



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>					
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State				
Date of Birth <i>(mm/dd/yyyy)</i>		U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> </tr> </table>								

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		
Address <i>(Street Number and Name)</i>		City or Town	State	ZIP Code





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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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	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) 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 	OR	<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 <li style="text-align: center;">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 	AND	<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

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

K-4

(Rev. 8-15)

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, call the Kansas Department of Revenue at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much *Kansas* income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to re-figure your withholding each year.

Exemption from Kansas withholding: To qualify for exempt status you must verify with the Kansas Department of Revenue that: **1)** last year you had the right to a refund of all STATE income tax

withheld because you had no tax liability; and **2)** this year you will receive a full refund of all STATE income tax withheld because you will have no tax liability.

Basic Instructions: If you are not exempt, complete the **Personal Allowance Worksheet** that follows. The total on line F should not exceed the total exemptions you claim under "Exemptions and Dependents" on your Kansas income tax return.

NOTE: *Your status of "Single" or "Joint" may differ from your status claimed on your federal Form W-4).*

Using the information from your **Personal Allowance Worksheet**, complete the **K-4** form below, sign it and provide it to your employer. If your employer does not

receive a K-4 form from you, they must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

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 cost of keeping up a home for yourself and for your dependent(s).**

Non-wage income: If you have a large amount of non-wage Kansas source income, such as interest or dividends, consider making Kansas estimated tax payments on Form K-40ES. Without these payments, you may owe additional Kansas tax when you file your state income tax return.

Personal Allowance Worksheet (Keep for your records)

- A** Allowance Rate: If you are a single filer mark "Single"
If you are married and your spouse has income mark "Single"
If you are married and your spouse does not work mark "Joint" **A** Single
 Joint
- B** Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld)..... **B** _____
- C** Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld)..... **C** _____
- D** Enter "2" if you will file head of household on your tax return (see conditions under *Head of household* above) **D** _____
- E** Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4. **E** _____
- F** **Add lines B through E** and enter the total here **F** _____

▼ **Cut here and give the lower portion to your employer. Keep the top portion for your records.**

K-4

(Rev. 9-12)

Kansas Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the Kansas Department of Revenue. Your employer may be required to send a copy of this form to the Department of Revenue.

1 Print your First Name and Middle Initial	Last Name	2 Social Security Number
Mailing Address		3 Allowance Rate Mark the allowance rate selected in line A above. <input type="checkbox"/> Single <input type="checkbox"/> Joint
City or Town, State and Zip Code		
4 Total number of allowances you are claiming (from line F above)	4	
5 Enter any additional amount you want withheld from each paycheck (this is optional)	5	\$
6 I claim exemption from withholding. (You must meet the conditions explained in the "Exemption from withholding" instructions above.) If you meet the conditions above, write "Exempt" on this line..... Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.	6	
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.		
SIGN HERE ►		DATE
7 Employer's name and address		8 EIN (Employer ID Number)



Missouri Department of Revenue
Employee's Withholding Allowance Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Full Name	Social Security Number	Filing Status Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household <input type="checkbox"/>	
Home Address (Number and Street or Rural Route)	City or Town	State	ZIP Code

Employee

1. Allowance For Yourself: Enter 1 for yourself if your filing status is single, married, or head of household.....	1	
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter 0. If no, enter 1 for your spouse . . .	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4.....	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.	4	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here.....	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here.....	6	\$
7. Exempt Status: If you had a right to a refund of all of your Missouri income tax withheld last year because you had no tax liability and this year you expect a refund of all Missouri income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below.	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability, write "Exempt" on line 8. See information below.	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9	9	

Signature

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY) ____/____/____
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Employer

Employer's Name Max Rieke & Brothers, Inc.	Employer's Address 15400 Midland Drive		
City Shawnee	State KS	ZIP Code 66217	
Date Services for Pay First Performed by Employee (MM/DD/YYYY) ____/____/____	Federal Employer I.D. Number 4 8 0 7 8 3 9 1 9	Missouri Tax Identification Number 1 2 4 2 4 4 1 2	

Notice To Employer: Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079.

