



VULCAN DEFENSE SYSTEMS, LLC

Application for Contract Labor

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Social Security #: _____

Date of Birth: _____

Phone Number: _____

Emergency Contact Name/Phone Number: _____

Signature: _____

By signing this document, I acknowledge that I am a 1099 Independent Contractor and understand that I may be terminated at any time for any reason.



FOR OFFICE USE ONLY

Hire Date: _____

Jobsite: _____

Pay Rate: _____

_____ IDs (2) _____ Signatures _____ I9 _____ E-Verify _____ BG _____ Recruiter (initials)



VULCAN DEFENSE SYSTEMS, LLC

EQUAL EMPLOYMENT OPPORTUNITY

Vulcan Defense is an Equal Employment Opportunity Employer. Our policy is that applicants for employment will be recruited, selected, and hired based on individual merit and ability for the position(s) to be filled. We do not discriminate on the basis of race, color, religion, national origin, sex, age, or any other status protected by law or regulation. This policy applies to new hires as well as current and promoted employees within the company.

CERTIFICATION & AGREEMENT

I hereby declare that all statements contained in all parts of my application are true and correct. I understand that false or inaccurate information in the application or in any company document will be grounds for termination. I further understand that any false or inaccurate information on any part will lead to a denial of employment. I authorize this company to investigate my background and verify the information provided. I understand that if employed, my employment will not be for a fixed period and may be terminated at any time.

AUTHORIZATIONS & DEDUCTIONS

I, _____, authorize Vulcan Defense to submit a background check on my behalf for employment screening. I understand that this may include, but is not limited to, checks of past or present employers, driving reports, and criminal records. There will be a fee of \$10 deducted from my paycheck after completion for this background processing.

Employee Signature:
Date:
Social Security Number:
Date of Birth:
Driver's License/State ID Number:



VULCAN DEFENSE SYSTEMS, LLC

POLICY & GUIDELINES

DRESS CODE:

1. The dress code is strictly enforced.
2. All staff must wear black or khaki pants or shorts. Shorts must be of an appropriate length. The following are not permitted: gym shorts, jean shorts, leggings, sweatpants, jeans, and any clothing with rips or tears.
3. All staff must wear plain white or black shirts. Vulcan Defense shirts must be returned, or a \$50 fee will be deducted from your pay.
4. All staff must wear closed-toe and closed-heel shoes. The following are not permitted: sandals, slides, slippers, and Crocs.

ATTENDANCE:

1. Once you are scheduled for a shift, you must complete the entire shift, or your rate of pay will be reduced to minimum wage. Pay starts once you are at your assigned post.
2. Events do not always start and end at the exact times, so expect schedules to vary.
3. If you are a no-show, we will not use your services again unless you provide a valid medical excuse for the missed shift.
4. You must remain at your assigned post. If you need to leave due to an emergency, please inform management before leaving.

Pay is by direct deposit/pay card.

All employees will be scanned for weapons, and all bags will be searched. We do not allow anyone to work for our company who has drugs, alcohol, or any weapons on them.

Ensure you have everything you need with you. No one will be allowed to return to their vehicle unless clocked out and leaving.

By signing this form, I agree to comply with the above policy and guidelines:

Sign: _____

Date: _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. <i>See Specific Instructions on page 3.</i>	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <hr/> <p>2 Business name/disregarded entity name, if different from above.</p> <hr/> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ </p>		<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: center;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>		
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number																									
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Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they