



PO Box 15872, Baton Rouge, LA 70895
10132F Florida Blvd., Baton Rouge, LA 70815
Phoenix-Rigging.com
(225) 478-8901
(225) 636-1177

AGREEMENT TYPE?

[tab] thru & complete fields below

RECORD ID# Need LstNm; Need FstNm; Enter SSN:

CURRENT DATE: 2/14/2023
LEGAL NAME:
* ADDR | APT:
* CITY | ST | ZIP:
* Your check will be mailed to you at this address, so please double-check accuracy!

If No Suffix, Leave As Is.

NickName:
PHONE:
E MAIL:
BIRTH DATE: 1/1/2000
SOC SEC NMBR:

Marital Status:
@
Birth Sex:

AGE: 23.12

IN CASE OF EMERGENCY:

CONTACT:
PHONE:

RELATION:

Contracted Job | Position:
PRPllc Representative/Hirer:

US Citizenship Status? **NOTE:** If NOT a US Citizen, Need INS Card

RECEIVED BY:
DATA ENTRY => CEU:
DATA ENTRY => PAY:

Entered By
BY:
BY:



**CONTRACTOR AGREEMENT
PERSONAL INFORMATION**

PLEASE NOTE: TO BE PAID => ALL PAGES of this application MUST BE Completed!!!

CEU # Need LstNm; Need Fs
(Office Use Only)

DATE #####

FULL NAME <1stNm <MNm <LNm ,

* ADDRESS: <StAddr , <AptNmbr

* CITY, ST ZIP: <ZIP *CITY <City * STATE: <ST

* Your check will be mailed to you at the above address, so please verify your entries.

PHONE: <PhoneNmbr MARITAL STATUS: <MaritalStat

SOCIAL SECURITY NUMBER: <123456789 NICKNAME: << NickName

eMAIL ADDRESS Enter eMail Addr

BIRTH DATE: 1/1/2000 AGE: 23.12 Birth Sex: <BirthSex

FOR EMERGENCY CONTACT: <Emerg Contact

RELATIONSHIP: <Relationship PHONE: <(225) 555-1212

<u>Please select your stPRP Representative</u>	
Initial Contact:	<u><Recvd_By</u>
Hire Date	<u> </u>

**For Office Use Only			
Info entered into CEU & PAY systems			
CEU	<u> </u>	By:	<u><Recvd_By</u>
PAY	<u>02/14/23</u>	By:	<u><DataEnteredBY</u>



THIS AGREEMENT is made this #NAME? , between Complete Name Fields
whose social security number is: <123456789 and who has a permanent address of:
 <StAddr, Apt|Lot #<AptNmbr, <City, <ST <ZIP and whose phone number is: <PhoneNmbr
(Hereinafter called the Contractor); and Phoenix Rigging and Productions, LLC., 10132F Florida Blvd, Baton Rouge,
LA 70815 (hereinafter called Phoenix).

Witnessed:

WHEREAS, Contractor is, and has been, in the business of providing services as a sole proprietor for the construction of a various civic or entertainment centers, and, WHEREAS Phoenix has contracts which have the need for such services in the conduct of their business, and, NOW THEREFORE, the parties do agree and contract to do the following:

