



BIS New Hire Orientation Packet

All employees are required to have signatures on all of the pages contained in this packet. Please be sure to turn in your completed packet to the HR Director, along with copies of your:

- Driver's license
- Driver's insurance card (must be listed on the card or obtain proof of coverage)
- 2nd form of ID (social security card, birth certificate or passport)
- Voided check for direct deposit (attach to backside of this page)
- Proof of high school education (diploma, transcript, or equivalency)
- Any previously completed and required trainings

Thank you and welcome to our TEAM!



Behavior Intervention Services has elected to offer the benefit of electronic deposit to all employees. Electronic deposit is the most convenient, secure and affordable way to be paid. Those employees who currently have a bank relationship will use their existing account to receive electronic deposits. Those employees without a bank account are offered the Skylight PayCard. The Paycard is available to everyone regardless of credit history and successful applicant verification. Please read carefully.

CONVENIENT: No more special trips to work on your day off to pick up your check and no more waiting in line to get your check cashed. Your money is in your account by 9am EST on payday morning (which is every other Friday. Please refer to the included Pay Cycle format, located in your take home packet from orientation week). With a Skylight card, you can receive text message alerts of your current balance and recent deposits.¹

AFFORDABLE: Avoid check cashing and money order fees. Skylight account pricing is based on the transactions you make, with many transactions available for free.

SECURE: Your money is safe in your account and available when you need it. If you lose your card, Skyligh will send a replacement!²

To sign up for either your bank direct deposit OR a Skylight paycard, complete this form. Please place a check mark next to your option. If the Skylight Paycard option is selected, Human Resources will provide a Vise Debit card packet, available on your next day at the office.

Name (Last, First, Middle initial)	Social Security Number	
Physical address (no PO Boxes, please) Street, City, State, Zip	Date of Birth	
Circle your option for direct deposit:	Personal Checking Deposit Personal savings	Paycard Direct

Financial Institution:
Bank Routing Number:
Bank Account Number:

*PLEASE ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT FORM FOR ROUTING & ACCOUNT VERIFICATION

My signature below grants authorization to deposit 100% of my wages into the account listed into the account indicated. This includes authorization to correct any entries made in error. This authorization will remain in effect until I give a written 10 day notice to cancel it.

¹ Use email register for Online Banking and activate subscription to text message alerts. Standard/text message/alert charges by individual cell phone may apply.

² Consult your fee schedule for additional details.

Printed Name & Signature: _____ Date: _____



MISSOURI DEPARTMENT OF
REVENUE
Employee's Withholding Certificate

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

Employee	Full Name		Social Security Number	
	Home Address (Number and Street or Rural Route)		City or Town	State ZIP Code
	1. Filing Status: Check the appropriate filing status below. <input type="checkbox"/> Single or Married Spouse Works or Married Filing Separately <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household			
	2. 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 tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2.			
Employer	3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used.		2	
	4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4.		3	
	<input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption. <input type="checkbox"/> I am exempt because I 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. <input type="checkbox"/> I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction.		4	
Under penalties of perjury, I certify that the information provided on this form is true and accurate.				
Employee's Signature (Form is not valid unless you sign it)			Date (MM/DD/YYYY)	
Employer	Employer's Name		Employer's Address	
	City		State	ZIP Code
	Date Services for Pay First Performed by Employee (MM/DD/YYYY)		Federal Employer ID Number	Missouri Tax Identification Number

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.

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

Notice to Employee:

Return completed form to your Employer. Consider completing a new Form MO W-4 each year and when your personal or financial situation changes. Visit our online withholding calculator <https://mytax.mo.gov/state/portalthome/withholding-calculator>.

Items to Remember:

- Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
- 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. For additional assistance in regard to Military, visit the department's website <https://dss.mo.gov/military>.
- Additional information can be found at <https://dss.mo.gov/business/withhold>.

Employee's Withholding Certificate

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

- ▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 ▶ Give Form W-4 to your employer.
 ▶ Your withholding is subject to review by the IRS.

2022**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. . . . ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ Multiply the number of other dependents by \$500 . . . ▶ \$ Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

Nonresident alien. If you're a nonresident alien, see Notice 1302, *Supplemental Form W-4 Instructions for Nonresident Aliens*, before completing this form.

