



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

NAME: _____ SOCIAL SECURITY # _____ DATE OF BIRTH: _____
ADDRESS: _____ APT/LOT#: _____ GENDER: MALE/FEMALE
CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____
DRIVERS LICENSE #: _____ MAIN PHONE: _____
ID CARD #: _____ ALT. PHONE: _____
RACE: _____ MARITAL STATUS: _____ U.S. CITIZEN? ☐ YES ☐ NO
DISABILITIES: _____ MILITARY? ☐ YES ☐ NO
KNOWN ALLERGIES: _____ IF YES: ☐ ACTIVE ☐ RESERVE ☐ VETERAN
APPLICANT SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE NUMBER: _____

FOR SUPERVISOR USE ONLY

HIRE DATE: _____ PAY RATE: _____ ☐ FULL TIME ☐ PART TIME ☐ OTHER _____
TITLE/POSITION: _____ CREW: _____
☐ ROW CLEARING ☐ REMOVALS ☐ HOURLY ☐ OTHER: _____
SUPERVISOR SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

WORKERS COMP CODE: _____	<input type="checkbox"/> APPLICATION	<input type="checkbox"/> ID COPIES	<input type="checkbox"/> DRUG SCREEN
CSI CODE: _____	<input type="checkbox"/> W-4	<input type="checkbox"/> I-9	<input type="checkbox"/> DIRECT DEPOSIT
LABOR CODE: _____	<input type="checkbox"/> STATE W/H	<input type="checkbox"/> INSURANCE	<input type="checkbox"/> BACKGROUND CHECK

NEW HIRE CHECKLIST ☐ MVR ☐ SAFETY PPE ISSUED ☐ SAFETY MANUAL SIGNED ☐ INSURANCE PACKET
☐ MS NEW HIRE ☐ EMP. NAV. ☐ QB ☐ INSURANCE ACCEPTANCE/DECLINATION RECEIVED _____

REMARKS: _____
ENTERED BY: _____ DATE ENTERED: _____

EMPLOYEE INFORMATION CHANGE- FOR SUPERVISOR USE ONLY

<input type="checkbox"/> PAY RAISE	<input type="checkbox"/> JOB CHANGE	<input type="checkbox"/> PERSONAL CHANGE	<input type="checkbox"/> TIME OFF
FROM: \$ _____ TO \$ _____	<input type="checkbox"/> TITLE/POSITION	<input type="checkbox"/> NAME	<input type="checkbox"/> BEREAVEMENT
	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> PHONE #	<input type="checkbox"/> PERSONAL LEAVE
ENTERED BY: _____	<input type="checkbox"/> WORK TYPE	<input type="checkbox"/> ADDRESS	<input type="checkbox"/> VACATION
DATE ENTERED: _____	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER

DETAILS: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

EMPLOYMENT AVAILABILITY			
POSITION APPLIED FOR: _____		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OTHER	
DAYS AVAILABLE FOR WORK: SUN / MON / TUE / WED / THU / FRI / SAT			
HOURS AVAILABLE FOR WORK: _____		START DATE: _____ DESIRED WAGE: _____	
HAVE YOU WORKED FOR US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____ POSITION? _____			
REASON FOR LEAVING? _____			
EDUCATION			
HIGH SCHOOL:	DATES ATTENDED:	DEGREE/SUBJECT:	GRADUATED:
COLLEGE/UNIVERSITY:	DATES ATTENDED:	DEGREE/SUBJECT:	GRADUATED:
TRADE SCHOOL:	DATES ATTENDED:	DEGREE/SUBJECT:	GRADUATED:
EMPLOYMENT HISTORY			
COMPANY NAME: _____		SUPERVISOR NAME: _____	
ADDRESS: _____		PHONE NUMBER: _____	
CITY: _____	STATE: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
POSITION: _____		DATES EMPLOYED: _____	
REASON FOR LEAVING: _____			
COMPANY NAME: _____		SUPERVISOR NAME: _____	
ADDRESS: _____		PHONE NUMBER: _____	
CITY: _____	STATE: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
POSITION: _____		DATES EMPLOYED: _____	
REASON FOR LEAVING: _____			
COMPANY NAME: _____		SUPERVISOR NAME: _____	
ADDRESS: _____		PHONE NUMBER: _____	
CITY: _____	STATE: _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
POSITION: _____		DATES EMPLOYED: _____	
REASON FOR LEAVING: _____			
REFERENCES (NO FORMER EMPLOYEES OR RELATIVES)			
NAME: _____		RELATIONSHIP: _____	
PHONE NUMBER: _____		YEARS KNOWN: _____	
NAME: _____		RELATIONSHIP: _____	
PHONE NUMBER: _____		YEARS KNOWN: _____	
NAME: _____		RELATIONSHIP: _____	
PHONE NUMBER: _____		YEARS KNOWN: _____	
APPLICANT NAME: _____			
APPLICANT SIGNATURE: _____		DATE: _____	

ADDITIONAL INFORMATION

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?

☐ YES ☐ NO

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITHOUT REASONABLE ACCOMMODATIONS?

☐ YES ☐ NO

DO YOU USE ILLEGAL DRUGS?

