

NEW HIRE CHECKLIST

- APPLICATION
- COMPLETED PRE-HIRE DRUG TEST
- CURRENT YEAR W-4 FORM
- TWO VALID IDENTIFICATIONS (SEE ATTACHED LIST OF ACCEPTABLE DOCUMENTS)
- EMPLOYMENT ELIGIBILITY VERIFICATION (I-9)
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- EMPLOYEE ACKNOWLEDGEMENT/WORKMAN'S COMPENSATION
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We are proud to be a Drug-Free Workplace

E-Mail: root@dbtile.com
Home Page: www.dbtile.com

D & B OF HOLLYWOOD INC
1685 STATE RD 7
HOLLYWOOD, FL 33023
Ph: 954-983-6373

D & B TILE OF MIAMI
8369 NW 36 STREET
MIAMI, FL 33166
Ph: 305-592-9340

D & B TILE OF DELRAY
781 SOUTH CONGRESS AVE
DELRAY BEACH, FL 33445
Ph: 561-278-7022

D & B OF POMPANO INC
1551 N POWERLINE ROAD
POMPANO BEACH, FL 33069
Ph: 954-979-2066

D & B OF KENDALL INC
17911 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157
Ph: 305-238-8492

D & B TILE OF PT ST LUCIE
321 NW PEACOCK BLVD
PT ST LUCIE, FL 34986
Ph: 772-873-8556

D & B OF SAWGRASS
14200 NW 4 STREET
SUNRISE, FL 33325
Ph: 954-846-2660

D & B TILE OF PALM BEACH
3346 45 STREET
W PALM BEACH, FL 33407
Ph: 561-478-4242

TILE MART DISTRIBUTORS
1020 SE 14TH STREET
HIALEAH, FL 33010
Ph: 305-885-9804

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire

PERSONAL INFORMATION

LAST NAME _____	FIRST NAME _____	MIDDLE INITIAL _____
PRESENT ADDRESS _____		
CITY _____	STATE _____	ZIP _____
SOCIAL SECURITY# _____		PHONE _____
ARE YOU 18 YEARS OF AGE OR OLDER? _____		

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	DATE ATTENDED	DID YOU GRADUATE
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
TRADE/BUSINESS			

GENERAL

SPECIAL TRAINING _____

SPECIAL SKILLS _____

ENTER BELOW THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST THREE YEARS

NAME	ADDRESS	PHONE #	YEARS KNOWN

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A CRIME WITHIN THE LAST FIVE YEARS? _____

IF, SO EXPLAIN _____

DESIRED EMPLOYMENT

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO D & B BEFORE? _____ WHERE AND WHEN ? _____

HAVE YOU EVER WORKED FOR D & B BEFORE? _____ WHERE AND WHEN ? _____

NAME OF LAST SUPERVISOR _____

REASON FOR LEAVING _____

WHO REFERRED YOU TO D & B TILE? (CIRCLE ONE)

EMPLOYMENT AGENCY

NEWSPAPER AD

FRIEND

STATE AGENCY

OTHER

FORMER EMPLOYERS

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR MOST RECENT EMPLOYER _____			
ADDRESS _____	CITY _____	ST _____	ZIP _____
TELEPHONE _____	SUPERVISOR _____	TITLE _____	
STARTING DATE _____	LEAVING DATE _____	JOB TITLE _____	
WEEKLY STARTING SALARY _____	WEEKLY ENDING SALARY _____		
YOUR JOB DESCRIPTION _____ _____			
YOUR REASON FOR LEAVING _____ _____			

NAME OF NEXT MOST RECENT EMPLOYER _____			
ADDRESS _____	CITY _____	ST _____	ZIP _____
TELEPHONE _____	SUPERVISOR _____	TITLE _____	
STARTING DATE _____	LEAVING DATE _____	JOB TITLE _____	
WEEKLY STARTING SALARY _____	WEEKLY ENDING SALARY _____		
YOUR JOB DESCRIPTION _____ _____			
YOUR REASON FOR LEAVING _____ _____			

NAME OF NEXT MOST RECENT EMPLOYER _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

TELEPHONE _____ SUPERVISOR _____ TITLE _____

STARTING DATE _____ LEAVING DATE _____ JOB TITLE _____

WEEKLY STARTING SALARY _____ WEEKLY ENDING SALARY _____

YOUR JOB DESCRIPTION _____

YOUR REASON FOR LEAVING _____

NOTICE TO APPLICANTS

D & B Tile complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical questionnaire and/or undergo a medical examination. If required, all new employees in the same job category will be subject to the same medical questionnaire and/or undergo a medical examination, and all information will be kept confidential in separate files.