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only **ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Notes: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$ _____
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$ _____
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 _____
- 4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$ _____
- 2 Enter:
 • \$25,900 if you're married filing jointly or qualifying widow(er)
 • \$19,400 if you're head of household
 • \$12,950 if you're single or married filing separately
 2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-". 3 \$ _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$ _____
- 5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(b)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine use of this information includes giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Births. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶ 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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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	<div>OR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<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 "NA" 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: _____	

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2012

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 "List of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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		OR 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 HR Director	
Last Name of Employer or Authorized Representative Klamer	First Name of Employer or Authorized Representative Jamila	Employer's Business or Organization Name Behavior Intervention Services	
Employer's Business or Organization Address (Street Number and Name) 2044 Metro Blvd.		City or Town Maryland Heights	State MO
		ZIP Code 63043	

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

A. New Hire (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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Equal Employment Advisory Council Revised Alternative Suggested Employee Questionnaire for Self-Identification of Race/Ethnicity

INSTRUCTIONS: PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

Behavior Intervention Services is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

- ☐ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American:** a person having origins in any of the black racial groups of Africa.
- ☐ **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

Employee Printed Name & Signature: _____ Date: _____

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1320

► Information about Form 8850 and its separate instructions is at www.irs.gov/efiles8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

2 ☐ Check here if any of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 18 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; or
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

6 ☐ Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months; or
- Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalty of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:

Gave information	Was offered job	Was hired	Started job
_____	_____	_____	_____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____

Title _____

Date _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.

Learning about the law
or the form 24 min.Preparing and sending this form
to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formpubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



Orientation Week Training Attendance Cost Policy

As a newly hired employee of the agency, I understand that I must meet the listed minimum requirements of the position in terms of trainings, certifications, and attendance during Orientation week to be eligible for continued employment.

BIS will pay me current minimum wage to receive these trainings and will cover the cost to attend these trainings if my employment remains active and in good standing. If at any time I fail to pass a required course, fail to attend a scheduled training without a 24-hour notice of cancellation, resign my employment with the agency, am terminated from the agency, or request to move to a PRN position*, I am aware that BIS reserves the right to recoup the cost of the asterisked (*) trainings up to 90 days past the class date by deducting the current cost of the training from my final paycheck(s).

- | | |
|---|---|
| • Abuse and Neglect | CPR/First Aid* (\$75) |
| • Blood borne pathogens | Mandit Systems*(\$75) |
| • Confidentiality agreement | Orientation (\$75) |
| • HIPAA training | Behavior Management classes/ ABA (\$75) |
| • Observe, Record and Report | Seizure Training |
| • Medication Admin-level 1* (\$100, \$60 recert, but pricing subject to change based on location) | |

I understand that BIS will retain all original documents for my personnel file and these documents are the property of BIS. Should I wish to receive my original documents of certified trainings (*CPR/First Aid, and Medication Administration only*), I may obtain those documents via a written request to the HR Department and payment for the copy. I can request to have the payment deducted from my paycheck or I may bring cash to the office.

Employees requesting copies of their certifications will be required to pay the full cost of the class if the request is received prior to 30 days from the date of the class. All other requests for copies after the 30-day mark will be honored for a \$5 processing fee.

* If employees change their status to PRN before 90 days of employment the employees training copies are not available for an additional 90 days.

Employee Signature: _____ Date: _____

Print Name: _____



1:1 Staffing Agreement and Responsibilities as a Direct Support Professional

After consultation with the administration at the Department of Mental Health, we have received clarification on the nature of providing Behavior Therapy and Direct Support Services to consumers of families with multiple children.

BT and DSP services are at a ratio of one-on-one. The Department of Mental Health's definition of our contracts state that services provided in anything other than this ratio is a violation of that client's Person Centered Plan, state guidelines and the state and agency policies.

The DSP billing for services provided will only be paid out if the environment satisfies the one-on-one ratio and if the service provided is in a therapeutic environment (i.e., in their home or in a community based activity that is clearly defined in their BSP and/or PCP)

If there are additional children in the home during day or afternoon service times, there must be either **1)** an adult or guardian present or **2)** the additional child(ren) are of an age that they are responsible for themselves in their entirety included but not limited to: toileting, diapering, feeding/meal prep, bathing, ability to handle emergency situations, etc.