- 1 Phoenix will make work available to Contractor at various times and various locations required by the customers of Phoenix.
- 2 Contractor shall perform his services at the locations required by the customer and in accordance with the standards and under the supervision of the customer's personnel.
- 3 Contractor agrees to assume all responsibility for transportation of himself to the site of the customer desiring these services, and further agrees to provide all the tools necessary for him to do his services.
- 4 Phoenix agrees to pay Contractor a set fee for each customer's job that the Contractor decides to undertake, said amount being determined by job performance.
- 5 For purpose of this agreement, a customer's job shall include all calls for work the Contractor agrees to undertake. Failure of a Contractor to complete all aspects of the contracted job shall be considered non-performance and shall entitle Phoenix to withhold all contracted amounts of payment.
- 6 Contractor agrees that, if Phoenix sells its business, Contractor will not be entitled to participate in the sales proceeds of the sale, in any way.
- 7 Phoenix reserves the right to ask a Contractor to submit to a drug and/or alcohol test at any time said Contractor is suspected to be under the influence of drugs and/or alcohol. In the case of an on-the-job accident all parties involved will be tested for drugs and/or alcohol. If the test is found to be positive said Contractor will be terminated, and cost of the test will be deducted from said Contractor's last check. If test is negative Phoenix will be responsible to pay for the test.
- 8 Phoenix agrees and recognizes that it has no right to control or direct the details, manner or means which Contractor performs his work. It is the sole responsibility of the customer and customer's supervision to establish the requirements for quality and design of work Contractor is participating in. Phoenix retains only the right to demand professional quality work from Contractor in whatever task Contractor is engaged.
- 9 Contractor shall have no obligation to work at any event and shall retain the right to accept or reject work as he or she may choose.
- 10 Each party shall have the right to cancel the agreement upon thirty (30) days written notice. Unless canceled, this agreement shall continue from year to year, subject to renegotiation at close of each year.
- 11 Contractor is bound by a non-disclosure agreement. Any Crewmember who improperly uses or discloses trade secrets or confidential business information will be subject to use disciplinary action up to and including termination of employment and legal action, even if they do not actually benefit from the disclosed information.
- 12 Contractor understands and agrees that Phoenix is not under any obligation to and will not withhold any taxes from the fee paid to Contractor for the performance of work, nor is Contractor an employee of Phoenix for unemployment insurance benefits program participation. Phoenix will provide Contractor an IRS form 1099 at end of the year.
- 13 This agreement shall be construed according to the law of State of Louisiana.

Complete Name Fields

Phoenix Representative *eSignature*

<Select PRDRep

Date:

NOTICE TO ALL EMPLOYEES

We are committed to providing Worker's Compensation benefits to all employees who sustain an employment related injury in accordance with Louisiana Law.

If a work-related injury or disability is caused or made worse by a "pre-existing" Condition, PHOENIX RIGGING AND PRODUCTIONS, LLC, may be able to seek partial reimbursement of the benefit dollars paid to you, or on your behalf, from the Louisiana Second Injury Fund. Such reimbursement would be made to PHOENIX RIGGING AND PRODUCTIONS, LLC, without reduction in benefits to you.

For PHOENIX RIGGING AND PRODUCTIONS, LLC to be considered for reimbursement from the Second Injury Fund, it must show that it knowingly hired or knowingly retained the employee with a pre-existing disability. To establish this fact, PHOENIX RIGGING AND PRODUCTIONS, LLC, requires all employees to complete the attached questionnaire.

The information obtained from the questionnaire will be kept CONFIDENTIAL and will not be made a part of the crewmember's personnel file.

Crewmember:

Male Female

Birth Date (mm/dd/yyyy):

SSN (last 4 digits):

Contractor *eSignature*

Date Signed

Complete Name Fields

Phoenix Representative *eSignature*

Date Signed

<Select PRDRep

Please place a check in the appropriate box next to each medical condition listed below. Each illness or condition requires a Yes (Y) or

Disease and Other Medical Conditions [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.]				if NONE of these conditions apply, enter "N" << Y N in this box	
Y N		Y N		Y N	
<< Y N	Diabetes	<< Y N	Cerebral Palsy	<< Y N	Arthritis
<< Y N	Silicosis	<< Y N	Tuberculosis	<< Y N	Parkinson's
<< Y N	Varicose Veins	<< Y N	Multiple Sclerosis	<< Y N	Brain Damage
<< Y N	Asbestosis	<< Y N	Post-Traumatic Str	<< Y N	Asthma
<< Y N	Hyperinsulin	<< Y N	Osteomyelitis	<< Y N	Dementia
<< Y N	Alzheimer's	<< Y N	Nervous Disorder	<< Y N	Thrombophlebitis
<< Y N	Emphysema	<< Y N	Muscular Dystroph	<< Y N	Arteriosclerosis
<< Y N	Hearing Loss	<< Y N	Migraine Headache	<< Y N	Hodgkin's
<< Y N	COPD	<< Y N	Mental Retardation	<< Y N	Cancer
<< Y N	Hypertension	<< Y N	Kidney Disorder	<< Y N	Double Vision
<< Y N	Head Injury	<< Y N	Loss of Use of Limb	<< Y N	Mental Disorders
<< Y N	Epilepsy	<< Y N	Seizure Disorder	<< Y N	Hemophilia
<< Y N	Stroke	<< Y N	Sickle Cell Disease	<< Y N	Bleeding Disorder
					Heart Disease/Heart Attack
					Congestive Heart Failure
					Vision Loss, one or both eyes
					Disability from Polio
					Psychoneurotic Disability
					Ruptured or Herniated Disc
					Ankylosis or Joint Stiffening
					High/Low Blood Pressure
					Carpal Tunnel Syndrome
					Compressed Air Sequelae
					Disease of the Lung
					Coronary Artery Disease
					Heavy Metal Poisoning