Employee Information - You Do Not Pay Missouri Income Tax on all of the Income You Earn!

Visit <http://www.dort.mo.gov/tax/calculators/withhold/> to try our online withholding calculator.

Form MO W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Missouri when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual income tax return.

Single	Married Filing Combined	Head of Household
\$2,100 - personal exemption	\$ 4,200 - personal exemption	\$ 3,500 - personal exemption
\$6,500 - standard deduction	\$13,000 - standard deduction	\$ 9,550 - standard deduction
\$8,600 - Total	\$17,200 - Combined Total (For both spouses)	\$13,050 - Total
+ \$1,200 for each dependent	+ \$1,200 for each dependent	+ \$1,200 for each dependent
+ up to \$5,000 for federal tax	+ up to \$10,000 for federal tax	+ up to \$5,000 for federal tax

Items to Remember:

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form MO W-4. If both spouses claim the dependents as an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.

Mail to: Taxation Division
 P.O. Box 3340
 Jefferson City, MO 65105-3340

Phone: (573) 751-8750
Fax: (573) 526-8079

Visit <http://dss.mo.gov/child-support/employers/new-hire-reporting.htm>
 for additional information regarding new hire reporting.

Max Rieke & Brothers, Inc.
15400 Midland Drive / Shawnee, KS 66217
913 631 7111 / 913 631 0484 FAX

POLICY FOR USE OF CELL PHONES

The use of cellular telephones on the job can provide effective communication in situations when alternative methods are not readily available. The Company may at times choose to communicate with an employee by cell phone, and we recognize that there may be occasions when the personal use of the cell phone by employees may also be appropriate. Excessive or inappropriate use of cell phones, however, can be a source of distraction and contribute or cause accidents. As a continuation of Max Rieke & Brothers' policies designed to create a safe work environment for all employees, the following policy is implemented effective immediately:

Employees are prohibited from using cellular telephones under conditions that impair the safety of the employee and of the work environment. Use of a cell phone while operating equipment should be avoided, with due diligence utilized to suspend operation of the equipment while using a cell phone. Use of a cell phone while conducting a work activity is to be restricted to necessary personal or business calls, and employees are expected to exercise good judgment in determining which calls are necessary. Should a superintendent or supervisor determine, in his or her judgment, that use of the cellular telephone is excessive or inappropriate, the superintendent/supervisor may at his or her discretion, restrict or suspend an employees use of a cell phone while on the job site.

Max Rieke & Brothers appreciates the cooperation of all employees in helping us to create a safer work environment.

EMPLOYEE ACKNOWLEDGMENT:

I acknowledge that I have read and understand the above policy regarding use of cell phones and/or other wireless communication devices.

Print your name

Signature

Date

COMPANY POLICY

(Rules & Regulations)