In the event that overnight services have been requested for a consumer, there must be another responsible individual in the home to care for any other person or child in that home that cannot provide their own care including but not limited to: feeding/meal prep, toileting, diapering, hygiene, medication administration, mobility, transport, emergency situations, etc.

The DSP will only be responsible for the billable consumers' needs as stated in their current Behavior Support or Individualized Support Plan (BSP or ISP). Under no circumstances will a DSP be responsible for another child's care in the home including but not limited to feeding, waking, toileting, diapering, hygiene, homework, curfew, transport or emergency situations, etc. Any violation or deviation from one-on-one care will result in misuse of funds and may not be billed to this agency.

The DSP will be responsible for reporting any requests or violations of this policy to their Site Supervisor and Human Resources Department for investigation and review. Misuse of funds could lead to the loss of consumer services as well as disciplinary action and/or termination of any DSP found in violation of this policy.

Additionally, it is important to note that while the DSP should not be responsible for any additional children present in the home of our clients, it is equally important that the DSP not attempt to provide support to their own children during times in which they are supporting and billing hours to a BIS client. Personal errands or taking a client to the employee's home for any reason without prior approval from a supervisor is strictly prohibited. Employee's found violating this agreement will be subject to disciplinary action up to and including termination.

Printed Name & Signature: _____ **Date:** _____



Liability Agreement for Use of Personally Owned Vehicle

updated 1/7/21

I, _____ understand that it is my responsibility to use my personally owned automobile to transport clients of Behavior Intervention Services, LLC, in accordance with the conditions outlined below:

1. I am familiar with the traffic and automobile regulations of the State of Missouri and Illinois. The automobile I will drive while engaged in BIS business is registered and I have a valid MO driver's license or out of state license.
2. The automobile I will drive while transporting BIS clients will, at all times, be covered by liability and property damage insurance, with at least the statutory limit for Personal Injury Protection. I agree to have the minimum coverage required by Missouri state law.
3. I understand that if I transport clients in a vehicle not owned by BIS, I am fully responsible for insurance coverage provided through my own personal policy. In the event of an accident, I accept the full responsibility to work through my insurance company to resolve the claims of all parties involved.
4. I agree to notify BIS within 24 hours of any and all automobile accidents in which I am involved while transporting clients or which cause me to lose my ability to transport during any scheduled shift time. A BIS incident report and Community Event Report (CER) must also be completed and turned in to the office within 24 hours of the incident.
5. I understand and provide my consent to motor vehicle record and driver insurance checks which will be conducted at least annually and/or as deemed necessary by Behavior Intervention Services.
6. I will notify BIS ten (10) days in advance of any cancellation, expiration, or change in the limits of this policy and provide a new copy of all updated insurance policies before any expiration date of on-file documents.

VERIFICATION OF AUTOMOBILE INSURANCE COVERAGE

(Attach copy of current driver's insurance card here)

Printed Name & Signature: _____ Date _____



MO Quality Outcomes

The Missouri Quality Outcomes were developed as a result of listening to people with disabilities, their families and advocates. The outcomes were designed to encourage personal quality of life outcomes with individual focus on leading a self-determined life; including personal values, choice, health, safety, inclusion and self-advocacy.

The Missouri Quality Outcomes are intended to be a guide to assist the user with facilitating discussion around key areas of importance to the individual and supporting their personal goals, dreams and other areas of interest to the individual that defines quality of life. Improving quality requires continuous efforts on getting to know the person in the settings and situations where they are supported, as well as, consistent interaction and involvement with the individual and their support systems for ongoing assessment of their quality of life.

The Missouri Quality Outcomes will be measured through annual data collection by the Division of Developmental Disabilities. Based on that data, the Division of Developmental Disabilities will address areas of enhancements to services and supports through policies and practices, with the goal of providing continuous improvement for people living with developmental disabilities.