☐ YES ☐ NO

HAVE YOU EVER SERVED IN THE MILITARY?

☐ YES ☐ NO

IF YES, BRANCH: _____

IF YES, RANK AT DISCHARGE: _____

AT WILL EMPLOYMENT AGREEMENT

I acknowledge that employment with the company is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause, as similarly the company may terminate the employment at will at any time, with or without notice or cause so long as there is not violation of applicable Federal or State laws.

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of any such information is grounds for refusal to hire, or if hired, for termination.

In consideration for my employment with the company, I agree to conform to the rules and regulations of the company as set forth in the company employee handbook and acknowledge that these rules may be changed, interpreted, withdrawn, or added to by the employer at any time at the sole option of the company and without any prior notice to me.

I understand that no representative of the company has the authority to enter into any agreement for employment for any specified period of time or to assure any benefits or items and conditions of employment other than those set forth in the company handbook either prior to commencement of employment or after I have become employed.

I understand that the company is a Drug Free Workplace employer and I consent to a drug screen test prior to commencement of employment with the company.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

DIRECT DEPOSIT AUTHORIZATION FORM FOR EMPLOYEES

This form authorizes Looks Great Services of MS, Inc. to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the account to post all such entries. **ACCOUNT HOLDER'S INFORMATION MUST MATCH THE EMPLOYEE'S NAME.**

ACCOUNT #1

ACCOUNT TYPE	<input type="checkbox"/> CHECKINGS	<input type="checkbox"/> SAVINGS
DEPOSIT AMOUNT (\$ OR %)	_____	
BANK NAME	_____	
ACCOUNT NUMBER	_____	
BANK ROUTING NUMBER (ABA#)	_____	

ACCOUNT #2

ACCOUNT TYPE	<input type="checkbox"/> CHECKINGS	<input type="checkbox"/> SAVINGS
DEPOSIT AMOUNT (\$ OR %)	_____	
BANK NAME	_____	
ACCOUNT NUMBER	_____	
BANK ROUTING NUMBER (ABA#)	_____	

PAYSTUBS ARE MADE AVAILABLE ELECTRONICALLY. PLEASE PROVIDE A VALID EMAIL ADDRESS FOR YOUR PAYSTUBS.

EMAIL: _____

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

APPLICANT NAME: _____

APPLICANT SSN: _____

APPLICANT SIGNATURE: _____ DATE: _____

ATTACH A VOIDED CHECK OR OFFICIAL BANK DIRECT DEPOSIT FORM. THIS WILL HELP TO VERIFY YOUR ACCOUNT & ROUTING NUMBERS.

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer.

Attach a voided check for each account here
**ACCOUNT HOLDER'S NAME MUST MATCH
EMPLOYEE'S NAME.**

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Looks Great Services of MS, Inc. hereinafter called the company, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Looks Great Services of MS, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Looks Great Services of MS, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigations of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period and thereafter, my employment relation with the Company is terminable at will for any reason by either party.

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sexual orientation, national origin, citizenship, age, and disability. We assure you that your opportunity for the employment with this Company depends solely on your qualifications.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING

BACKGROUND CONSUMER REPORTS

Important: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, and motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with Looks Great Services of MS, Inc. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the personnel department of Looks Great Services of MS, Inc and within five (5) days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken, based on whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

You hereby authorize, and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Looks Great Services of MS, Inc with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

LOOKS GREAT SERVICES OF MS, INC. DRUG TESTING POLICY

1. EMPLOYEES SUBJECT TO TESTING

Under Looks Great Services of MS, Inc.'s drug and alcohol testing policy, current and prospective employees who work or would work in high-risk or safety-sensitive positions will be asked to submit to drug and alcohol testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. An offer of Looks Great Services of MS, Inc, however, is conditioned on the prospective employee testing negative for drug and alcohol.

2. SAFEGUARDS

Looks Great Services of MS, Inc.'s policy is intended to comply with all state laws governing drug and alcohol testing and is designed to safeguard employee privacy rights to the fullest extent of the law.

3. SELECTION

Not all Looks Great Services of MS, Inc. employees will be asked to submit to drug and alcohol testing.

4. TESTED SUBSTANCES

Looks Great Services of MS, Inc.'s drug and alcohol testing program is limited to testing for blood alcohol, specific drugs and drug types. Any other substances that may be tested using the same method used to test for controlled substances will not be tested and, if found will not be reported.

5. WRITTEN NOTICE

Before being asked to submit to a drug and/or alcohol test, the employee will receive written notice of the request or requirements.

6. LICENSED LABORATORIES

Any drug and/or alcohol testing required or requested by Looks Great Services of MS, Inc. will be conducted by a laboratory licensed by the state. The employee may obtain the name and location of the laboratory that will analyze the employee's test sample by calling the designated laboratory before the employee is scheduled to be tested.

7. NOTICE OF RESULTS

If the employee is asked to submit to a drug and alcohol test, Looks Great Services of MS, Inc. will notify the employee of the result within 48 hours after it receives them from the laboratory. To preserve the confidentiality Looks Great Services of MS, Inc. strives to or maintain, the employee will be notified whether the test was negative or confirmed positive and, if confirmed positive, what's the next step is.