D & B Tile is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, or marital status. We assure you that your opportunity for employment with D & B Tile depends solely upon your qualifications.

STATEMENT OF APPLICANT

The information which I have entered on this application is correct, to the best of my knowledge. I understand that D & B Tile may perform a background check to verify any of the information that I have included on this application.

Further, I agree, that if I am hired, any employment dispute or grievance whatsoever which may arise during, or as a result of, my employment or Application For Employment, which cannot be resolved between myself and D & B Tile Distributors or any of its affiliated companies, shall be resolved or settled by binding arbitration, rather than by a State or Federal Court, by the American Arbitration Association and its arbitration rules, and arbitration shall take place in Broward County, Florida. I understand that by agreeing to this binding arbitration provision, both myself and the Company give up their rights to trial by jury.

Signature of Applicant

Initial Drug Screen Result Form

Specimen ID Number _____

Collection Test Date _____

Company Information: (Information about the Company doing the testing)

Company _____
 Address _____
 City _____ State _____ Postal Code _____
 Collector's Name _____
 Specimen Temperature: (90-100 F.) In Range Other _____ Fax _____

Donor Information: (Information about the person being tested)

Donor's Name _____ Employee ID # or Last Name: _____
 ID # or SSN _____
 Identification Type _____ Expiration _____
 Notes _____

Certificate Information: (Must be signed by both Donor and Collector)

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and/or alcohol.

Donor's Signature _____ Date _____

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were acceptable.

Collector's Signature _____ Date _____

Initial Screen Results: (All "Confirm" or non-negative results must be confirmed using GC/MS)

Drug Name	Device Code	Negative	Confirm	Not Tested
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates/Morphine	OPI/MOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylenedioxymethamphetamine	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALCOHOL SCREEN	ALC		Level _____	

Last Name

First Name

POST-HIRE MEDICAL QUESTIONNAIRE

The State of Florida has developed a program to encourage employers to hire employees with disabilities. The program is called "The Special Disability Trust Fund". This medical questionnaire is necessary for qualification to the trust fund, and must only be completed after an offer of employment is made. The questionnaire is not being used as the basis for deciding whether to employ you.

IMPORTANT NOTICE: Under Florida law, any employee who falsely represents his condition in writing at the time of entering into the employment relationship with the employer may be denied workers' compensation benefits.

EMPLOYEE NAME: _____ HEIGHT: _____ WEIGHT: _____
 SOCIAL SECURITY: _____ DRIVERS LICENSE # _____
 TELEPHONE: _____

Answer YES or NO, YES answers must be followed by approximate date of injury or treatment

	YES or NO	WHEN
1. Have you ever had a back injury?		
2. Have you ever had a herniated intervertebral disk in your back?		
3. Have you ever had back surgery for removal of a disk?		
4. Have you ever had a neck injury?		
5. Have you have had a herniated disk in your neck?		
6. Have you ever had neck surgery for removal of a disk?		
7. Have you ever had a knee injury? Which Knee? _____		
8. Have you ever had surgery on either of your knees?		
9. Have you ever had a shoulder injury? Which shoulder? _____ ..		
10. Have you ever had surgery on either shoulder? Which shoulder?		
11. Have you ever had an elbow injury? Which elbow? _____		
12. Have you ever had surgery on either elbow? Which elbow? _____		
13. Do you have, or ever had an amputation of your foot, leg, arm, or hand?...		
14. Do you have epilepsy?		
15. Do you have, or did you ever have diabetes?		
16. Do you have, or have you ever had cardiac disease?		