1. People participate in meaningful daily activities of their choice.
2. People live in communities they choose, with whom they chose and in homes and environments designated to meet their needs.
3. People are active members of their communities while determining valued roles and relationships through self-determination.
4. People are able to choose health/mental health resources and are supported in making informed decisions regarding their health and well-being.
5. People are educated about their rights and practice strategies to promote their safety and security.
6. People have opportunities to advocate for themselves, others and causes they believe in, including personal goals and dreams.
7. Families are provided with knowledge that empowers them to facilitate opportunities for the individual's self-determination through the course of his/her life.

I have reviewed the above Quality Outcomes for the state of Missouri during Orientation and/or 1-on-1 with a supervisor who is trained and knowledgeable of said outcomes. I understand the material and am ready to apply this knowledge to my work with clients.

Printed Name & Signature: _____ Date: _____



Medication Administration level 1 training and expectations

I _____, do not currently carry certification, have never completed the State of MO Department of Mental Health Medication Administration level 1 (MA1) class or am still waiting for the HR Department to verify my certification. Until one of these steps have been completed, I understand that under **NO** circumstances should I pass any medications to any client or consumer of Behavior Intervention Services.

Further, by signing below, I acknowledge that I must attend and pass the two-day certification class before I am certified as an L1MA. I understand that I cannot work with any client requiring medication during scheduled shift times until this training has been completed and my test scores are on file with the HR Department.

It is my responsibility to do the following:

- Know if medication needs to be administered during my shift and secure another certified staff member of my team to administer those medications to my client during my shift times until I am certified.
- Contact HR Department to sign up for the next available class times to attend the two-day training for Medication Administration before I have reached 30 days of hire.
- I understand that failure to attend or cancel a scheduled class or failure of the MA1 class test will make me ultimately responsible for current fee associated with the class and that my next available paycheck will be docked that amount.

Failure to follow these guidelines will result in corrective actions up to and including immediate removal from teams and/or termination.

Printed Name & Signature: _____ Date: _____



INFORMATION REGARDING RECOMMENDED HEPATITIS B AND TUBERCULOSIS VACCINATIONS

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of exposure to Hepatitis B and/or Tuberculosis. Behavior Intervention Services strongly recommends and has provided the opportunity for vaccination against Hep-B and TB by providing a reimbursement for each test.

I understand that I can either choose to receive these vaccinations on my own time and through my own appointments and that once completed and read, I may turn in those results and receipts to the Financial Department for reimbursement.

Hepatitis B: up to \$24

PPD (Tuberculosis): up to \$120

I understand that, unless I have had a previous vaccination against Hepatitis B or TB, I may be at risk of acquiring these illnesses.

I will check the box here ☐ if I am currently vaccinated.

Printed Name & Signature: _____ Date: _____

Direct Support Professional Staff job description

(to be signed by all employees in addition to any other specific position requirements)

The DSP position is a variable hour, PRN or full-time hourly non-exempt position assisting and supporting children and adults with developmental disabilities in either the client's parental or guardian's home (Natural Home) or an agency supported Individualized Supported Living (ISL) environment. DSP staff are responsible, timely, professional and organized. DSP staff should have exceptional oral and written communication skills and a general knowledge of developmental disabilities. Overtime (optional hours of over 40 within a defined work week) is not authorized for any non-exempt position without prior approval from the Executive Director. Unauthorized OT will be subject to disciplinary action up to and including termination.

PREFERRED QUALIFICATIONS:

- College coursework in general or special education, Psychology, Sociology or a related human services field.
- Experience working with individuals with Autism Spectrum Disorders or other developmental disabilities.

MINIMUM QUALIFICATIONS:

- Qualified applicants must be at least 18 years old and have a clean background check with the Family Care Safety Registry, the Department of Health and Senior Services exclusion database and the Employee Disqualification List (EDL).
- High school diploma or GED equivalent required.
- Working cell phone, internet access, an email account and general computer skills/knowledge.
- Reliable and transportation that is insured in the state of Missouri or Illinois.
- Valid proof of insurance and current driver's license maintained in personnel file.
- Must have reliable transportation and be willing to transport client in own vehicle as required per client specifications.
- Must be Mouth certified (agency offers courses or will accept Mouth certification from other organizations).
- CPR/First Aid certification (agency offers courses or can be attained through other organizations).
- Medication Administration level 1 certification (as necessary for client caseload).