1. All trucks should be refueled at the end of the day. Any mechanical problems with equipment or trucks should be reported to supervisors, shop or office.
2. All employees should check tires, water, lubricants, fuel, lights, etc. before they start their vehicle and leave the shop. Failure to do so will result in no pay until the problem is fixed.
3. Drivers should check trucks to see if beds raise and gates open before leaving shop.
4. Pre trip books are to be filled out morning and night, please put ending mileage in book. If there are any minor problems, please see mechanics before entering it into books.
5. Please keep your equipment and trucks cleaned out, especially in winter months because materials will freeze in beds and trucks.
6. We ask that you drain your air tanks and plug in trucks in the winter to prevent airlines from freezing and ease of starting.
7. Equipment and trucks have oil change stickers in cabs, please notify shop or office when they are getting close to due date.
8. Report all accidents to office or supervisor. If police are involved, get as much information as possible and a police report to turn into the office.
9. It is very important if you are injured on the job to let the office or supervisor know IMMEDIATELY.
10. We ask that if you are injured you let us refer you to our company doctors for insurance reasons.
11. In the event of an accident, there will be a post accident drug and alcohol test done. It must be done within a certain time frame. Refusal to take the test could result in immediate termination.
12. All personnel are assigned to daily assignments. Supervisors and the office have their reasons for putting the personnel where they feel they are best suited.
13. If we want to find someone to come into work and can not find them (on the first call), we will go down the list and find someone else. Messages left on recorders or left with someone does not guarantee that you will work. It is your responsibility to verify it.
14. We will bypass some employees on seniority list because of license exemptions or experience on equipment.
15. Employees that need to take off work should get it verified from supervisor or office with 2-3 day notice. Unless it is an emergency.
16. If we need to work Saturdays, we expect everyone to be available for work. If you need off, give office or supervisor advance notice.
17. If supervisors or office put you on a piece of equipment or truck you are not familiar with or do not have a proper license for, please let office or supervisor know immediately.
18. All trucks have tarpers on them. If you receive a ticket for not tarping, it is yours to pay.
19. We ask that if the roads or dumps get into bad condition, notify the supervisor or office immediately.
20. There will be NO riders on equipment or in trucks.
21. With the exception of an emergency, we WILL NOT accept personal phone calls, take messages, or get a hold of you in the field
22. Employees park in parking lot on west side of the shop.
23. MRB does direct deposit on all employees. All time cards need to be turned in or phoned in by 9:00 a.m. Monday morning (with the exception of Holidays). The job(s) worked and equipment numbers must be put on time cards. Not adhering to this will result in not receiving a paycheck until the timecard is delivered to the office by the employee.
24. Rules are subject to change or update.

EMPLOYEE KEEPS

Please read the following pages which consist of **The Company Policy** (rules and regulations) for Max Rieke & Brothers, Inc. After doing so, fill out this form and return it to the office. Keep the pages with the rules and regulations.

I, _____ did receive a copy of the Company Policy
(rules and regulations) on _____, 20_____.
(Print Your Name) Date

Please read the policy and if you have any questions, feel free to contact the office.

Home Phone #: _____ e-mail: _____

Cell #: _____

IN CASE OF EMERGENCY:

Contact #1: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Contact #2: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Employee's Signature

MAX RIEKE & BROTHERS, INC.

15400 Midland Drive
Shawnee, KS 66236-0227
Ph: 913-631-7111
Fax: 913-631-0434

EEO POLICY

It is the policy of this company to assure that applicants are employed, and that employees are treated, during employment, without regard to race, religion, sex, color, national origin, ancestry or age. Such action shall include, but is not limited to, employment, upgrading, demotion, transfer, rate of pay, other forms of compensation, training, including apprenticeship, or on the job training.

Any one who believes they have been discriminated against should report this fact promptly to the company EEO Officer.

The EEO Officer is Derrick Rieke. He can be reached at:

15400 Midland Drive
Shawnee, Kansas 66217
913-631-7111 – Business
913-915-7096 – Cell



EEO Officer

EMPLOYEE KEEPS

PLEASE FILL OUT THIS FORM AND RETURN IT WITH YOUR W-4.

KEEP THE EEO POLICY.

THANK YOU

I, _____ did receive a copy
(Print Your Name)
of the company EEO Policy on _____, 20____.
(Date)

Please read the policy and if you have any questions or complaints, feel free to contact Derrick Rieke, our EEO Officer.

Employee's Signature

***OPTIONAL:**

*RACE: _____

*SEX: _____

Smoking Policy

The City of Shawnee has passed an ordinance effective January 2, 2008 prohibiting smoking within all enclosed places of employment within the City. The prohibition includes motor vehicles used in the course of business. In order to comply with the City's Ordinance and in reviewing the best interests of the Company and its employees, Max Rieke and Brothers has adopted the following policy to apply to all employees, effective January 2, 2008.

The Company prohibits smoking within all confined work spaces, including Company buildings, work structures, and any temporary structure used in the course of business. Additionally, the Company discourages smoking within Company vehicles and equipment. An employee who chooses to smoke and who incurs a fine for violation of any city, county, or state ordinance will be responsible for the payment of that fine. Any fine incurred by the Company due to the violation of the ordinance by an employee will be assessed to the employee. Signing an acknowledgement of this policy authorizes the Company to exercise a payroll deduction, if necessary, in an amount equal to the fine(s).