Surgical Treatment [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.]

N Enter "N" in this box, if NONE of the conditions below applies to you.

Y N			
<< Y N	Spinal Disc Surgery	Year: (Approximate, if unsure)	_____
<< Y N	Spinal Fusion Surgery	Year: (Approximate, if unsure)	_____

		Left Right	
<< Y N	Amputated Foot	< L R	Year: (Approximate, if unsure) _____
<< Y N	Amputated Leg	< L R	Year: (Approximate, if unsure) _____
<< Y N	Amputated Arm	< L R	Year: (Approximate, if unsure) _____
<< Y N	Amputated Hand	< L R	Year: (Approximate, if unsure) _____
<< Y N	Knee Replacement	< L R	Year: (Approximate, if unsure) _____
<< Y N	Hip Replacement	< L R	Year: (Approximate, if unsure) _____
<< Y N	Other Joint Replacement	Joint _____	Year: _____
<< Y N	Other Surgical Procedure	Procedure _____	Year: _____

Contractor *eSignature*
Complete Name Fields

Date Signed

Phoenix Representative *eSignature*
 <Select PRPRef

Date Signed

EXPLANATION PAGE

Please use the space below to explain the illnesses and/or conditions that you checked a Yes (Y) or any other medical

CONDITION: Year Diagnosed (approx.):

Y N

Are you still receiving treatment for this condition?
Are you taking medication for this condition?
Do you have any permanent restrictions for this condition?
Brief Explanation:

CONDITION: Year Diagnosed (approx.):

Y N

Are you still receiving treatment for this condition?
Are you taking medication for this condition?
Do you have any permanent restrictions for this condition?
Brief Explanation:

CONDITION: Year Diagnosed (approx.):

Y N

Are you still receiving treatment for this condition?
Are you taking medication for this condition?
Do you have any permanent restrictions for this condition?
Brief Explanation:

CONDITION: Year Diagnosed (approx.):

Y N

Are you still receiving treatment for this condition?
Are you taking medication for this condition?
Do you have any permanent restrictions for this condition?
Brief Explanation:

Contractor eSignature
Complete Name Fields

Date Signed

Phoenix Representative eSignature
<Select PRPRep

Date Signed

Please answer the following questions.

Y | N

1 Has any doctor ever restricted your activities?

<< Y|N

If "Yes," please list the restrictio

Were the restrict Permanen Temporary

Are you currently restricted?

<< Y|N

What is the medical condition for which you are restricted?

2 Are you presently treating with a doctor, chiropractor, psychiatrist, psychologist, or other health-care provider?

<< Y|N

Please list the medical condition being treat

Doctor's Name Specialty:

Doctor's Ad

3 If you are presently taking prescription medication other than those listed on the Explanation Page, please

Medication: Prescribing Doctor

Medication: Prescribing Doctor

4 Have you ever had an on-the-job accident?

<< Y|N

If you answered "YES," please provide the date for each injury and the nature of the injury:

How long were you on compensation

Name of Employe

5 Has a doctor recommended a surgical procedure, which has not been completed prior to this date, including but not

<< Y|N

If you answered YES, please provide:

Recommended surger

Approximate date of recommendatic

Doctor's Name Specialty:

