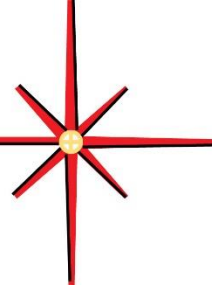


H & M Surveying, LLC

"Accuracy First, Customers Always"



New Employee Packet

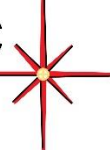
New Employee Onboarding Checklist

Required Paperwork (Submitted to Corporate HR)

Can be found on www.hmsurveying.net (Team Member Portal)

- Offer Letter (signed and returned)
- I-9 Employment Eligibility Verification
 - Bring acceptable documentation (e.g., driver's license + SS card OR U.S. passport)
- Emergency Contact Information Form
- Safety Acknowledgement Form
- Vehicle Use Agreement (if applicable)
- Equipment Issuance Form (for field and technical staff)
- NDA / Confidentiality Agreement
- Employee Handbook Acknowledgement
- Benefits Enrollment Packet (if applicable)
- Work Phone Agreement (if assigned)
- Code of Conduct Acknowledgement
- GIS, UAV, or Survey Software Use Policy (role-specific)

H & M Surveying, LLC



EMPLOYEE NON-COMPETE & NON-DISCLOSURE AGREEMENT

For good and valuable consideration, the receipt of which is hereby acknowledged, _____ (Employee), the undersigned Employee hereby agrees not to directly or indirectly compete with the business of H&M Surveying, LLC (Company) and its successors and assigns during the period of employment.

The non-compete agreement shall extend for a radius of 100 miles of Company's present location and shall remain in full force during employment.

Employee acknowledges that Company may, in reliance of this agreement, provide Employee access to trade secrets, customers, and other confidential data and good will. Employee agrees to retain said information as **confidential** and not use said information on his or her own behalf or disclose same to any third party for any reason, to include employment. This statement of non-disclosure is in effect indefinitely after termination of employment by either Employee, or Company.

Company Representative Signature

Date

Print Name

Signature (Employee)

Date

Print Name



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

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>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
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)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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)					

<p>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.</p>		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 	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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<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	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*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 07/31/2026

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 07/31/2026

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 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 (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	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) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	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) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	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) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---



Emergency Contact Information Form

Employee Name: _____ Position: _____

Start Date: _____ Supervisor: _____

Primary Emergency Contact

Name: _____

Relationship: _____

Phone Number (primary): _____

Alternate Phone Number: _____

Secondary Emergency Contact (Optional)

Name: _____

Relationship: _____

Phone Number (primary): _____

Alternate Phone Number: _____

Medical Information (Optional)

Known Allergies: _____

Existing Medical Conditions: _____

Medications Taken Regularly: _____

I understand that this information will be kept confidential and used only in case of an emergency involving my health or safety while employed with H&M Surveying.

Employee Signature: _____ Date: _____

HR/Manager Signature: _____ Date: _____



Code of Conduct Acknowledgement Form

Employee Name: _____

Position: _____

Start Date: _____

At H&M Surveying, we are committed to maintaining the highest standards of ethics, integrity, and professionalism. Our Code of Conduct outlines expectations for all employees to ensure a respectful, lawful, and positive work environment.

By signing below, I acknowledge that I have received, read, and understood the H&M Surveying Code of Conduct. I agree to:

1. Conduct myself with professionalism, honesty, and integrity at all times.
2. Comply with all company policies, procedures, and applicable laws.
3. Maintain confidentiality and protect company and client information.
4. Avoid any conflicts of interest or report them to my supervisor.
5. Report any observed or suspected misconduct or unethical behavior.
6. Treat all colleagues, clients, and partners with respect and fairness.
7. Use company resources responsibly and only for business purposes.
8. Uphold safety, quality, and compliance standards in all operations.

I understand that violations of the Code of Conduct may result in disciplinary action, up to and including termination of employment.

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Notification and Authorization to Release Criminal Information for Employment Purposes

Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize H&M Surveying, LLC to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist H&M Surveying, LLC in collecting this information. Validity Screening Solutions has been secured as a third party vendor (consumer reporting agency) to assist H&M Surveying, LLC in collecting and verifying information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for H&M Surveying, LLC clients, employees, and contractors.

