provide as much notice as possible. Employees may continue health coverage and certain other benefits during military service leave by requesting coverage continuation and continuing to make required contributions. Employees who return from military leave and apply for reemployment will be reemployed in accordance with federal and state law. Upon reemployment, all time spent on military leave will be included in the employee's total Company service for the purpose of determining benefits accrued on the basis of length of Company service, if any.

Parental School Leave

The Company will provide up to a maximum of four (4) hours per year of unpaid leave to all employees who are parents, guardians, or persons acting in the place of a parent, of a school-age child. Employees may substitute paid sick leave for this unpaid leave. This leave is solely to be used for the parent to attend or otherwise be involved in activities at the child's school. Requests for leave pursuant to this policy will only be granted if (a) the Company and the employee mutually agree upon the time for leave; (b) the employee requests leave at least one (1) week in advance, but at a minimum of 48 hours in advance; and (c) the employee provides the Company with verification that he or she attended an event at the child's school.

Paid Vacation

The Company provides paid vacation leave for full-time salaried employees who have completed at least one (1) full consecutive year of employment. Employee accrue vacation as follows:

Completed Years of Service	Paid Vacation Days
1 year	5 days
2 years – 5 years	10 days
6 years – 9 years	15 days
10 years – 19 years	20 days
20 years +	25 days

Vacation cannot be carried over from year to year. **Accordingly, any vacation accrued, but unused by December 31st of the each year will be forfeited.** Vacation must be scheduled in advance with the Human Resources Department. There may be projects where the work schedule will not allow for vacation during specific periods, but the Company will do everything possible to accommodate each employee's request. Also, there are certain times of the year that are more popular for vacations than others and requests will be given priority in the order that they are received. **Vacation may be taken in half-day or full-day increments.** If an employee leaves the Company for any reason or is terminated for any reason, all unused vacation off will be forfeited; the Company will not pay unused vacation upon separation. Additionally, pay is not available in lieu of time off.

NURSING MOTHERS

To ease the transition of mothers returning to work following the birth of a child, lactation accommodation will be provided for nursing mothers. For up to one (1) year following a child's birth, nursing employees will be provided break time to express breast milk during the workday. The employee will be allowed a reasonable break time whenever she has the need to express milk throughout the day. The Company will provide a private area for nursing employees to express breast milk. Employees must bring their own cooler or storage container,

but may store their milk at work. Breaks to express milk will not be paid. Employees may use normal break and lunch periods to accommodate their nursing needs. However, if the breaks needed to express milk exceed standard daily break time, then the employee must use personal time (either in the form of an unpaid break or paid time off). If an employee is returning from leave, she should speak with her manager or supervisor regarding any nursing needs. Supervisors will work to accommodate employee break schedules as needed, knowing that breaks may differ on a day-to-day basis.

PAYDAYS AND PAY PERIODS

The pay period for is 12:01 A.M. on Sunday through 12:00 A.M. Midnight on the following Saturday. Employees are paid weekly on each Friday by direct deposit for the pay period that has just ended.

REASONABLE ACCOMMODATION POLICY

The Company is committed to complying with the Americans with Disabilities Act (“ADA”) and the North Carolina Persons with Disabilities Protection Act. Accordingly, the Company will provide a reasonable accommodation to qualified individuals with known physical or mental disabilities, unless it creates an undue hardship or poses a direct threat to the health and safety of others. Individuals with disabilities are responsible for requesting a reasonable accommodation and providing relevant medical documentation necessary to identify and assess potential reasonable accommodations.

Requesting an Accommodation

Employees should make a request for a reasonable accommodation to the Human Resources Department. The request should be made in writing. The employee must also provide the Company with medical documentation from the employee’s medical provider to support his or her request for an accommodation. The Company will provide the employee with a copy of the employee’s job description, which the employee must, in turn, provide to his or her medical provider for review and comment. The medical documentation must provide the following information: (1) the nature of the employee’s physical or mental disability; (2) whether, with the disability, the employee is still able to perform the essential functions of the employee’s job, as listed on the employee’s job description provided by the Company; (3) any limitations on the employee’s ability to perform his or her job duties, generally; and (4) any reasonable accommodations suggested by the medical provider. In order for an employee to receive a reasonable accommodation, the employee must first provide the supporting medical documentation, as described in this paragraph.

ACKNOWLEDGEMENT OF RECEIPT OF POLICIES AND PROCEDURES

These Policies and Procedures are designed to introduce employees to the organization, familiarize them with Company policies, provide general guidelines on work rules, disciplinary procedures and other issues related to employment, and to help answer many of the questions that may arise in connection with employment at Brodie Contractors. These policies do not constitute a guarantee of employment or an employment contract, express or implied. You understand that your employment is "at-will" and that employment may be terminated by the employee or the Company at any time, for any reason, with or without cause and with or without notice. You acknowledge that you are employed "at-will" and that these Policies and Procedures are neither a contract of employment nor a legal document. All policies are applied and interpreted in the sole discretion of the Company. The Company reserves the right to change, withdraw, apply or amend any of its policies at any time without advance notice to employees. However, the Company will notify you of such changes.

By signing below, you acknowledge that you have received a copy of the Policies and Procedures and understand that it is your responsibility to read and comply with the policies contained within it and any revisions made to it.

EMPLOYEE'S NAME (printed): _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

3901 Computer Drive Raleigh, NC 27609 Tel #: 919-782-2482 Fax #: 919-782-2062 www.brodiecon.com

Direct Deposit is mandatory as of January 1, 2007

Account must be under your own name.