Doctor's Ad

Contractor eSignature

Date Signed

Complete Name Fields

Phoenix Representative eSignature

Date Signed

<Select PRPRep

WARNING

FAILURE TO ANSWER TRUTHFULLY AND/OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY

I have completed this form honestly and to the best of my knowledge. I understand that providing false

Contractor *eSignature*

Date Signed

Complete Name Fields

Contractor Name Printed

Complete Name Fields



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
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which
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*

Last Name (Family Name) Enter LNm,		First Name (Given Name) Enter 1stNm,		Middle Initial <MNm	Other Last Names Used (if any)	
Address (Street Number and Name) <StAddr			Apt Number <Apt Nmb	City or Town <City		State 0
Date of Birth 01/01/00		U.S. Social Security Number <123456789		E-mail Address Enter eMail Addr		Telephone Number <PhoneNmbr

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 (Place an "X" in **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 (<i>Alien Registration Number/USCIS Number</i>) _____
<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. (See Instructions) 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. 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 Contractor Complete Name Fields	Today's Date (mm/dd/yyyy)
--	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my

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



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) Enter LNm,	First Name (Given Name) Enter 1stNm,	M.I. <	Citizenship / Immigration Status
------------------------------	--	--	-----------	----------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C
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) : **2/14/2023** (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	

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)
----------------	-----------------	---------------------------------------

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)	Title of Employer or Authorized Representative
--	---------------------------	--

Complete Name Fields

Name

#NAME?

Date

<StAddr, Apt|Lot #<AptNmbr, <City, <ST <ZIP

FULL Address, City, State & ZIP

<PhoneNmbr

Phone Number

<PhoneNmbr

Phone Number

Enter eMail Addr

Experience *(Place an "x" in all applicable experience(s) listed below) :*

<input type="checkbox"/>	Climbing Rigger	<input type="checkbox"/>	Spotlight Operator
<input type="checkbox"/>	Ground Rigger	<input type="checkbox"/>	Spotlight Operator (Truss)
<input type="checkbox"/>	Forklift Operator (Certified)	<input type="checkbox"/>	Spotlight Operator (Carbon Arc)
<input type="checkbox"/>	Forklift Operator (Uncertified)	<input type="checkbox"/>	Carpenter (Theater)
<input type="checkbox"/>	Scissor Lift Operator (Certified)	<input type="checkbox"/>	Carpenter
<input type="checkbox"/>	Scissor Lift Operator (Uncertified)	<input type="checkbox"/>	Runner
<input type="checkbox"/>	Boom Lift Operator (Certified)		
<input type="checkbox"/>	Boom Lift Operator (Uncertified)		
<input type="checkbox"/>	Lighting Stagehand (Concert)		
<input type="checkbox"/>	Lighting Stagehand (Theater)		
<input type="checkbox"/>	Sound Stagehand (Concert)		
<input type="checkbox"/>	Sound Stagehand (Theater)		
<input type="checkbox"/>	Video Stagehand		
<input type="checkbox"/>	Power Point		
<input type="checkbox"/>	Camera Operator		
<input type="checkbox"/>	Projectionist		
<input type="checkbox"/>	Electrician		
<input type="checkbox"/>	Pyro Stagehand		
<input type="checkbox"/>	Props Stagehand		
<input type="checkbox"/>	Fly Rail Operator (Theater)		
<input type="checkbox"/>	Weight Lift (Theater)		
<input type="checkbox"/>	Wardrobe Assistant		
<input type="checkbox"/>	Hair Assistant		
<input type="checkbox"/>	Makeup Assistant		
<input type="checkbox"/>	Loader		
<input type="checkbox"/>			

ADDITIONAL EXPERIENCE:

REQUIRED TOOLS

ALL EMPLOYEES:

- Claw Hammer (Minimum 13 Ounce)
- Slot Screwdriver
- Phillips Screwdriver
- Knife
- Adjustable Wrench (Minimum 8")
- Tape Measure
- Plyers
- Gloves
- Flashlight
- Hard Hat

RIGGERS ONLY:

- Rope (Length Determined by Venue except the Superdome)
- OSHA approved full body harness
- OSHA approved energy absorbing bypass lanyard
- Slings, Biners, and Pulleys as needed

The above listed tools are a REQUIREMENT of employment with Phoenix Rigging and Productions, LLC. You MUST have these tools at all

Contractor *eSignature*

#NAME?