8. POSITIVE TEST RESULTS

If the employee receives notice that the employee's test results were confirmed positive, the employee will be given the opportunity to explain the positive result following the employee's receipt of the test result. In addition, the employee may have the same sample retested at a laboratory of the employee's choice.

APPLICANT INITIALS: _____

DATE: _____

9. ADVERSE EMPLOYMENT ACTION

If there is a reason to suspect that the employee is working while under the influence of an illegal drug or alcohol, the employee will be suspended without pay until the results of a drug and alcohol test are made available to Looks Great Services of MS, Inc. by the testing laboratory. Where drug or alcohol testing is part of a routine physical or random screening, there will be no adverse employment action taken until the test results are in.

10. CONFIDENTIALITY

Looks Great Services of MS, Inc. will make every effort to keep the results of the drug and alcohol test confidential. Only persons with a need to know the results will have access to them. The employee will be asked for the employee's consent before test results are released to anyone else. Be advised, however, that test results may be used in arbitration, administrative hearings and or court cases arising as a result of the employee's drug testing. Also, the result will be sent to federal agencies as required by federal law. If the employee is to be referred to a treatment facility for evaluation, the employee's test results will also be made available to the employee's counselor. The results of drug testing in the workplace will not be used against the employee in any criminal prosecution.

11. COSTS

Looks Great Services of MS, Inc. will pay the cost of any drug and alcohol testing that it requires or requests employees submit to, including retesting to confirmed positive results. Any additional tests that the employee requests will be paid for by the employee.

12. DRUG AND ALCOHOL USE AT WORK PROHIBITED

Looks Great Services of MS, Inc. will not tolerate any use of non-prescribed drugs and alcohol during work hours. If the employee comes to work under the influence of any drug or alcohol or uses drugs or alcohol during work time, the employee will be either sent home without pay or terminated.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

PROHIBITED ACTIVITIES (STANDARDS OF CONDUCT)

Looks Great Services of MS, Inc. wishes to create a work environment that promotes job satisfaction, respect, responsibility, and value for all of our employees, clients, customers, and other stakeholders. Every employee at Looks Great Services of MS, Inc. has a shared responsibility toward improving the quality of the work environment. By agreeing to work at Looks Great Services of MS, Inc. you have agreed to follow the company's rules and to refrain from conduct which is detrimental to our goals. The prohibited conduct that is listed below is not an inclusive list, as the company cannot, with foresight, determine what inappropriate conduct under every circumstance is. Moreover, the company does not limit its right to discipline or discharge employees to the prohibited conduct listed below. Remember that, while we value our employees, the company maintains the right to terminate its employees at any time and for any reason, with or without notice.

Violation of the prohibited conduct set forth below, or any other conduct deemed inappropriate by management, may subject you to disciplinary action, including oral or written warnings, suspension without pay, transfer or possible termination. IF you have any questions about your personal conduct or that of any fellow employee, immediately consult your supervisor for clarification.

The following list contains examples of conduct considered improper which may result in discipline, including termination. Again, note this is not a complete list and understand that other behaviors may also result in discipline.

1. Possessing, using, selling, negotiating the sale of, or being under the influence of alcohol, drugs, or other controlled substances during working hours, on company property (including company vehicles), in company uniform or on company business.
2. Falsification of the hours worked by you or any other employee.
3. Falsification of any other employment related document including, but not limited to, personnel files, employment review documents, intra-company communication, communications with those outside the company, expense records, etc.
4. Theft or destruction of company property or that of visitors, clients, or fellow employees.
5. Possession of potentially hazardous or dangerous property, such as firearms, weapons, chemicals, etc., without prior permission.
6. Fighting with, or harassment of, any fellow employee or customer.
7. Unauthorized or excessive use of company property or property of any visitors, customers, fellow employees, including but not limited to, vehicles, supplies, telephones, mail and computers.
8. Disclosure of company trade secrets or any other confidential or proprietary information of the company its customers or fellow employees.

APPLICANT INITIALS: _____

DATE: _____

9. Insubordination, including but not limited to, refusal to perform a requested or required job task.
10. Failure to follow, or general neglect of, safety rules and procedures.
11. Excessive tardiness or absences.
12. Smoking in non-designated areas.
13. The taking of unauthorized overtime.
14. Solicitation of fellow employees on the company premises.
15. Failure to dress appropriately.
16. Failure to keep your workplace in a neat and sanitary condition.
17. Use of obscene or otherwise inappropriate language or conduct in the workplace.
18. Failure to provide medical authorization for medical absences in excess of two days.
19. Inappropriate horseplay which is either distracting to fellow employees or which could create dangers to others.
20. Criminal activity at, or outside of, the workplace.
21. Off-duty conduct which can affect the company's credibility or reputation.
22. Outside employment which interferes with your ability to perform your job at this company including, but not limited to, that with a competitor of the company.
23. Gambling on company premises.
24. Sleeping or neglect of job duty.
25. Taking unauthorized gratuities in connection with company business.
26. Lending keys to company property to unauthorized persons or allowing duplicate keys to be made.
27. Being away from the work area without prior authorization.