REPORTS TO: ISL Schedules, Residential Quality Manager, Natural Home Support Manager

JOB REQUIREMENTS AND RESPONSIBILITIES:

DSP staff job requirements may include but are not limited to assisting in behavioral and personal care services to a specific learner that will enable him/her to reach his/her fullest potential and improve behavior, academic, social and functional skills.

- Assist with any activity of daily living as outlined in the client's Behavior Support Plan or Individual Support Plan.
- Implement specific teaching strategies utilizing the principles of behavior analysis to focus on skill acquisition in all areas as well as the reduction of problematic and interfering behaviors.
- Provide safe and continuous support in the home or community by maintaining room's length/line of sight/visual and alert posture and provisions throughout any shift.
- Provide recreation and leisure activities, teach functional communication, implement approved behavior plans, and achieve increased independence, productivity, and inclusion in the community.
- Provide extensions of other forms of therapy and taught and deemed appropriate by the Behavior Therapist and/or direct supervisor of the team.
- Ability to understand and implement a variety of Behavior Support Plans per each client's outcomes and goals.
- Ability to complete items on a daily basis and in line with the expectations of the team, ensure proper completion of time sheets, therapist checklists, and communication logs as outlined per client team.
- Ability to push, pull, lift up to 75 lbs. and stand unaided for up to 3 hours at a time.
- Ability to attend, assist and engage during monthly, quarterly, etc. team meetings.
- Ability to transport clients in personal vehicle each shift as deemed appropriate to the BSP/ISP goals.
- General upkeep and cleanliness of the home/facility.

This job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee. Other duties, responsibilities and activities may change or be assigned at any time with or without notice.

Printed Name & Signature: _____ Date: _____



Payroll and Billing Procedures

1. Payroll and payroll processing is pulled strictly from the entries in Set Works (SW) and all employees are paid each pay period based on the hours entered into the system by each employee, per BIS policies on billable time entry (502 & 502b). Please see current years' Pay Cycle for specific dates and pay periods.
2. It is ultimately the responsibility of the employee to enter required documentation for billable time into the SetWorks system at www.set-works.com. Additionally, any problems such as lock out from the system or an inability to complete their daily note must be reported to their site supervisor as soon as possible so that it can be addressed. Any delay in reporting an issue that results in a late note (past the 72 hour window) will be deemed as late and unbillable until the employee has been opened up in the system for the purpose of adding the missing note.
3. All billable work hours (trainings, meetings, certifications, and direct support time with clients) are required to be put into the SW system (www.set-works.com) at the end of any worked shift.
4. Failure to follow the correct procedure for entering hours worked and corresponding notes for each client with a 72-hour period from the end time of service will render those hours late and they may not be paid on the regularly scheduled pay period.
5. Any late notes not entered within the required 72-hour period from the end time of service will be paid at Missouri's current minimum wage.
6. In order to receive payment for late notes, any employee entering notes will be required to do the following:
 - a. Alert the immediate supervisor immediately of the missed note
 - b. Email one of the following people to unlock the note: RBT/BCBA – DBAS, ISI, – QAM, DayHab-DH Director
 - c. Provide an explanation of why the note was late
 - d. Receive feedback for employee file on the late billing
 - e. Late notes (and billable time) will be pulled and processed within 16 days of receipt, on the next available payroll cycle.
7. The first violation of being unable to submit a billable note on time will result in a 1st and final warning.
8. A second violation within 30 days of being unable to submit billable notes on time through the SetWorks website will be cause for disciplinary action up to and including termination from the employee's current position.

By signing below I acknowledge that have read, understood, and had the opportunity to ask questions about this information

Employee Signature: _____ **Date:** _____

Print Name: _____

BIS Communicable Disease (COVID-19) Precaution Acknowledgement

ATTN: Behavior Intervention Services Employees: as we move into the next phase of the COVID-19 pandemic BIS remains committed to everyone's health and well-being.