Date Signed

#NAME?

Contractor Name Printed

#NAME?

Phoenix Rigging & Productions, LLC, -- Contractor | Employee Protocol

- 1 **Safety:** A Safe working environment and safe working habits are mandatory. All equipment operators, i.e. forklift, aerial lifts, etc.
- 2 **Dress Code:** All employees are required to observe all OSHA requirements for safety equipment, i.e. long pants, gloves, footgear,
- 3 **Restricted Areas:** All employees are required to obey all "No Access" areas and zones. All personnel must remain in their
- 4 **Smoking:** No smoking is permitted inside the Facilities except in designated smoking areas. Proper disposal of smoking waist is
- 5 **Clean Working Environment:** All employees must maintain a clean safe working area. Waste materials must be properly
- 6 **Report Call Time:** All employees must report to the proper designated entrance to sign in for work calls no later than (30) thirty
- 7 **Security:** All employees must obey the facility's security without objections. Report any improper security action to your
- 8 **Conduct:** Professional behavior must always be exhibited in the facilities.
 - 1 No foul language or cussing.
 - 2 No fighting or violent altercations.
 - 3 Discrimination and/or harassment of any nature are not permitted because of race, creed, religion, national origin, gender,
 - 4 Theft or removal of any item from the facility's property is prohibited and subject to legal action.
 - 5 Drugs, alcohol and/or substance abuse of any description will not be tolerated. Anyone at the facilities who possess, uses,
 - 6 Do not approach performers for autographs or pictures as this is deemed unprofessional.
 - 7 No employee is ever guaranteed the opportunity to watch any performances for free. However, when a load in is done

I have received a copy of Phoenix Rigging and Productions, LLC employee protocol, which I have read, understand, and agree to

Contractor *eSignature*

#NAME?

Date Signed

#NAME?



PO Box 15872, Baton Rouge, LA 70895
10132F Florida Blvd., Baton Rouge, LA
Phoenix-Rigging.com
(225) 478-8901
(225) 636-1177

EMPLOYMENT CONTRACT AGREEMENT

This Employment Contract (this 'Agreement') is made effective this 14th day of January, 2023 by and between Phoenix Rigging & Productions, LLC of 10132-F Florida Blvd., Baton Rouge, LA, 70815, hereinafter referred to as "Phoenix", and Complete Name Fields, of <StAddr, Apt|Lot #<AptNmbr, <City, <ST <ZIP hereinafter referred to as "Employee" or <1stNm.

- A. Phoenix Rigging & Productions, LLC is engaged in the business of event rigging & production. will primarily perform his/her job duties at: 10134 Florida Blvd., Baton Rouge, LA 70815
- B. Phoenix Rigging & Productions, LLC desires to have the services of Complete Name Fields
- C. <1stNm is an at will employee of Phoenix Rigging & Productions, LLC. Either party is able to terminate the employment agreement at any time.

Therefore, both parties agree as follows:

1) EMPLOYMENT.

Phoenix shall employ <1stNm as a(n) at-will Employee. <1stNm shall provide Phoenix with labor/duties as needed/requested, and accepts/agrees to such employment, and will be subject to and follow the general supervision, advice and direction of Phoenix's supervisory/management personnel.

2) BEST EFFORTS OF EMPLOYEE

<1stNm agrees to perform faithfully, industriously, and to the best of his/her ability, experience, and talents, all of the duties that may be required by the express and implicit terms of this Agreement, to the reasonable satisfaction of Phoenix Rigging and Productions, LLC. Such duties shall be provided at such place(s) as the needs, business, or opportunities of Phoenix Rigging & Productions, LLC may require from time to time.

3) EXPENSE REIMBURSEMENT.