In an effort to accommodate employees and guests who prefer a smoke free environment, the Company prohibits smoking within 20 feet of any entrance, including garage doors, to any Company facility, or where posted.

Please print your name above:

Please sign your name above:

Date:

**DRUG-FREE WORKPLACE POLICY
PURSUANT TO THE
FEDERAL DRUG-FREE WORKPLACE ACT
41 U.S.C. 701 et seq.**

PROHIBITED CONDUCT

It shall be a violation of Max Rieke & Brothers, Inc.'s, Drug-Free Workplace Policy for any employee to engage in any of the following activities:

1. Max Rieke & Brothers employees shall not use, possess, manufacture, distribute, dispense or sell any illegal drugs on company property, in company supplied vehicles, on company projects or jobsites or while on company business.
2. Max Rieke & Brothers employees shall not keep or store any illegal drugs on company property, including any locker, desk, or other repository, in company supplied vehicles or equipment or on company projects or jobsites.
3. Max Rieke & Brothers employees shall not use, possess, manufacture, distribute, dispense or sell any unauthorized controlled substances on company property, in company supplied vehicles, on company projects or jobsites or while on company business.
4. Max Rieke & Brothers employees shall not keep or store any unauthorized controlled substances on company property, including any locker, desk, or other repository, in company supplied vehicles or equipment or on company projects or jobsites.
5. Max Rieke & Brothers employees shall not be under the influence of any unauthorized controlled substances, illegal drugs or alcohol while on company property, in company supplied vehicles, on company projects or jobsites or while on company business.
6. Max Rieke & Brothers employees shall not use any unauthorized controlled substances, illegal drugs or alcohol off of company property, projects or jobsites that might adversely affect that employees individual work performance or that might compromise the safety of that individual employee or the safety of other employees at work.
7. Max Rieke & Brothers employees shall notify the company within 5 days of any conviction under any local, state or federal criminal drug statute or ordinance for a violation occurring in the workplace.

8. Max Rieke & Brothers employees shall sign a statement agreeing to abide by the company's Drug-Free Workplace Policy.
9. A positive test result for any unauthorized controlled substances, illegal drugs or alcohol.
10. Refusal to submit to and complete a breath, blood, urine or saliva test for the detection of unauthorized controlled substances, illegal drugs or alcohol, at the request of the company.

EFFECT OF VIOLATION

A violation of Max Rieke & Brothers Drug-Free Workplace Policy shall result in the employee being immediately terminated. The employee may, however, be eligible for reinstatement upon enrolling in and successfully completing a drug and alcohol treatment program as outlined in the Employee Assistance Consent Form.

Any Max Rieke & Brothers employee who refuses to submit to and complete a breath, blood, urine or saliva test for the detection of alcohol, drugs or unauthorized controlled substances, at the request of the company, shall be immediately fired without the possibility of being rehired.

AUTHORIZED USE OF PRESCRIPTION MEDICINE

Any Max Rieke & Brothers employee who is undergoing prescribed medical treatment with any drug which may alter his or her physical or mental ability must have a signed statement by the prescribing physician that the prescription will not adversely effect the employees specific work tasks, his or her safety or the safety of others in the workplace.

CONDITIONS OF EMPLOYMENT

As a condition of employment with Max Rieke & Brothers, Inc., each employee must:

1. Comply with Max Rieke & Brothers, Inc.'s, Drug-Free Workplace Policy, and
2. Notify Max Rieke & Brothers, Inc., of any conviction under any local, state or federal criminal drug statute or ordinance for a violation committed in the workplace within 5 days of the conviction.

EMPLOYEE KEEPS

**DRUG-FREE WORKPLACE POLICY
PURSUANT TO THE
FEDERAL DRUG-FREE WORKPLACE ACT
41 U.S.C. 701 et seq.**

**** Read, Sign And Return This Portion Of the Policy To The Office****

I hereby certify that I have received a copy of Max Rieke & Brothers, Inc., Drug-Free Workplace Policy.