APPLICANT INITIALS: _____

DATE: _____

28. Harassment of, or discrimination against, an employee, customer, or visitor because of that person's race, religion, color, sex, age, disability or national origin.

29. Bad-mouthing or spreading rumors.

Disciplinary Action

As indicated earlier, violation of company policies or procedures may result in disciplinary action, including but not limited to, demotion, transfer, suspension with or without pay, or termination. The company encourages a system of progressive discipline depending on the type of prohibited conduct. The company is not required to engage in progressive discipline and may discipline or terminate an employee where he or she violates the rules of conduct, or where the quality or value of their work fails to meet expectations. Again, our attempt at progressive discipline does not imply a contract with you or that your employment is anything other than on an "at will" basis. This means that both the company and the employee may terminate the employment relationship at any time, for any reason, or no reason at all.

As part of our progressive discipline system, and based on the nature of the employee violation, management will attempt to provide the employee first with a verbal warning, then one or more written warnings, and if the conduct is not sufficiently altered, eventual demotion, transfer, forced leave or termination. Your supervisor will make every effort possible to allow you to respond to any disciplinary action taken. Understand that the company is not obligated to follow any disciplinary or grievance procedure and that you may be disciplined or terminated without going through any procedure.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

POLICY ON SEXUAL HARASSMENT & SEXUAL MISCONDUCT

Purpose

Looks Great Services of MS, Inc (LGS) is committed to providing a work environment in which all people are treated with respect and dignity. LGS strictly prohibits sexual harassment. All employees are expected to help with this effort. The principles outlined in this policy apply to both sexual harassment and other forms of illegal harassment against company employees and associates.

Prohibited Conduct

LGS will not tolerate harassment by anyone, including any supervisor, co-worker, vendor, client or customer, whether in the workplace, at assignments outside the workplace, at LGS-sponsored social functions, or elsewhere.

What is sexual harassment?

Sexual harassment is a form of sex discrimination, which is prohibited under both state and federal law. The term "sexual harassment" means any unwelcome sexual advance, request for sexual favors, or other verbal or physical conduct of a sexual nature.

Examples of Sexual Harassment

Behaviors that may constitute sexual harassment include but are not limited to:

- Demanding sexual favors in exchange for an employment benefit such as a position, promotion or raise;
- Withholding an employment benefit because a request for sexual favors is rejected;
- Unwelcome and persistent behavior such as:
 - Requests for dates, sexual propositions, invitations and flirtations made in person or by means of letters, notes, phone calls or email;
 - Suggestive comments, sexually oriented kidding, teasing, or practical jokes;
 - Verbal expressions of a sexual nature including comments about a person's body, attire, appearance, or sexual activities;
 - Jokes about gender-specific traits, sexually suggestive jokes, innuendoes;
 - Foul or obscene body language or gestures, including leering;
 - Use of sexually suggestive objects, articles, tapes, pictures or other materials that are unrelated to work;
 - Anecdotes, questions or comments about one's own or others sexual activities;
 - Inappropriate touching in the forms of hugs, pinching, shoulder rubs, patting, brushing up against another's body, blocking normal movement, restraining, or otherwise physically interfering with the work of another individual;
 - Display of printed or visual material that is foul, obscene, or offensive;
 - Sending or viewing jokes, pictures, or other information by email or the internet, where the information is sexually-explicit, or where it ridicules a person's sexual orientation.

APPLICANT INITIALS: _____

DATE: _____

Sexual Misconduct

Sexual misconduct is conduct of a sexual nature that is not so serious or pervasive that it rises to the level of sexual harassment, but that is unprofessional and inappropriate for worksites. Behaviors that may constitute sexual harassment include but are not limited to:

- Failure to observe the appropriate boundaries of the supervisor/subordinate relationship;
- Repeatedly engaging in sexually oriented conversations, comments or horseplay, for example, telling jokes or anecdotes of sexual nature in the workplace, even if those present do not object to that conduct;
- Gratuitous use of sexually oriented materials not directly related to the subject matter of work, even if those present do not object to the use of material.

Employee Agreement

I hereby certify that I have read or have had read to me the above stated anti-harassment policy and do agree to its terms. I understand that failure to comply with this policy is grounds for immediate termination from Looks Great Services.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

AGREEMENT FOR REPAYMENT OF HIRING AND TRAINING EXPENSES

In the event the undersigned applicant does not maintain fulltime employment (forty hours / week) through 90 consecutive days after the initial hire or training date, applicant agrees to pay all expenses associated with their hire and training, including but not limited to:

1. Drug Screens
2. Physicals
3. Safety Equipment furnished by Employer
4. Tools furnished by Employer
5. Training Fees (CDL, OSHA, CPR, etc.)
6. Administrative Fees

The undersigned consents to having these costs withheld from their final paycheck upon the termination of their employment for any reason. The undersigned acknowledges this consent is given freely and without coercion or undue influence of any kind.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

PRE-EMPLOYMENT QUESTIONNAIRE

(Field Workers Only)