Answer YES or NO, YES answers must be followed by approximate date of injury or treatment _____

	YES or NO	WHEN
37. Do you have or have you ever had Varicose Veins or a Leg Ulcer?		
38. Do you have or have you ever had Tuberculosis?		
39. Do you have or have you ever had allergies or asthma?		
40. Do you have or have you ever had skin trouble?		
41. Do you have or have you ever had reaction to a serum drug?		
42. Do you have or have you ever had kidney or bladder trouble.		
43. Do you have or have you ever had ulcers?		
44. Do you have or have you ever had a head injury?		
45. Do you have or have you ever had Cancer?		
46. Do you have or have you ever had Arthritis or Rheumatism? What part of the body? _____		
47. Have you ever been ruptured (hernia)? On which side was surgery performed? _____		
48. Have you ever had an injury, operation, or disability not covered by the above questions?		
49. Are there any questions you don't understand? Which question? _____		

PLEASE DETAIL ALL YES ANSWERS

The information on this form shall not be used to discriminate against a qualified individual with a disability because of the existence of the disability in regard to the following: job application procedures; hiring, advancement or discharge of the employee; employee compensation; job training; and other terms, conditions and privileges of employment.

Under penalty of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

Name of Applicant (printed): _____

Name of Applicant (signed): _____ Date: _____

TO BE COMPLETED BY EMPLOYER

Reviewed By: _____ Title: _____

Date: _____

Employee Acknowledgement

YOUR EMPLOYER has agreed to provide workers' compensation coverage for work-related injuries and illness through a Managed care Arrangement (MCA) pursuant to Section 440.134, Florida Statutes.

as an employee of _____ you must follow
(Employer/Company Name)
the procedures and guidelines of your workers' compensation MCA.

The attached employee brochure entitled, "Facts for Injured Workers" sets forth your rights and responsibilities under your employer's workers' compensation MCA.

BE ADVISED:

Your failure to comply with the procedures, terms and conditions of the MCA could result in loss of benefits, and personal responsibility for the payment of medical and hospital charges.

ACKNOWLEDGEMENT OF EMPLOYEE:

I, _____ an employee of _____
(Employee Name) (Employer Name)
do hereby agree to comply with the procedures, terms and conditions of my employer's Workers' Compensation MCA. I acknowledge and understand that my failure or refusal to comply with the procedures, terms and conditions of this MCA could result in the loss of benefits to me and responsibility for the payment of medical and hospital charges.

(Employee Name)

(Date)

(Witness Signature)

**EMPLOYEE ACKNOWLEDGMENT OF POLICY REGARDING
ACCEPTANCE OF CHECKS FOR PURCHASES**

THE FOLLOWING STEPS ARE MANDATORY FOR ALL CHECKS (NO EXCEPTIONS)

(1) All checks must be preprinted by the bank with:

- (A) NAME
- (B) ADDRESS (If it is a P.O. Box, handwrite the street address)

(2) Other information to be preprinted or handwritten on the face of the check:

- (A) TELEPHONE NUMBER (Work and/or home)
- (B) DRIVERS LICENSE NUMBER (of the individual signing the check)
Make sure signatures on check matches I.D.
- (C) OUR ORDER/INVOICE NUMBER
- (D) YOUR INITIALS

(3) Make a photocopy of the check and driver's license and attach it to your store copy of the invoice.

As stated above, these procedures are for all checks, including those checks that we submit through our electronic processor.

The following steps must be followed when processing checks electronically:
(This will GUARANTEE the check)

- (4) The receipt must be signed by the check write and,
- (5) A printed name and current phone number must be written on the receipt.

IF A CHECK IS RETURNED BY THE BANK AND ANY IF THE ABOVE INFORMATION IS MISSING, YOU WILL NOT RECEIVE ANY COMMISSION ON THE RELATED SALE. IF THE COMMISSION HAS ALREADY BEEN PAID TO YOU, IT WILL BE DEDUCTED FROM YOUR FUTURE COMMISSIONS.

ADDITIONALLY, IF THE CHECK CAN NOT BE RE-DEPOSITED FOR ANY REASON, THE AMOUNT OF THE CHECK WILL ALSO BE DEDUCTED FROM YOUR FUTURE COMMISSIONS.