Here are some things we are implementing to help keep our workplace safe and to support you:

1. Wash your hands at the beginning and end of every shift upon entering a residence (ISL or Natural Home)
 - Keep your work area clean by using disinfectant cleaner at the beginning and end of your shift.
2. At all BIS locations and including clients, residents, employees, and visitors will be screened for symptoms of COVID-19 using the Communicable Disease (COVID-19) Screening Procedures.
 - Employees who have a fever, report, or appear symptomatic may be sent home and advised to contact their health care provider.
 - Clients displaying symptoms should be reported to the site supervisor.
3. Frequent cleaning and sanitizing in all BIS locations (including client residents).
 - The lobby area, restrooms, the kitchen, and frequently used area and office equipment is sanitized three times per day.
 - Office managers are responsible for cleaning and sanitizing their private and shared office spaces.
4. Access to hand sanitizer throughout the workplace.
 - There is soap and paper towels at all locations. There is hand sanitizer located at the entrance, training room, and clinic entrances. Please use them upon entering the office space and when needed.
 - Hand washing stations and hand sanitizers may differ upon location. Please familiarize yourself with these locations before each shift.
5. The number of people allowed to gather in rooms, conference rooms, and communal areas at one time should still allow for physical distancing.
 - BIS encourages its employees and visitors to practice social distancing (6 feet apart) as much as possible throughout all locations at the BIS main office, Sprout Clinic, and Grow Day Programs.
 - All employees, visitors, and clients should practice proper sneezing and coughing etiquette.

Here are some things we expect you to implement to help keep our workplace safe:

1. Go home if you feel sick.
2. Self-monitor and report any symptoms of COVID-19 to your immediate supervisor.
3. If working in the Natural Home Department, these additional steps should be followed.
 - a. Employees should conduct COVID-19 screening questions and contact their supervisor 1 hour before shift to report any symptoms.
 - b. You are to take your temperature prior to reporting to work.
 - c. Notify your supervisor before arriving to the client's home if ill or you have a fever (over 99.9).
 - d. Use hand sanitizer prior to entering the home
4. Wash your hands often, and for the recommended 20 seconds.
5. Stay at least 6 feet apart when moving through the workplace.
6. It is required to wear a face mask, facial covering, or cloth face covering in the workplace when in communal office/ facility areas or when unable to be physically distant, working with clients when physical (6ft) distance cannot be achieved including (but not limited to) in a vehicle, while passing/preparing medications, assisting with personal hygiene, and when preparing or handling food items.
7. Call, email, message, or video conference as much as possible rather than meet face to face.
8. Be conscious and understanding of your co-workers who may be dealing with childcare issues, illness or loss of loved ones, financial insecurity, and other issues.
9. Review and acknowledge specific department procedures and protocols for cleaning, sanitation, and COVID-19.
10. Speak with HR or site supervisor if you have questions or concerns.

By signing this form, I acknowledge that I have reviewed this information and understand the expectations and responsibilities as outlined above.

Employee Name (print): _____

Employee Signature: _____

Date: _____

Behavior Intervention Services Face Masks or Facial Covering Acknowledgment

ATTN: BIS Employees

During the COVID-19 pandemic, the Centers for Disease Control (CDC) has recommended individuals wear face masks or coverings in public settings. A *face covering* is generally a face shield, cloth, bandana, or other type of material that covers an employee's mouth and nose.

Employees can wear their own face mask or covering or request one from their site supervisor for use during the workweek. Proper facemasks instructions are included with this procedure. Additionally, further training for proper use, cleaning, and disposal of facemasks or face coverings will be provided upon request.

BIS recognizes that wearing facemasks is not a substitute for physical distancing practices. Remember that wearing a face covering can help prevent the spread of the disease, but only in addition to other measures that employees should be taking in the workplace and at home, such as frequent hand washing, cleaning and sanitizing frequently-touched surfaces, as well as practicing physical distancing.

If an employee feels sick or if they are experiencing symptoms of COVID-19 they should follow the proper reporting procedures and let their site supervisor know immediately.