1. What determines how close a bucket operator can work near a power line?

- A. Safety Equipment
- B. Weather
- C. Voltage
- D. Experience

2. What is needed before you move a chip truck?

- A. Emergency flashers
- B. Spotter
- C. Water
- D. Wheel chocks

3. Always lift with your _____.

4. What personal protection equipment is required for operating a chipper?

5. How much experience do you have with tree work or utility work?

6. What type of cut is used when felling a tree?

Memo: Policy on Operating Motor Vehicles for Looks Great Services

Date: February 10, 2020

To: All Supervisors

Looks Great Services of MS Inc. operates multiple motor vehicles and equipment, many of these are designated Commercial Motor Vehicles. Motor Vehicles that have a weight of under 26,000 pounds GVWR must be operated by a licensed driver who carries either a Class R (Regular) Drivers License, Class E (Regular License), Class C, or Class D Driver's License. These drivers must also possess a current medical card if they are operating any vehicle that has a DOT Number. The Driver's License must be valid, not expired or containing any suspensions or holds. A driver who has a Commercial Drivers License, Class B or A can also operate a motor vehicle for Looks Great Services under 26,000 GVWR.

Motor Vehicles with a GVWR over 26,000 pounds can only be operated by a driver with a valid Commercial Drivers License, either Class A or Class B, NO EXCEPTIONS. These drivers must also possess a current Medical Card and are subject to random DOT drug and alcohol testing.

Any employee of Looks Great Services of MS Inc., who knowingly operates a vehicle owned or leased by Looks Great Services of MS Inc. without a valid driver's license is subject to termination. Furthermore, any employee of Looks Great Services of MS Inc. who operates a Commercial Vehicle over 26,000 GVWR without a valid Commercial Drivers License, Class A or B and a current Medical card is subject to termination.

Any supervisor of Looks Great Services of MS Inc. who instructs an unlicensed driver to operate a vehicle owned or leased by Looks Great Services of MS Inc., will be subject to termination.

Any supervisor who allows a regular Class R or E licensed driver to operate a 26,000 GVWR vehicle for Looks Great Services of MS Inc., will be subject to termination.

All employees of Looks Great Services of MS Inc. must sign this form agreeing to and understanding this policy and all procedures implemented to carry out this policy.

I have read and fully understand the policy and procedures pertaining to Operating Motor Vehicles for Looks Great Services of MS Inc. I further understand that if I violate this policy that I will be subject to disciplinary action including termination from the company.

Printed Name

Signed

Date



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)						
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State					
ZIP Code			Date of Birth (mm/dd/yyyy)		U.S. Social Security Number						
Employee's Email Address			Employee's Telephone Number								
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>											
<p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)</p> <p>If you check Item Number 4., enter one of these:</p> <table border="1"><tr><td>USCIS A-Number</td><td>OR</td><td>Form I-94 Admission Number</td><td>OR</td><td>Foreign Passport Number and Country of Issuance</td></tr></table>							USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance							
Signature of Employee					Today's Date (mm/dd/yyyy)						

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A	OR	List B	AND	List C	
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.				First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

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) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole 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 		<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, sex, 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, sex, 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 For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-top: 10px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
--	--	--

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

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.

OMB No. 1545-0074

2025**Step 1:****Enter
Personal
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

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.(c) ☐ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ 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.)

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

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 the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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
Dependent
and Other
Credits**

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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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
employmentEmployer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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 2025 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: $\left\{ \begin{array}{l} \bullet \$30,000 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$22,500 \text{ if you're head of household} \\ \bullet \$15,000 \text{ if you're single or married filing separately} \end{array} \right\}$ **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 territories 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name _____ SSN _____

Employee's Residence _____

Number and Street _____ City or Town _____ State _____ Zip Code _____

CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION

	Marital Status	Personal Exemption Allowed	Amount Claimed
EMPLOYEE: File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.	1. Single	Enter \$6,000 as exemption ▶	\$
	2. Marital Status (Check One)	(a) Spouse NOT employed: Enter \$12,000 ▶	\$
		(b) Spouse IS employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below. ▶	\$
	3. Head of Family	Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d) below ▶	\$
EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.	4. Dependents Number Claimed 	You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. * A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed... ▶	\$
	5. Age and blindness	• Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single • Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply the number of blocks checked by \$1,500. Enter the amount claimed ▶ * Note: No exemption allowed for age or blindness for dependents.	\$
	6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5... ▶		\$
	7. Additional dollar amount of withholding per pay period if agreed to by your employer ▶		\$
Military Spouses Residency Relief Act Exemption from Mississippi Withholding	8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim... ▶		

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: _____ Date: _____

INSTRUCTIONS

1. The personal exemptions allowed:

- | | | | |
|-----------------------------------|----------|---------------------|---------|
| (a) Single Individuals | \$6,000 | (d) Dependents | \$1,500 |
| (b) Married Individuals (Jointly) | \$12,000 | (e) Age 65 and Over | \$1,500 |
| (c) Head of family | \$9,500 | (f) Blindness | \$1,500 |

2. Claiming personal exemptions:

- (a) Single Individuals enter \$6,000 on Line 1.
- (b) Married individuals are allowed a joint exemption of \$12,000.
If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500, or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).
- (c) Head of Family
A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).
- (d) An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but

should not include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1, or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.