(Employee's signature) _____ (Date) _____

(Social Security Number) _____ - _____ - _____

EMPLOYEE ACKNOWLEDGMENT OF INTRODUCTORY PERIOD

I UNDERSTAND THAT I AM ON PROBATION AS AN EMPLOYEE FOR THE FIRST NINETY DAYS OF MY EMPLOYMENT, WHICH STARTED ON _____. I UNDERSTAND THAT DURING THIS PERIOD OF EVALUATION, I WILL NOT BE ENTITLED TO ANY BENEFITS. FURTHER, I UNDERSTAND THAT, IF MY EMPLOYER DISCHARGES ME FOR UNSATISFACTORY WORK PERFORMANCE, UNDER THE FLORIDA UNEMPLOYMENT COMPENSATION LAW THE EMPLOYER WILL NOT HAVE HIS ACCOUNT CHARGED FOR ANY UNEMPLOYMENT BENEFITS I MIGHT BE ELIGIBLE FOR IN THE FUTURE.

AT THE END OF THE INTRODUCTORY PERIOD, MY PERFORMANCE WILL BE REVIEWED AND, PROVIDED MY PERFORMANCE HAS BEEN SATISFACTORY TO MY EMPLOYER, I WILL BECOME A REGULAR EMPLOYEE AND ELIGIBLE FOR ALL THE BENEFITS AS SET FORTH IN THIS MANUAL AND ACCRUED FROM THE INITIAL DATE OF EMPLOYMENT.

I FURTHER ACKNOWLEDGE THAT I HAVE SIGNED THIS FORM WITHIN SEVEN (7) DAYS OF MY EMPLOYMENT.

(Signature)

(Social Security)

(Date)

CONSENT TO DRUG TESTING AND RELEASE

This form is to be completed when employee is given a conditional job offer.

Pursuant to my application for employment (including contract for services) with D&B TILE DISTRIBUTORS, I understand that all job offers are expressly conditioned upon submitting to and passing a drug test to detect the presence of illegal drugs and/or alcohol use. I have carefully and thoroughly read the company's Drug-Free Workplace Policy and I understand my rights and obligations contained in that policy. I also understand that it is a condition of my continued employment that I agree to follow, without reservation, that policy, which includes my consent to submit to all drug testing required by the Company. I also understand that the Company's Drug-Free Workplace Policy applies to me by virtue of my continued employment with the company.

I hereby consent to submit to a urinalysis or other tests as required by D&B TILE DISTRIBUTORS, their respective employees and agents, at a time and place specified by D&B TILE DISTRIBUTORS, for the purposes of testing for the presence of illegal drugs and/or alcohol abuse. I agree that Concentra Medical Centers may perform the drug tests in accordance with my employment with D&B TILE DISTRIBUTORS. I further agree to authorize the release of the results of these tests to the Medical Review Officer employed or retained by Concentra Medical Centers, to the Director of Operations of D&B TILE DISTRIBUTORS, and to such other management personnel as may require this information on a need to know basis. My understanding is that any information derived from these tests will be confidential between the laboratory, the Director of Operations of the Company, and the Medical Review Officer, except as otherwise provided by law, or if I place the test or its results in issue in any administrative, legal or other proceeding.

I further agree to release and hold D&B TILE DISTRIBUTORS and its agents, employees and assigns, including the laboratory collecting and conducting these tests, harmless from any liability arising in whole or in part out of the collection or testing of the specimens I provide or from the use of the information derived from these tests in consideration of my employment application.

I have carefully read this Consent and Release Form and understand it completely. I also understand that execution of this Consent and Release is a condition of employment with D&B TILE DISTRIBUTORS and my refusal to sign will result in withdrawal of any offer of employment I may receive. I am signing this form voluntarily and have not been coerced or placed under duress by any person.

_____ (Signature of employee/applicant)

_____ (Print name of employee/applicant)

Date signed: _____

_____ (Witness)

_____ (Print name of Witness)

Date: _____

USE OF PERSONAL PROTECTIVE EQUIPMENT

I, THE UNDERSIGNED, UNDERSTAND AND AGREE THAT AS A CONDITION OF EMPLOYMENT, I AM REQUIRED TO WEAR/USE THE FOLLOWING PERSONAL PROTECTIVE EQUIPMENT SUPPLIED AND/OR REQUIRED BY MY EMPLOYER:

COMPANY SUPPLIED: BACK SUPPORTS
FIRST-AID KITS
SAFETY GLASSES/GOGGLES

SUPPLIED BY EMPLOYEE: SAFETY SHOES
HARD HATS

I AGREE TO INFORM MY EMPLOYER IMMEDIATELY UPON THE FAILURE OF ANY OF THE ABOVE LISTED EQUIPMENT SO THAT THE EQUIPMENT CAN BE PROMPTLY REPAIRED OR REPLACED.