My signature acknowledges that I have read the Drug-Free Workplace Policy, and that I understand and agree to abide by the terms and conditions as stated in the Policy.

I understand that by signing this agreement I hereby consent to random testing of my breath, blood, urine, or saliva, at the discretion of the company, for the detection of alcohol, illegal drugs or unauthorized controlled substances, pursuant to the Federal Drug-Free Workplace Act, 41 U.S.C. 701 et seq.

I understand that I will be immediately fired for refusing to submit to and complete a test for the detection of alcohol, illegal drugs or unauthorized controlled substances, at the request of the company.

I agree to notify Max Rieke & Brothers, Inc., of any conviction under any local, state or federal criminal drug statute or ordinance for a violation committed in the workplace within 5 days of the conviction.

I understand that any violation of the company's Drug-Free Workplace Policy will result in my immediate termination with the possibility of reinstatement in accordance with the Employee Assistance Consent Form.

Thank you for your assistance in making our company a safer place to work.

EMPLOYEE NAME: _____
(Print)

SIGNATURE: _____

DATE: _____

EMPLOYEE #: _____

TO: ALL EMPLOYEES

Vets-100 Employment Survey

The Federal Contractor Veterans' Employment Report (VETS-100) program is intended to assist the Department of Labor in determining whether special disabled and Vietnam-era veterans benefit from affirmative action in obtaining and advancing in employment. The information on this survey is voluntarily provided and will be kept confidential. Disclosure or refusal to provide the information will not subject the applicant or employee to any adverse treatment and the information will be used only in support of veteran's programs in accordance with the regulations implementing 38 U.S.C. 4212.

PLEASE CHECK ANY OR ALL OF THE FOLLOWING THAT APPLY TO YOU.

SPECIAL DISABLED VETERAN

- 1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability.
 - a) Rated at 30% or more, or
 - b) Rated at 10 or 20% in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C., to have a serious employment handicap: or
- 2) A person who was discharged or released from active duty because of service connected disability.

VETERAN OF THE VIETNAM-ERA

Any person who served more than 180 days of active military, naval, or air service, any part of which was during the period August 5, 1964, through May 7, 1975: and

- 1) Was discharged or released therefrom with other than a dishonorable discharge, or
- 2) Was discharged or released from active duty because of a service connected disability.

DOES NOT APPLY

EMPLOYEE NAME: _____
(Print)

SUPERVISOR: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

DATE: _____

To: All Employees
From: Derrick Rieke
Date: February 22, 2006
Re: Direct Deposit of Payroll Checks

On February 17, 2006, a survey was conducted of employees and their opinions of our company offering Direct Deposit. We received 115 surveys back and of those surveys, 65 people (57%) said they would take advantage of it. Therefore, as an additional benefit to our employees we have decided to offer this service.

As listed on the survey, here are some of the benefits of using direct deposit. Your paycheck will be deposited directly to an account of your choice and will be available for use when your financial institute opens Wednesday morning. You will not have to go to the bank to make a deposit and you will not have to pay a check-cashing fee. You do not have to be present at work (due to illness or weather) to receive your paycheck. You will still receive a paycheck stub showing your earnings and deductions from your supervisor. There is no cost to employees to enroll in this feature. (Your Bank's standard deposit and withdrawal fees may still be applicable).

If an employee does not have a bank account and would still like to take advantage of this feature, Commerce Bank has a service they call "DirectCheck". "DirectCheck" is a free (ghost account) Visa Debit card (accepted at ATM's and anywhere a Visa card is accepted). ATM and other charges (outlined in "DirectCheck" application) may still be applicable. Please contact me to enroll in "DirectCheck" or if you would like more information about this service.

To enroll in Direct Deposit, please complete and return to your supervisor the attached Authorization. Also, be sure to include a voided check (to be kept on file) from the account you wish your paycheck to be deposited. After we receive your completed Authorization, you will begin to receive direct deposits to your account in about 2-3 weeks. Your Bank's standard deposit and withdrawal fees will still be applicable.