- (e) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the age of 65 before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.
- (f) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are blind. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.

3. Total Exemption Claimed:

Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.

4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.

5. PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION.

6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.

To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.



NORTHWESTERN MUTUAL PRIVATE CLIENT GROUP

Looks Great Services of MS 401(k)

Tauzin Wealth Management

ESSENTIAL ELEMENTS OF YOUR FINANCIAL PLAN

PROTECTING
YOUR FAMILY

BUSINESS
PLANNING

INVESTMENT
PORTFOLIO
MANAGEMENT

LEGACY
& CHARITABLE
STRATEGIES

TAX-EFFICIENT
PLANNING

ADVISOR
COORDINATION

RETIREMENT
DISTRIBUTION
PLANNING

EXECUTIVE
COMPENSATION
PLANNING



Looks Great Services 401(k)

Eligibility is 6 months of service. Employees enter the plan on the first day of the quarter following their 6 month anniversary.

Matching: 100% match, up to 3% of contributions, 50% match on the next 2% of contributions.
- If you put in 4%, you'll receive a 3.5% match, if you put in 5%, you'll get 4% matched

No minimum hours. Part time are not excluded. As long as they are employed for 6 consecutive months, they can participate.

Max contribution for 2023 & 2024: \$22,500 if 50 or below, over 50 can put in an additional

Enrollment – choose deferral amount, choose investment option, choose beneficiary

Here are a few more reasons why you shouldn't wait:

- **You may need more money in retirement than you think.** People are living longer. In fact, your nest egg may need to last 30 years or more.
- **You may not be able to count on Social Security.** To maintain the lifestyle you're used to, you may need more

retirement income than Social Security alone will provide.

- **Your living costs may keep going up.** Inflation averages about 3% every year—meaning the cost of everything is likely to keep rising.

Taking a step—like enrolling in the MEDICO 401(K) RETIREMENT PLAN—can help you start saving the money you'll need to enjoy the future you want.

Compounding: Another reason to save now.

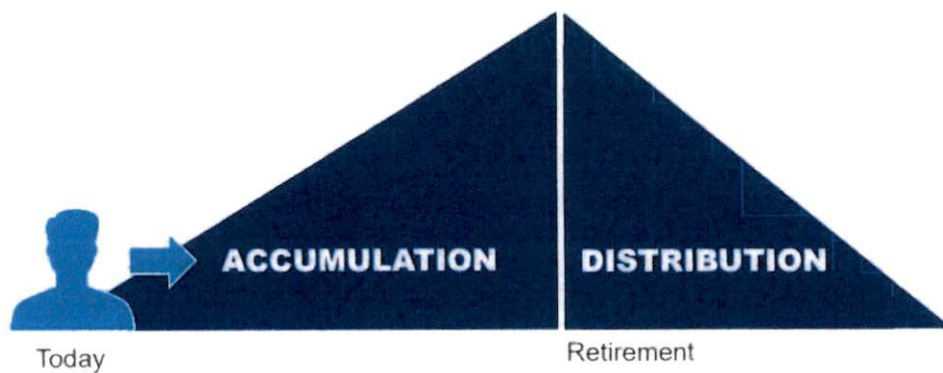
When you invest through the plan, any earnings are put right back into your account. The longer your money stays invested, the more it can potentially earn through compounding—so it's important to start now. Saving even a small amount in the plan can make a difference. Consider this example:



Employee Education

How Retirement Savings Work

YOUR SAVINGS TODAY BECOMES YOUR INCOME IN RETIREMENT.



T. Rowe Price PPT Website

Now's the time to enroll.

GO TO [RPS.TROWEPRICE.COM](https://rps.troweprice.com) TO TAKE THESE STEPS.

Remember, it doesn't take much time or money to get started in your retirement plan. Just take these steps:

- Decide how much you'd like to save each pay period.
- Select how much you want to contribute.
- Choose your investments.

Also, be sure to verify your preferred email address and name your beneficiary. You can do this online at rps.troweprice.com *

*If online enrollment and/or beneficiary updates are not offered in your plan, you can download the required forms at rps.troweprice.com.



YOUR RETIREMENT PLAN WEBSITE

rps.troweprice.com



DEDICATED REPRESENTATIVES

1-800-354-2351



MOBILE SOLUTIONS

Connect to your account on any device. Visit troweprice.com/mobilesolutions to choose the option that's best for you.

Investment Options

Performance data quoted represents past performance and is not a reliable indicator of future performance. Investment return and principal value will fluctuate so that an investor's shares, when redeemed, may be worth more or less than their original cost. Current performance may be lower or higher than the performance data quoted. To obtain the most recent month-end performance, visit <http://froweprice.com>. Consider the investment objectives, risks, and charges and expenses carefully before investing. For a prospectus or, if available, a summary prospectus containing this and other information, call 800-541-5803. Read it carefully.