Phoenix will reimburse <1stNm for "out-of-pocket" expenses incurred by him/her Phoenix's business and in accordance with Phoenix's reimbursement policies in effect, as needed.

4) RECOMMENDATIONS FOR IMPROVING OPERATIONS.

<1stNm shall provide Phoenix with all information, recommendations, and regarding Phoenix's business, of which he/she has knowledge, that will (or could be) beneficial to Phoenix.

5) CONFIDENTIALITY.

<1stNm agrees that Phoenix has AND will have information regarding:

- business affairs
- future plans
- processes
- copyrights
- inventions
- technical matters
- costs
- prices
- trade secrets
- customer lists
- products
- product design
- discounts

and other vital information items (collectively, "Information") which are valuable, special and unique assets of Phoenix. <1stNm agrees that he/she will not, at any time or in any manner, either directly or indirectly, divulge, disclose, or communicate any Information to any third party without Phoenix's prior written consent.

<1stNm also understands/acknowledges that not adhering to the statements made within this contract agreement shall be a material violation of this Agreement and will justify legal and/or equitable relief.

This Agreement is in compliance with the Defend Trade Secrets Act and provides civil or criminal immunity to any individual for the disclosure of trade secrets:

- (i) made in confidence to a federal, state, or local government official, or to an attorney when the disclosure is to report suspected violations of the law; or
- (ii) in a complaint or other document filed in a lawsuit if made under seal.

6) UNAUTHORIZED DISCLOSURE OF INFORMATION.

If it appears that <1stNm has disclosed (or has threatened to disclose) Information in violation of this Agreement, Phoenix shall be entitled to an injunction to restrain him/her from disclosing, in whole or in part, such Information, or from providing any services to any party to whom such Information has been disclosed or may be disclosed. Phoenix Rigging & Productions, LLC shall not be prohibited by this provision from pursuing other remedies, including a claim for losses and damages.

7) CONFIDENTIALITY AFTER TERMINATION OF EMPLOYMENT.

The confidentiality provisions of this Agreement shall remain in full force and in effect for period two (2) years after the voluntary or involuntary termination of <1stNm's employment. During such period, neither party shall make or permit the making of any announcement or statement of any kind that <1stNm's was formerly employed by or connected with Phoenix Rigging & Productions, LLC.

8) NON-COMPETE AGREEMENT.

<1stNm recognizes that the various items of Information are special and unique assets of the company and need to be protected from improper disclosure. In consideration of the disclosure of information to Phoenix <1stNm's agrees and covenants that during his/her employment by Phoenix, and for a period of five (5) years following termination of employment, whether such termination is voluntary or involuntary <1stNm's will not directly or indirectly engage in any business competitive with Phoenix.

This covenant shall apply to the geographical area that includes anywhere in the United

Directly or indirectly engaging in any competitive business includes, but is not limited to:

- (i) engaging in a business as owner, partner, or agent,
- (ii) becoming an employee of any third party that is engaged in such business,
- (iii) becoming interested directly or indirectly in any such business, or
- (iv) soliciting any customer of Phoenix Rigging & Productions, LLC for the benefit of a third party that is engaged in such business. Phoenix agrees that this non-compete provision will not adversely affect <1stNm's livelihood.

9) EMPLOYEE'S INABILITY TO CONTRACT FOR EMPLOYER.

<1stNm shall not have the right to make any contracts or commitments for or on Phoenix without first obtaining the express written consent of Doss Berry, owner of Phoenix Rigging & Productions, LLC.

10) BENEFITS.

<1stNm shall be entitled to employment benefits, as provided by Phoenix's standard policies in effect during the term of employment. These benefits include:

- **Personal Leave**

11) TERM/TERMINATION.

<1stNm's employment under this Agreement shall be for an unspecified term on an "at will" basis. This Agreement may be terminated by Phoenix, upon No written notice, and <1stNm upon two (2) weeks written notice. If <1stNm is in of this Agreement, Phoenix may terminate his/her employment without notice and with compensation earned up to the date of such termination. The compensation paid under this Agreement shall be <1stNm's exclusive remedy.

12) TERMINATION FOR DISABILITY.