Do not hesitate to contact me if you have any questions. 913-631-7111

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Max Rieke & Brothers, Inc.** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Max Rieke & Brothers, Inc.** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Max Rieke & Brothers, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Max Rieke & Brothers, Inc.** receives a written notice of cancellation from me to my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

City & State of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Names(s) on Account: _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return this form to the Payroll Department

Getting started with eAccess

Max Rieke Client ID

376

Foundation eAccess is the easy way to view your pay stubs and wage history online. To activate your eAccess account, follow the steps below.

Singer Client ID = 9376

- 1 Go to www.MaxRieke.com
& Click on "Payroll E-Access"

- 2 On the right of the homepage, click **Create New Account**.

- 3 Enter your:
 - **Client ID** (see above) Max Rieke = 376
 - **E-mail address** (On file from Application) Singer = 9376
 - **Date of Birth**

- 4 Click **Create New Account**. A confirmation e-mail will be sent to your e-mail account.

- 5 When you receive your confirmation e-mail, click the registration link.

- 6 Enter the password you'd like to use for your eAccess account. Re-enter this password in the **Confirm Password** field.

- 7 Click **Finish**.

- 8 Your account is now active! To login to your account, go to www.MaxRieke.com & Click on "Payroll E-Access".

If you have any problems, please call Derrick Rieke at 913-689-1011 or email Derrick@MaxRieke.com.

Max Rieke & Brothers, Inc.
Vehicle/Equipment Idle Reduction Policy
June 29, 2009

Purpose & Scope

The purpose of this policy is to establish guidelines for controlling unnecessary idling of all vehicles and equipment. Limiting idle times reduces air pollution and greenhouse gas emissions, and contributes to healthier work environments and the efficient use of fuel. Max Rieke & Brothers, Inc. is committed to reduce unnecessary vehicle and equipment idling as a means of reducing air pollution and fuel expenses. This policy applies to all Max Rieke & Brothers, Inc. employees, contractors, subcontractors and partners operating vehicles and equipment.

Definition

Idling- Idling means the operation of a vehicle or equipment while they are not in motion and not being used to operate auxiliary equipment that is essential to the operation of the vehicle or equipment.

Vehicles- for this policy, vehicles or equipment refers to cars, light trucks, vans, heavy trucks, loaders, backhoes, street sweepers, and all related construction equipment operated by Max Rieke & Brothers, Inc. employees, partners and contractors.

Procedures

- Motor vehicles or motorized equipment shall not be permitted to stand unattended without first stopping the engine, locking the ignition and removing the key.
- Start up or cool down periods of turbo charged diesel engines shall not exceed 3 minutes warm-up and 5 minutes cool down.
- Vehicles shall not be permitted to idle more than 5 minutes while attended.
- Vehicle idle time may not exceed 10 minutes in any 60 minute time frame in weather conditions of less than 32 degrees or more than 90 degrees for the purpose of heating or cooling.
- Motorized vehicles or motorized equipment shall not be permitted to idle within 100 ft. of a buildings' fresh air intake.

Exemptions

This policy does not apply to the following vehicles, equipment or situations. Operators must use their own discretion in certain situations.

- Emergency or Law Enforcement Operations
- Where engine power is necessary for an associated power need such as, but not limited to, electrical power, compressed air, and various power take-off devices such as auxiliary hydraulics.
- Vehicles may idle for the purpose of defogging, defrosting or deicing windows. Idling must end when fog, frost or ice conditions have been eliminated. When ice or frost conditions are present, attempts to remove snow, ice or frost from the window with a scraper must be attempted before idling.
- Traffic conditions
- Mechanical difficulties
- Where safety may be compromised by shutting down the engine, vehicles and equipment may idle at the discretion of the operator.
- Service or Repair
- Extended idling periods may be necessary for the well being of the operator and passengers during the winter season with below zero temperatures and/or blizzard conditions, and during summer periods of extreme heat.

MAX RIEKE & BROTHERS, INC.