		CUMULATIVE RETURN			ANNUALIZED RETURN					
Ticker		7 DAY Yield 10/04/2022	YTD as of 09/30/2022	1 Year as of 09/30/2022	3 Year as of 09/30/2022	5 Year as of 09/30/2022	10 Year as of 09/30/2022	Since Inception as of 09/30/2022	Inception Date	Gross Expense Ratio
Age-based Investment										
T. Rowe Price Retirement Blend 2005	TBLPX	-	-17.18	-18.14	0.00	0.00	0.00	-13.65	07/26/2021	0.34
CUSTOM BENCHMARK - RETIREMENT 2005 FUND		-	-17.66	-15.04	1.04	2.89	4.25	4.65	-	-
S&P TARGET DATE RETIREMENT INCOME		-	-15.00	-13.31	0.06	1.88	3.23	3.90	-	-
T. Rowe Price Retirement Blend 2010	TBLQX	-	-17.34	-18.62	0.00	0.00	0.00	-14.14	07/26/2021	0.34
CUSTOM BENCHMARK - RETIREMENT 2010 FUND		-	-18.26	-15.43	1.38	2.97	4.73	6.09	-	-
S&P TARGET DATE 2010 INDEX		-	-15.66	-13.60	0.71	2.33	3.99	4.08	-	-
T. Rowe Price Retirement Blend 2015	TBL5X	-	-18.42	-16.03	0.00	0.00	0.00	-14.58	07/26/2021	0.35
CUSTOM BENCHMARK - RETIREMENT 2015 FUND		-	-18.75	-15.78	1.72	3.29	5.39	5.33	-	-
S&P TARGET DATE 2015 INDEX		-	-16.50	-13.95	1.05	2.61	4.65	4.34	-	-
T. Rowe Price Retirement Blend 2020	TBSAX	-	-19.06	-16.46	0.00	0.00	0.00	-14.93	07/26/2021	0.37
CUSTOM BENCHMARK - RETIREMENT 2020 FUND		-	-19.30	-16.13	2.10	3.71	6.08	7.01	-	-
S&P TARGET DATE 2020 INDEX		-	-17.57	-14.75	0.98	2.64	5.11	4.49	-	-
T. Rowe Price Retirement Blend 2025	TBLVX	-	-20.34	-17.43	0.00	0.00	0.00	-15.91	07/26/2021	0.38
CUSTOM BENCHMARK - RETIREMENT 2025 FUND		-	-20.47	-16.92	2.78	4.18	6.74	6.04	-	-
S&P TARGET DATE 2025 INDEX		-	-18.31	-15.16	1.82	3.24	5.80	4.78	-	-
T. Rowe Price Retirement Blend 2030	TBLWX	-	-22.10	-18.54	0.00	0.00	0.00	-17.20	07/26/2021	0.40
CUSTOM BENCHMARK - RETIREMENT 2030 FUND		-	-22.07	-18.03	3.17	4.52	7.27	7.82	-	-
S&P TARGET DATE 2030 INDEX		-	-19.79	-16.23	2.26	3.58	6.34	4.94	-	-
T. Rowe Price Retirement Blend 2035	TBLYX	-	-23.34	-19.31	0.00	0.00	0.00	-17.47	07/26/2021	0.41
CUSTOM BENCHMARK - RETIREMENT 2035 FUND		-	-23.34	-18.87	3.60	4.85	7.70	6.53	-	-
S&P TARGET DATE 2035 INDEX		-	-21.51	-17.42	2.75	3.92	6.83	5.11	-	-
T. Rowe Price Retirement Blend 2040	TBRLX	-	-24.56	-20.52	0.00	0.00	0.00	-18.87	07/26/2021	0.41
CUSTOM BENCHMARK - RETIREMENT 2040 FUND		-	-24.27	-19.40	4.04	5.17	8.04	8.18	-	-
S&P TARGET DATE 2040 INDEX		-	-22.65	-18.21	3.08	4.16	7.18	5.24	-	-

Who are my advisors?



Kasey Morrissey: 601-914-9171 kasey.l.morrissey@nm.com



Hayden Scoville: 601-914-2110 hayden.scoville@nm.com

We assist with new employee enrollment, rollovers into the plan, provide ongoing investment advice, answer questions about contributions limits, discuss investment options, etc

Substance Abuse Policy

It is the policy of Looks Great Services that its employees are free from alcohol and controlled substances to maintain a safe and healthy work environment. Being fit for duty is a condition of employment for each employee. To that end, our drug/alcohol free workplace program includes drug and alcohol testing, education, training, prevention, and intervention.

Purpose

The purpose of these work rules is as follows:

- To establish and maintain a safe, healthy working environment for all employees.
- To reduce the possibility of accidental injury to persons or property.
- To reduce absenteeism, tardiness, and indifferent job performance.
- To follow all applicable state, federal, and local requirements, including federal Department of Transportation regulations governing drivers of commercial motor vehicles.

In addition, the following rules apply:

Looks Great Services will not hire individuals who test positive for alcohol or illegally used controlled substances.

Employees may not use, possess, sell, manufacture or distribute illegal drugs while performing Company business, while in a Company-owned vehicle or while on Company property.