To get the most benefits from a face covering:

- Make sure it completely covers your nose and mouth.
- Read the directions for use (if provided).
- Wash your hands before and after removing it.
- Try not to touch your face when you adjust it throughout the day.
- Keep cloth coverings clean by washing daily, or more often if contamination occurs.
- Do not let others wear your face covering.
- Keep it away from machinery that it could get caught in.
- If using disposable face coverings, do not reuse them, and throw them away in appropriate trash receptacles.
- Do not lay your face covering on any surface that may contaminate either the covering or the surface.
- Do not use it if it is damaged or has holes, unless it is the only face covering you have access to. Reach out to your site supervisor for a new mask if you are unable to locate a proper replacement.

The Centers for Disease Control (CDC) and governing health agencies have recommended individuals wear face masks or coverings in public settings during this time. BIS recognizes there may be various health reasons why an individual may not be able to comply with this order. Therefore, any person who chooses not to follow this procedure does so acknowledging all risks associated by choosing not to wear face masks or covering in communal areas or when physical and social distancing may not be possible.

This requirement is in effect until further notice. It will be reviewed as necessary and may be extended. All employees will be required to acknowledge this form and its contents by selecting one of the options below.

☐ I accept, understand, and acknowledge this requirement. I choose to follow BIS recommendation and practice wearing a facial mask or facial covering as outlined above.

☐ I decline this recommendation for wearing a facial mask or facial covering due to a medical reason. I have submitted my medical documentation to the HR Director as outlined in the BIS Disability Accommodation policy (114). I understand and assume responsibility for all risks associated by not wearing a facial mask in communal areas or when physical distancing cannot be met.

(If signing electronically, type your full name followed by "e-signed.")

Signature:

Name (print):

Date:

MVR Consent Form

To: Behavior Intervention Services, LLC

From (your name): _____

It is understood that my employment requires (or may require) me to drive either a company owned vehicle or my own vehicle on company business. I understand that my employer and/or the insurance company writing my employer's insurance requires my driver's license number and information in order to assess my insurability by running a Motor Vehicle Record (MVR) report. I also understand that I have the right to see a copy of my MVR upon request.

By this letter, I hereby authorize my employer and/or the insurance company and/or Heffernan Insurance Brokers to obtain the necessary motor vehicle records and authorize them to send a copy of my Motor Vehicle Record to my employer.

This authorization will be valid until such time I leave my employer.

Date of Birth: _____

Driver's License Number: _____

State Issued: _____

Employee Signature

Date

The Permission Letter must be signed by the employee and kept in your employee files AND send to Heffernan Insurance Brokers

Driver Insurance Consent Form

To: Behavior Intervention Services, LLC

From (your name): _____

It is understood that my employment requires (or may require) me to drive either a company owned vehicle or my own vehicle on company business. I understand that my employer and/or the insurance company writing my employer's insurance requires my driver's insurance policy to be verified.

By this letter, I hereby authorize my employer to access and obtain the necessary motor vehicle records, including my driver insurance. I authorize my employer to verify my insurance policy and my insurance agency or agent to release information regarding my driver policy to my employer.

This authorization will be valid until such time I leave my employer.

Date of Birth: _____

Drive Insurance Policy Number: _____

Automobile Description Covered by policy (year, make model): _____

Agency Issued: _____

Employee Signature

Date

The Permission Letter must be signed by the employee and kept in your employee files and can be sent to your insurance company for authorization.



Reference Release Faxable Form

Applicant name: _____

Former employer: _____ Fax # or contact #: _____

Social Security #: _____ Dates employed: _____

The above named applicant is being considered for employment with BIS and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us in the enclosed, self-addressed, stamped envelope. Thank you for your assistance.

Applicant's Authorization

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempt to comply with this information.

Applicant's signature: _____ Date: _____

Record of Employment

(to be completed by current or former employer)

Position held: _____ Dates employed: _____

Eligible for rehire? ☐ Yes ☐ No Salary at end of employment: _____

Summary of essential duties: _____

Reason for leaving: _____

Rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comments: _____

Name & Signature: _____ Title: _____ Date: _____



Telephone Reference Check

Name of applicant: _____

Person contacted: _____

Company: _____

Position/Title: _____ Phone #: _____

1. What were the dates of his/her employment with you? Salary?
2. What was the nature of his/her job?
3. What did you think of his/her work?
4. How would you describe his/her performance in comparison with other people?
5. What job progress did he/she make?
6. Why did he/she leave your company?
7. Would you re-employ?