15400 Midland Drive
Shawnee, Kansas 66217
(913) 631-7111

ETHICAL BUSINESS PRACTICES

The Company has established a Code of Ethics for the purpose of establishing rules of behavior.

The Company expects that every employee will act in strict compliance with all laws and with the highest ethical standards. The Company believes that there should never be a conflict between good business practices and proper ethical conduct, although the issues involved may sometimes make it difficult to choose the best course of action.

Company executives, managers, and supervisors are responsible for assuring their employees' understanding of, and compliance with, the Code of Ethics. They should actively encourage employees to learn and use the Code of Ethics. The goal is to instill the Code firmly in employees' minds so it becomes second nature to them. Employees should act in a legal and ethical manner without giving it a second thought.

Employees should always act in the Company's best interests. Those best interests lie in obeying the law and upholding the highest ethical standards. Employees should avoid any activity that may compromise these interests. Employees should not be subjected to influences, outside interests, or relationships that might jeopardize the Company's integrity.

The Company strongly believes that its employees represent one of its most valuable resources. We intend to provide employees with the opportunity to achieve their individual goals through their efforts to help the Company uphold its ethical standards and accomplish its goals.

Confidential company information is considered Company property, and may be used or disclosed only with proper authorization and in the exercise of the employee's designated duties. While the Company restricts the information it considers confidential, it must protect information that might be advantageous to competitors or harmful to the Company.

General business information about competitors is important in our efforts to maintain and improve our competitive position, both in terms of products and technology. However, no circumstances can exist that justify the use of improper means to develop competitive information. It is Company policy to use only ethical and legal means for gathering information about present and future competitors.

ETHICAL BUSINESS PRACTICES POLICY (CONT.)

The Company respects the trade secrets of others. Therefore, new employees hired from other companies should not divulge information considered proprietary by their former employers. Non-employees who have suggestions and ideas of interest to the Company should be referred to management so both the individual and the Company's rights are protected.

It is a serious violation of our standards for an employee to seek a competitive advantage through the use of gifts, gratuities, entertainment, or other favors. Under no circumstances will an employee offer or give anything to a customer to influence a favorable customer action. It has been and will continue to be our policy to compete solely on the basis of our products or services. Likewise, employees may not accept gifts or favors from vendors or their representatives, except those of nominal value offered as a normal business courtesy.

It is the Company's policy not to solicit or encourage contributions for political purposes, even in cases where to do so would be legal. The Company does, however, encourage employees to exercise their rights as individuals to register to vote, and it respects the rights of employees to participate in political activities, providing they do not use any Company resources, including time or premises, to do so.

Timely and accurate completion of time cards by all employees is required. All employees must report only the time and actual number of hours they worked.

The Company expects its employees to submit accurate, honest expense accounts. "Padded" expense accounts are considered an inappropriate use of Company funds. Employees who disobey this rule may be liable for federal penalties, and the Company may be held liable for unpaid withholding taxes on the undeclared income.

Employees should exercise great care in following applicable laws, proper procedures, and correct record-keeping requirements when granting discounts and credits to any customer. Clearly legitimate discounts, rebates, etc., must be documented, and reasons for them explained in detail.

EMPLOYEE KEEPS

FMCSA and PHMSA issued a final rule that restricts the use of hand-held mobile telephones by interstate commercial motor vehicle drivers (CMV) and intrastate hazmat drivers. **The rule does not restrict or prohibit the use of hands-free devices.** The final rule was published in the Federal Register on December 2nd, 2011 and will take effect on **January 3rd, 2012.**

Changes:

- The final rule prohibits CMV drivers from **holding, dialing, or reaching for** a hand held cellular phone. This includes all push-to-talk functions. Hands-free use of a cellular phone is allowed. The ban **does not** prohibit or restrict the use of Citizen Band Radios, GPS, or fleet management systems.
- **Dialing**-As defined by FMCSA, a driver is allowed to initiate, answer, or terminate a call by touching a single button on a mobile telephone or on a headset. This action should not require the driver to take his or her eyes off the road.
- **Reaching**-FMCSA banned reaching for a cellular phone or hands-free device that is done in "an unacceptable and unsafe manner." Examples of this behavior would be reaching for a cellular phone on the passenger seat, under the driver's seat, or into the sleeper berth. To be in compliance with the rule, a driver must have a cellular phone and/or hands-free device within "close proximity" to his or her person.
- **Exemptions**-The proposal also allows hand-held cell phone use by drivers for emergency purposes.