Please print (for identification purposes):

Full Legal Name: _____
First Middle Last

Other Names You Have Used in Past Seven Years: _____

Current Address: _____

Previous Address (most recent): _____

Addresses in the 7 years prior to completing this authorization: _____

H & M Surveying, LLC

"Accuracy First, Customers Always"



Phone Number: _____

Alternate Phone Number: _____

Date of Birth: _____
Month/Day/Year

Gender: Female _____ Male _____

Social Security Number: _____

Driver's License # _____

State of Driver's License _____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes _____ (provide detail on next page) No _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with H&M Surveying, LLC. By signing below I hereby provide my authorization to H&M Surveying, LLC to conduct a criminal background check and I acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act which is attached. In addition to those rights, I understand that I have a right to appeal an adverse employment decision made by H&M Surveying, LLC based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from H&M Surveying's receipt of such appeal.

Signature

Date



Safety Acknowledgment Form

Employee Name: _____ Position: _____

Start Date: _____ Supervisor: _____

I acknowledge that I have received, read, and understand the following:

- H&M Surveying's Health & Safety Handbook
- Company policies regarding field and office safety protocols
- Emergency procedures and contact numbers
- Reporting process for incidents and near-misses
- Personal Protective Equipment (PPE) requirements
- Vehicle and equipment maintenance responsibilities

I understand that:

- I am responsible for adhering to all safety protocols.
- I must immediately report any safety hazards or incidents to my supervisor.
- Noncompliance with safety procedures may result in disciplinary action.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



Work Phone Agreement

Employee Name: _____

Position: _____

Phone Number Issued (if applicable): _____

Date: _____

1. Purpose

H&M Surveying, LLC provides work phones to employees whose job responsibilities require regular communication outside of the office or access to work-related information while in the field. This agreement outlines expectations regarding use, care, and availability.

2. Acceptable Use

- The work phone is to be used solely for conducting H&M Surveying business.
- Personal use is prohibited unless approved in writing by a supervisor.
- Installation of unauthorized apps, use of social media, or streaming services is not allowed.
- The device must be password-protected and secured at all times.

3. Neglect and Damages

- Employees are responsible for the care and safeguarding of their assigned work phone.
- Loss or damage due to negligence (e.g., water damage, cracked screen, theft from an unlocked vehicle) may result in disciplinary action or reimbursement for replacement costs.
- Lost or damaged phones must be reported to a supervisor within 24 hours.



4. Work Schedule and After-Hours Availability

Under no circumstances is the employee expected to answer work phone calls, emails, or messages outside of their established work schedule.

- Work phones are not to be used or monitored during non-working hours unless explicitly directed by a supervisor for a specific event or emergency.
- Employees should not respond to client, team, or vendor inquiries outside of normal business hours unless prior approval is given.
- This policy ensures respect for employee work-life boundaries and limits liability exposure for off-hours communications.

5. Return of Equipment

- The work phone and any associated accessories must be returned immediately upon separation from the company or reassignment.
- The phone will be inspected upon return. Any damages outside of normal wear and tear may result in repair or replacement charges.

6. Violations

Failure to adhere to the terms of this agreement may result in the revocation of work phone privileges, disciplinary action, or reimbursement for damages.

Employee Acknowledgment

I have read, understand, and agree to comply with the Work Phone Agreement as outlined above.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



Vehicle Use Agreement Form

Employee Name: _____ Position: _____

Start Date: _____ Supervisor: _____

Company Vehicle Information

Vehicle Make/Model: _____

License Plate: _____ Vehicle ID #: _____

Assigned Keys #: _____

Employee Acknowledgments

By signing below, I acknowledge and agree to the following terms regarding the use of the H&M Surveying company vehicle:

- I have received the assigned company vehicle and keys.
- I understand that this vehicle is to be used **exclusively for official H&M Surveying business** and not for any personal or unauthorized use.
- I will comply with all **local, state, and federal traffic laws** at all times while operating the vehicle.
- I am responsible for **reporting any accidents, damages, or mechanical issues** to my supervisor immediately.
- I will report **any tickets, citations, or legal violations** received while operating the vehicle.
- I will notify my supervisor of **any interactions with law enforcement** involving the company vehicle.
- I will not allow any unauthorized person to operate the vehicle.
- I will keep the vehicle in a clean, safe, and roadworthy condition.
- I understand **oil changes are required every 5,000 miles** and will notify the office accordingly.
- I will complete the **vehicle log** and **submit mileage reports weekly** as required.

I understand that failure to adhere to these policies may result in disciplinary action, including loss of vehicle privileges or termination of employment.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____