IN THE EVENT THAT I SUSTAIN AN ON-THE-JOB INJURY AS A DIRECT RESULT OF MY FAILURE TO WEAR/USE THE PERSONAL PROTECTIVE EQUIPMENT LISTED ABOVE, MY WORKERS' COMPENSATION BENEFITS COULD BE SUBSTANTIALLY REDUCED.

(Employee Signature)

(Date)

(Manager or Company Representative)

(Date)

(Witness)

(Date)

D & B TILE DISTRIBUTORS

MEMO

Date: May 15, 2004

To: All personnel

From: Harold Yarborough
CELL PHONES

Subject:

You are not to carry a personal cell phone while on company time. The only exception to this is managers, drivers and sales people that have a Nextel for company business. Managers, drivers, sales people allowed to have a cell/Nextel for business are never to use while in the warehouse for safety reasons.

Warehouse personnel are never to have a cell phone while in the warehouse on duty.

All cell phones are to be left in your vehicle.

The concern is for everyone's safety.

If you are caught with a cell phone on or off, you will be sent home for the day. The next time you will be terminated.

Sign here that you understand _____ Date_____

CONSENT FORM

I have reviewed the Company's policy on personal use of office equipment and supplies and cell phone usage and agree to abide by all of its terms. I understand that all Systems and all communications and information transmitted by, received from, or stored in those Systems are the property of the Company. Accordingly, I have no expectation of privacy in connection with the use of that equipment or the transmission, receipt, or storage of information in such equipment.

I understand and agree not to use any unauthorized code or an encryption key to access a file, voice-mailbox, or other data, nor will I use an unauthorized code or encryption key to store any communication, file, or other data unless authorized. I understand and agree not to distribute or provide access to any access code or encryption key unless expressly authorized by the Company.

I acknowledge and consent to the Company's monitoring of my use of all the Company-provided electronic and telephonic systems. Such monitoring may include, but is not limited to, reading, listening to, recording, and transcribing all incoming, outgoing, or stored e-mail and voicemail.

(Employee Signature)

Name: _____

Date: _____

ACKNOWLEDGMENT

**PLEASE READ THE D&B TILE DISTRIBUTORS' EMPLOYMENT POLICIES
MANUAL AND FILL OUT AND RETURN THIS PORTION TO THE PERSONNEL
DEPARTMENT [WITHIN ONE WEEK OF EMPLOYMENT]**

Employee Name: _____.

This will acknowledge that I have been given a copy of the Company's current Employment Policies Manual for my review summarizing the Company's personnel guidelines and have read and understood all the contents therein, including, but not limited to, the Company's policies dealing with Drug-Free Workplace and Harassment (including sexual harassment). I understand the statements contained in the Policies Manual are not intended to create any contractual or other legal obligations. I also understand that the Company may modify or rescind any policies, benefits, or practices described in the Employee Policies Manual at any time without prior notice to me. I also acknowledge that I have been informed of where and how I can locate and review copies of the company's Employment Policies Manual that being either "online" on the company's website or from management.

I further agree that any claim, dispute or controversy between myself and the Company shall be submitted to and determined exclusively by binding arbitration and not by a state or federal court in accordance with D&B Tile Distributors' policy described in the handbook. I understand that by agreeing to the arbitration provision of the handbook, both myself and the Company give up rights to a trial by jury.

Date: _____.

Signed: _____
(Employee Signature)

CONFIDENTIAL

EMPLOYEE HISTORY

Employee Name		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
Social Security No.	Date of Birth	Marital Status	Sex	Employment Date	Prior Employment
Address		City	State	Zip	Telephone

IN CASE OF EMERGENCY

Name	Relationship	Telephone No.	Address
Name	Relationship	Telephone No.	Address
Doctor		Telephone No.	Address
Doctor		Telephone No.	Address

EDUCATION AND TRAINING

Elem	Jr. H.S.	High School	College	Major	Specialization
		1 2 3 4	1 2 3 4 5 6 7 8		
Other Special Skills and Training					