Driver and Motor Carrier Penalties-Under the final rule, CMV drivers who are convicted of a hand-held cell violation twice within a three year period will be disqualified for 60 days. If convicted for a third violation within three years the driver will be disqualified for 120 days. Drivers will be subject to federal civil penalties of up to \$2,750 for each offense. Motor carriers that allow their drivers to use hand-held cell phones while operating a commercial motor vehicle face a maximum civil penalty of \$11,000 per violation.

Effective **January 3rd, 2012** Max Rieke & Brothers, Inc. incorporates this ruling into their policies and procedures.

I _____ have read this rulemaking and understand that compliance with this policy will be strictly adhered to.

Signature: _____

Date: _____

Mo-Kan Construction Industry Substance Abuse Fund (CISAP) CONSENT / AUTHORIZATION FORM

Last Name	First Name	Middle Name
Street Address	City	State Zip
SS#	Phone	Cell
Trade Union	Date of Birth	Sex
Employer	Max Rieke Brothers, Inc.	

Consent for Photograph and Drug Testing by CISAP

I hereby give consent for the personnel of the Mo-Kan Construction Industry Substance Abuse Fund (CISAP), its designated Program Administrator, laboratory and any clinic contracted with to take my photograph and take samples of my blood and/or breath, and/or urine to test for drugs and alcohol in my body. I request this drug and/or alcohol testing voluntarily, and with no promises from anyone about what the results will be. I understand that the test(s) may disclose information that is unfavorable to me or may interfere with my current or future employment. I hereby authorize the use or disclosure of protected health information about me as described below.

Authorization to Release Photograph and Results from Program Administrator

The CISAP Program Administrator is authorized to place my photograph on my CISAP identification card and to release the results of the drug and/or alcohol test(s) regarding the sample collected today to the Mo-Kan Construction Industry Substance Abuse Fund (CISAP), its agents, attorneys, administrators, service providers, and to any union and/or employer participating in CISAP, and to any Training Trust Fund to which I am a participant. The information may be used or disclosed for determining my exposure to controlled substances. I understand that the information used or disclosed may be subject to re-disclosure by the person(s) or class of person(s) receiving it and may no longer be protected by the federal privacy regulations.

I understand and agree that if I refuse to provide a urine specimen or if I leave a collection site before I provide a urine specimen, that such action will be treated as a positive test done by CISAP, that my Employer will be immediately notified and that I will be subject to discipline by my Employer up to and including termination.

I understand that I may revoke this authorization by notifying CISAP or its Program Administrator in writing at the address below of my desire to revoke it. However, I understand that if I revoke this authorization, it will not have any affect on actions taken by CISAP, its agents, attorneys, administrators, service providers, or any union, Training Trust Fund and/or employer participating in the program provided by CISAP in reliance on it before I revoked it.

I understand that CISAP, Program Administrator, or its agents may not condition treatment of me on whether or not I sign this authorization. I understand that refusal to sign this authorization may have an adverse effect on my current or future employment which may, in turn, affect my eligibility for employment benefits. I understand this authorization will expire 5 years from the date of execution of this document.

CISAP

Attn: CISAP Program Administrator

6405 Metcalf Avenue, #212, Overland Park KS 66202 - 913-312-5405 - Fax: 913-312-5406

I understand the process and I have been given a chance to ask questions.

Date		Signature	
Photo ID		Verification	
Reason for Test	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Renewal <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Initial <input type="checkbox"/> Return to Duty <input type="checkbox"/> Random <input type="checkbox"/> Post Accident <input type="checkbox"/> Other (Expired Card)		
DOT Test	NO		