Employees are prohibited from using, possessing or selling alcohol or products that contain alcohol while performing Company business, while in a Company-owned vehicle or while on Company property.

The Company reserves the right to inspect Company vehicles and/or property at any time and for any reason, whether locked or otherwise, and to inspect personal property while located in a Company vehicle or on Company property, or at any site where employees may be sent on Company business.

Employees who are convicted of a drug-related offense would be considered in violation of this policy. In addition, employees who are convicted of a drug-related offense or a felony alcohol offense must report such convictions to their supervisor within five days of the conviction.

The Company reserves the right to terminate or reassign an employee whose use of prescription medication directly affects the employee's ability to perform the essential functions of the job or poses a safety risk to the individual or others.

Sharing prescription drugs is in violation of both our Company policy and Federal law. Only the person to whom a drug is prescribed is allowed to take that drug. Employees who share their own prescription, take another person's prescription, and/or test positive for a prescription drug and who cannot validate that prescription for that drug will be considered in violation of this policy.

Individuals found to be in violation of this policy will be subject to disciplinary action up to and including possible termination of employment, even for a first offense.

Testing Circumstances: When will the company test employees

1. Pre-employment. Our company will conduct a drug test of all applicants after the applicants' receive a conditional offer of employment. Our company employment applications shall include a notification that our company will perform pre-employment drug testing. Our company will not test applicants for the presence of alcohol. Failure to submit to pre-employment testing will be grounds to deny the applicant employment. Test results must be returned negative to be determined acceptable for employment. If an applicant tests positive, the conditional offer of employment shall be withdrawn, and the applicant may reapply for employment after one year.

2. Random. A monthly urinalysis is a valid and reliable deterrent measure and means of inspecting personnel to assess company's readiness. Safety Department shall utilize the "DTMS" drug testing software to establish an aggressive compulsory illicit drug use testing program, ensuring systematic screening of all employees annually, regardless of position, for the presence of drugs. Additionally, Looks Great Services will direct testing at least ten percent of their population monthly under the random selection premise code. No employee shall be excluded from current testing, regardless of proximity of previous testing. Total leadership effort with full participation of all Supervisor, General Foreman, and employees' is required to effectively counter drug abuse.

a. Testing shall not be conducted:

(i) On a predictable schedule.

(ii) On a specific day each month.

2. Reasonable-suspicion testing - Our company will conduct a drug and alcohol test when reasonable cause exists to suspect an employee has reported to work impaired or has used alcohol or other drugs while on company property. Reasonable cause shall be determined by a supervisor and were based upon visual observation.

A supervisor shall be deemed to have reasonable cause to order a drug and alcohol test when an employee exhibits excessive absenteeism, tardiness, or unacceptable work performance.

A supervisor shall be deemed to have reasonable cause to order a drug and alcohol test if an employee is found to possess drugs, alcohol, or drug paraphernalia or when such alcohol or drugs are found in an area controlled or used by the employee, including, but not limited to the employee's desk, locker, etc.

An employee undergoing a test under this subsection will be suspended immediately pending the outcome of the tests.

3. Post-accident drug testing- is used to promote a safe and healthy work environment by evaluating the root cause of workplace incidents that have harmed or could harm employees. All employees whose conduct could have contributed to the incident are subject to testing. Testing must be done as soon as possible but no later than 32 hours for drug testing or 8 hours for alcohol testing.

Our company will also conduct a drug and alcohol test whenever a driver of a commercial motor vehicle receives a traffic citation for a moving violation.

4. An employee's refusal to submit to a drug or alcohol test is generally equivalent to testing positive to a drug or alcohol test. The employee must immediately be removed from performing safety-sensitive functions

Looks Great Services

Drug-free Workplace Policy

The goal of Looks Great Services Drug-free Workplace policy is to balance our respect for individuals with the need to maintain a safe, productive and Drug-Free environment. The intent of this policy is to offer a helping hand to those who need it while sending a clear message that illegal drug use and alcohol abuse are incompatible with working Looks Great Services.

All employees are expected to understand and actively participate in this program. Looks Great Services encourages its employees to take a proactive approach in identifying potential problems or violations by promptly reporting them to their supervisor. It is the employee's responsibility to be aware of the following violations:

1. It is a violation of our policy for any employees to possess, sell, trade, or offer for sale illegal drugs or otherwise engage in the use of illegal drugs or alcohol on the job.
2. It is a violation of our policy for anyone to report to work under the influence of illegal drugs or alcohol--that is, with illegal drugs or alcohol in his/her body.
3. It is a violation of our policy for anyone to use prescription drugs illegally. It is not a violation of our policy for an employee to use legally prescribed medications, but the employee should notify his/her supervisor if the prescribed medication will affect the employee's ability to perform his/her job.
4. Violations of this policy are subject to disciplinary action ranging from a letter of reprimand to suspension from work without pay, up to and including dismissal.

If you have any uncertainty regarding the content of this policy, you are required to consult your supervisor. This should be done prior to signing and agreeing to the Looks Great Services Drug-free Workplace Policy.

I have read and understand Looks Great Services' Drug-free Workplace Policy, and its requirements and expectations of me as an employee.

Employee Signature: _____

Date: _____