DEPENDENTS

Name	Relationship	Sex	Date of Birth	Social Security Number
Name	Relationship	Sex	Date of Birth	Social Security Number
Name	Relationship	Sex	Date of Birth	Social Security Number
Name	Relationship	Sex	Date of Birth	Social Security Number
Name	Relationship	Sex	Date of Birth	Social Security Number
Name	Relationship	Sex	Date of Birth	Social Security Number

RELATIVES AND FRIENDS EMPLOYED AT THIS COMPANY

Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship



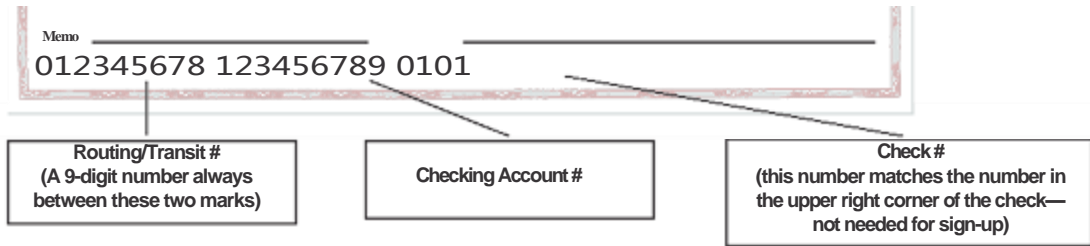
Employee Direct Deposit Enrollment Form

Payroll Manager—Please complete this section and enter data into your ADP Payroll system for employee enrollment. Then contact your CSR or AE for further instructions on how to update your employee's direct deposit information to ADP. NOTE: YOUR COMPANY NAME MUST BE FILLED IN BEFORE DISTRIBUTING THIS FORM TO YOUR EMPLOYEE FOR COMPLETION. (Please print.)

Company Code: _____ Company Name: _____ Employee File Number: _____
(referred to herein as "Employer")
Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Important! Please read and sign before completing and submitting.

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____
Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

- Bank Name/City/State: _____
Routing/Transit #: _____ Account Number: _____
Checking Savings Other I wish to deposit: \$ _____ . ____ or Entire Net Amount
- Bank Name/City/State: _____
Routing/Transit #: _____ Account Number: _____
Checking Savings Other I wish to deposit: \$ _____ . ____ or Entire Net Amount
- Bank Name/City/State: _____
Routing/Transit #: _____ Account Number: _____
Checking Savings Other I wish to deposit: \$ _____ . ____ or Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

EMPLOYEE ACKNOWLEDGEMENT OF DRESS CODE GUIDELINES

This will acknowledge that I have read and understand the Company's dress code entitled "DRESS FOR SUCCESS-GUIDELINES".

Date: _____

Employee's Name: _____

Signed: _____
(Employee Signature)

25. INTERNET & ELECTRONIC COMMUNICATIONS POLICY

This Internet and Electronic Communications Policy (—Policyll) outlines the polices and guidelines that must be followed at all times to minimize business risks and maximize the benefits of internet access and electronic communications within D & B Tile Distributors. All employees of D & B Tile Distributors must comply with the terms of this Policy immediately.

D & B Tile Distributors owns, has property interest in, or has a right to specify the use of:

- All information processing and communications facilities employed in its business, including computers, fax machines, telephones, smart phones, pagers, wireless email devices, copiers, software, on line accounts, email facilities, facilities for Internet/Intranet/Extranet access, storage media, network accounts, computer and email and instant messaging files and messages and related equipment and documentation employed or stored in its office; and
- All such information processing and communications facilities employed in its business that are connected to or able to be connected to its facilities from locations outside of D & B Tile's premises, including personal information processing and communications equipment and software owned or leased by D & B Tile personnel or supplied by D & B Tile to D & B Tile personnel for their use, as necessary, in connection with any D & B Tile disaster recovery plan.

The purposes of this policy are to:

- establish policies on privacy, confidentiality, and security in internet and electronic communications usage;
- ensure that internet access and electronic communications resources are for purposes appropriate to D & B Tile Distributors' business;
- inform all employees of D & B Tile Distributors about the applicability of laws and policies with regard to internet usage and electronic communications;
- ensure that the internet and electronic communications resources are used in compliance with those laws and policies; and
- provide guidance concerning rights and responsibilities with respect to the proper use of the internet and electronic communications resources.