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Brodie Contractors, Inc. and the financial institution(s) shown to deposit my pay directly to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize Brodie Contractors, Inc. to direct the bank to return said funds. This authority will remain in effect until I file a new Authorization Form or cancel my participation.

Check one: /_____/ NEW /_____/ CHANGE /_____/ CANCEL /_____/

Employee Name (please print): _____

Employee Number : _____ Social Security Number: _____

You may designate one or more accounts. Please indicate whether checking or savings and if fixed amount or percentage:

Bank Name: _____
Location: _____ /_____/ Checking /_____/ Savings
Account No.: _____ Amt: _____ %: _____
Routing No.: _____

Bank Name: _____
Location: _____ /_____/ Checking /_____/ Saving
Account No.: _____ Amt: _____ %: _____
Routing No.: _____

**** PLEASE NOTE YOUR DEBIT/BANK CARD IS NOT YOUR ACCOUNT INFORMATION****

**** YOUR NAME MUST BE ON THE ACCOUNT YOU PROVIDE US WITH****

IMPORTANT: Attach a voided check for each account so that we can obtain an accurate routing and transit number for the financial institution designated to receive your deposit.

Signature: _____ Date: _____

You must answer each and every question. Please note: Any false statement, misrepresentation, deceptions or other concealment will be grounds for termination regardless of when the deception is discovered and will be used, as permitted by law, to defend any claim for workers compensation you may file. A false statement will result in your termination and may result in denial of worker's compensation benefits.

If you do not understand a question, or have any doubt about what it means, or how to answer it, please let your supervisor know. If you do not inform the Supervisor, we will presume that you understand the question as written and you intend to be bound by the answer you give to it.

If your answer to any of these questions is "Yes" give details on a separate sheet of paper.

Employee Name _____

Date _____

Have you ever had in the past, or do you currently have any of the following?

1.	Broken or fractured bones	No	Yes
2.	Tennis elbow, elbow soreness	No	Yes
3.	Foot trouble, foot pain, bone spurs on feet	No	Yes
4.	Suffered from frostbite	No	Yes
5.	Convulsions, fainting spells, dizzy spells	No	Yes
6.	Heatstroke, sun stroke, trouble working where it is hot	No	Yes
7.	Ringing in the ears or hearing problems	No	Yes
8.	Eye trouble, eye injury, eye disease, blurred vision, double vision, loss of vision	No	Yes
9.	Do you wear glasses or a hearing aid	No	Yes
10.	Arthritis, rheumatism, or bursitis	No	Yes
11.	Lung trouble, shortness of breath, emphysema, asthma like symptoms	No	Yes
12.	Exposure to toxic gases or fumes	No	Yes
13.	Skin trouble or dermatitis	No	Yes
14.	Head injury, concussion, or loss of consciousness	No	Yes
15.	Neck injury, or whiplash injury	No	Yes
16.	Chest pain, heart disease, angina	No	Yes
17.	Stroke	No	Yes
18.	Rupture or hernia	No	Yes
19.	Back trouble, back pain, back injury, back surgery	No	Yes
20.	Persistent nausea	No	Yes
21.	Diabetes	No	Yes
22.	High blood pressure	No	Yes
23.	Epilepsy, seizures, nervous breakdown or any nervous or mental disease or disorder	No	Yes
24.	Shoulder separation, rotary cuff injury, shoulder dislocation	No	Yes
25.	Trick knee(s), torn cartilage and ligaments in the knee(s)	No	Yes
26.	Do you take medication for pain management or for chronic pain	No	Yes
27.	Do you take narcotic medication, or other medicine that may cause drowsiness	No	Yes
28.	Do you have any physical limitations that might hinder you in performing any assignments	No	Yes
29.	Have you been given a partial disability rating as a result of an injury	No	Yes
30.	Have you been given any permanent restrictions as a result of a health condition	No	Yes
31.	Have you been given any temporary restrictions as a result of a health condition	No	Yes
32.	Are you currently on work-restrictions because of a health issue	No	Yes
33.	List all operations and hospitalizations (include the year(s) event(s) occurred)	No	Yes
34.	Do you take prescription medication to treat diabetes, blood pressure, infection (antibiotics), depression, pain, seizures, or allergies (list all medications)	No	Yes
35.	If you take prescription medication, how often is it taken?		
36.	What are the possible side effects of medication you are taking?		
37.	Have you ever been treated for excessive use of alcohol or drugs	No	Yes

"I authorize the investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts called for is cause for immediate dismissal. Further, I understand and agree that 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 any previous notice, with or without cause."

I further authorize the investigation of the medical history information included herein. I agree to take a physical examination at any time, at the request of the company and at no personal expense to me, and agree that the examining physician may disclose the findings to the company or any authorized agent of the company.

In case of medical emergency who should be contacted?

Name _____

Telephone _____

Address _____

Relationship _____

Employee Signature _____

Date _____



Brodie Contractors, Inc.



Mailing Address: P.O. Box 18973 Raleigh, NC 27619

Sent on 1/22/10 checks

January 21, 2010

To: All workers hired after 1/1/10

Re: Employment Status

All workers hired after 1/1/2010 will be temporary/seasonal full-time employees. If at some time in the future Brodie Contractors Inc wishes to extend the offer of permanent full-time employment you will receive the offer in writing.

Thank you

Calvin Brodie
President

Sign: _____

Date: _____

Print: _____

* Ask for a copy for you to keep.



Brodie Contractors, Inc.



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