Phoenix Rigging & Productions, LLC shall have the option to terminate this Agreement, if <1stNm becomes permanently disabled and is no longer able to perform the essential functions of the position with reasonable accommodation. Phoenix shall exercise this option by giving 30 days written notice to <1stNm .

13) COMPLIANCE WITH EMPLOYER'S RULES.

<1stNm agrees to comply with all of Phoenix's rules and regulations.

14) RETURN OF PROPERTY.

Upon termination of this Agreement, <1stNm shall deliver to Phoenix, all property which is Phoenix Rigging & Productions, LLC's property or related to Phoenix Rigging & Productions, LLC's business (including keys, records, notes, data, memoranda, models, and equipment) that is <1stNm's possession or under his/her control. Such obligation shall be governed by any separate confidentiality or proprietary rights agreement

15) NOTICES.

All notices required or permitted under this Agreement shall be in writing and shall be deemed delivered when delivered in person or on the third day after being deposited in the United States mail, postage paid, addressed as follows:

Employer:

Phoenix Rigging & Productions, LLC
Lisa Berry, Human Resources Manager
10132-F Florida Blvd.
Baton Rouge, Louisiana 70815

Employee:

Complete Name Fields
<StAddr
<City, <ST <ZIP

Such addresses may be changed, from time to time, by either party by providing written notice in the manner set forth above.

16) ENTIRE AGREEMENT.

This Agreement contains the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written. This Agreement supersedes any prior written or oral agreements between the parties.

17) AMENDMENT.

This Agreement may be modified or amended, if the amendment is made in writing and is signed by both parties.

18) SEVERABILITY.

If any provisions of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid or enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

19) WAIVER OF CONTRACTUAL RIGHT.

The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

20) APPLICABLE LAW.

This Agreement shall be governed by the laws of the State of: <ST

21) SIGNATORIES.

This Agreement shall be signed by: Doss Berry (IV), Owner, on behalf of Phoenix Rigging & Productions, LLC, and by Complete Name Fields in an individual capacity. This Agreement is effective as of the date first above written.

By:

Date:

2/14/2023

Doss Berry (IV), Owner
Phoenix Rigging & Productions, LLC

By:

Date:

StNdRdTh					
1 st	1st		<Select PRPRep	<EnteredBY	<eMail hub
2 nd	2nd		Buddy Berry	Debby Schroeder	aol.com
3 rd	3rd		Debby Schroeder	Kathleen Berry	bellsouth.net
4 th	4th		Doss Berry	Lisa Berry	cox.net
5 th	5th		Justin Hawthorne		gmail.com
6 th	6th		Kathleen Berry		hotmail.com
7 th	7th		Jennifer Hobbs		icloud.com
8 th	8th		Lisa Berry		live.com
9 th	9th		Max Saltz		mac.com
10 th	10th		Michael Lawson		me.com
11 th	11th		Tristan Montgomery		msn.com
12 th	12th				other
13 th	13th				outlook.com
14 th	14th				ymail.com
15 th	15th				
16 th	16th				
17 th	17th				
18 th	18th				
19 th	19th				
20 th	20th				
21 st	21st				
22 nd	22nd				
23 rd	23rd				
24 th	24th				
25 th	25th				
26 th	26th				
27 th	27th				
28 th	28th				
29 th	29th				
30 th	30th				
31 st	31st				

			Suffixes	
<Relation	<MaritalStat	<BirthSex	<Suffix	<Citizenship Status
Aunt	Divorced	Female	N/A	Authorized Alien
Brother	Married	Male	Jr	Lawful Perm Resident
Father	Separated		Sr	NonCitizen Nat'l
Fiance	Single		III	Resident Alien
Grandfather	Widowed		IV	US Citizen
Grandmother			V	
Mother			Other	
Other				
Sister				
Uncle				

JOB Pos	
JobLookup	Entry_PayRt
BitchBoi	\$20.00
CamOP	\$300.00
Driver	PerDayRt
Drvr Rnr	PerDayRt
Forklift	\$25.00
FrkLft SH	\$25 \$18
OfcAssc	\$18.00
OfcMgr	NTKB
OfcSupv	NTKB
OMAsst	NTKB
Payroll	NTKB
Rigger	\$25.00
Rigr SH	\$25 \$18
Runner	PerDayRt
Smstrss	\$0.00
Shop	\$18.00
Shop SH	\$20 \$18
Shop RGR	\$20 \$18
SpotOP	\$20.00
StgHnd	\$18.00
Supv	\$25.00
Supv RGR	\$25 \$18
Supv Rgr SH	\$25 \$25 \$18
Supv SH	\$25 \$25
WrkgSupv	\$25.00
WrkgSupv Rgr	\$25 \$23
WrkgSupv Rgr SH	\$25 \$25 \$18
WrkgSupv SH	\$25 \$18
UnionWk	TBD
Wardrobe	\$0.00

Position LookUp Chart

Type	Position Title: (Note: " " indicates multiple jobs held <i>(often at the same time)</i>)
E	Tristan
C	Camera Operator
C	Driver
C	Driver Runner
C	Forklift Operater
C	Forklift Stagehand
E	Office Associate
E	Office Manager
E	Supervisor OffcEEs
C E	OfcMgr_Assistant_DB Liaison
E	Payroll Assoc
C	Rigger
C	Rigger Stagehand
C	Runner
C	Seamstress
E	Shop
C	Shop Stagehand
C	Shop Rigger
C	Spotlight Operator
C	StageHand
C	Supervisor
C	Supervisor Rigger
C	Supv Rigger Stagehand
C	Supv Stagehand
C	Working Supervisor
C	WrkgSupv Rigger
C	WrkgSupv Rigger Stagehand
C	WrkgSupv Stagehand
U	Union Worker
C	Wardrobe

Completed <u>Date</u>	1stNm	Minit/Nm	LastNm	Suffix (Jr/Sr/III/IV)	Nick Nm
<u>2/14/2023</u>	<u><1stNm</u>	<u><MNm</u>	<u><LNm</u>	<u><Suffix</u>	<u><NickNm</u>

File ID	DT_Agreement Completed	FNm	MidNm Init	LNm	Suffix (Jr/Sr/III/IV)	Nick Nm
<u>=DtCompltd</u>	<u>=FirstNm</u>	<u>=MNm</u>	<u>=LNm</u>	<u>=Suffix</u>	<u>=NickNm</u>	

=StAddr&", #" &AptNmbr

StreetAddr AptNmbr	ZIPCd	City	ST	Status
<u><StAddr, Apt Lot #<AptNm</u>	<u><ZIP</u>	<u><City</u>	<u><ST</u>	Active

StreetAddr AptNmbr	ZIP	City	ST	Status
<u>=StrAdrs</u>	<u>=ZIP</u>	<u>=City</u>	<u>=ST</u>	<u>=InitStatus</u>

=SSN4dgts

PayRt	Phone Nmbr	Marital Status	eMail Addr
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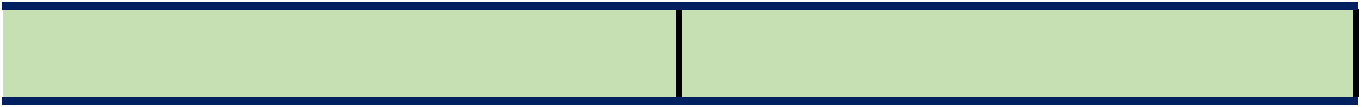
<MaritalStat **<PhoneNmbr** **<MaritalStat** **Enter eMail Addr**
6789

PayRt	Phone Nmbr	Type	Phone #
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=MaritalStat **=PhoneNmbr** **=Full eMail** **=SSN7dgts**

SSN	SSN4	DOB		Age
<u><123456789</u>	<u>6789</u>	<u>01/01/00</u>	<u><BirthSex</u>	<u>23.12</u>

Marital Status	eMail Addr	SSN7	SSN4	
<u>=SSN4dgts</u>	<u>=BirthDate</u>	<u>=BrthSex</u>	<u>=Age</u>	



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LastUpdtd	L, FNm_only
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