D & B Tile Distributors respects the individual privacy of its employees. However, in accordance with applicable Federal and State laws, expectation of privacy does not extend to the employee's work related conduct or to the use of D & B Tile provided equipment and resources. You should be aware that this Policy may affect your privacy in the workplace. The firm has software and systems in place to facilitate monitoring and recording of all internet and electronic resources usage. As such, D & B Tile Distributors retains the right to monitor and record each World Wide Web Site visit, each chat, newsgroup or email message regardless of where such use is initiated, i.e. remote access, and to access all files and messages transferred into and out of our internal networks. Access involves opening and reviewing the content of files. Monitoring focuses on traffic patterns, general and individual levels of usage, file subjects and types, file origins and destinations, and network efficiency and security. These resources may be monitored, and the files on and processed through the resources may be accessed by authorized personnel for a number of purposes including maintaining and protecting the resources for the benefit of D & B Tile Distributors compliance with law or, if necessary, undertaking the professional obligations of D & B Tile Distributors ascertaining and helping to ensure compliance with D & B Tile Distributors policies; and helping to ensure the proper operation of the resources, including measurement of network traffic and investigation of suspicious circumstances. Monitoring is used only to obtain information that is relevant to the workplace, and is not used to obtain confidential personal information about employees.

Initials _____

In providing internet access and electronic communications D & B Tile Distributors expects and encourages use of these resources primarily for business related purposes:

- communicate with fellow employees, clients and suppliers
- research relevant topics
- acquire business information

Employees must comply with all software installations, licenses, copyrights, and all other laws governing intellectual property and online activity. Unlawful internet and electronic communications usage may also breach the confidentiality of our clients and expose D & B Tile Distributors to significant legal liabilities.

Prohibited Uses

Please be advised that your use of the internet access and electronic communications resources provided by the firm expressly prohibits the following:

- game playing
- distribution of destructive programs (i.e., viruses and/or self-replicating code)
- hateful, harassing, or other anti-social behavior
- intentional damage or interference with others (for example, hacking and distributing viruses)
- making obscene files publicly accessible
- usage for commercial non-company business
- dissemination or printing of copyrighted materials (including articles and software) in violation of copyright laws
sending, receiving, printing or otherwise disseminating proprietary data, trade secrets or other confidential information of D & B Tile Distributors in violation of company policy or proprietary agreements
- offensive or harassing statements or language including disparagement of others based on their race, national origin, sex, sexual orientation, age, disability, religious or political beliefs
- sending or soliciting sexually oriented messages or images
- operating a business, usurping business opportunities or soliciting money for personal gain or searching for jobs outside D & B Tile Distributors
- sending chain letters, gambling or engaging in any other activity in violation of the law
- instant messaging which does not involve a legitimate D & B Tile business purpose.

The electronic mail system has been installed by D & B Tile Distributors to facilitate business communications. All email messages are company records. The contents of e-mail, properly obtained for legitimate business purposes, may be disclosed within the firm without your permission. Therefore, you should not assume that messages are confidential. Back-up copies of email may be maintained and referenced for business and legal reasons. Incidental and occasional personal use of email is permitted by D & B Tile Distributors but these messages will be treated the same as other messages.

Signatures

It is required that the firm's standard email signatures are used to provide relevant contact information to the recipient. Email signatures are to contain your full name, company email address, job title (optional), company name address, telephone and fax numbers, and the company web address.

Disclaimers

Email users must use disclaimers in emails sent to third parties that make clear any limitations on the extent to which the message from the employee may be understood to have been sent on behalf of the company. Below is the disclaimer to be used:

This e-mail communication is confidential and is intended only for the individual(s) or entity named above and others who have been specifically authorized to receive it. If you are not the intended recipient, please do not read, copy, use or disclose the contents of this communication to others. Please notify the sender that you have received this e-mail in error by replying to the e-mail. Please then delete the e-mail and any copies of it.

Initials_____

Instant Messaging

Instant messaging is a service that alerts users when friends or colleagues are online and allows them to communicate with each other in real time through private online chat areas. D & B Tile Distributors interprets the use of instant messaging and chats as strictly personal. Instant messaging is therefore prohibited from use, unless it involves a legitimate D & B Tile business purpose.

Remote Access

In certain circumstances D & B Tile Distributors may permit certain authorized users to access the D & B Tile network and work remotely either generally or for temporary periods. In those cases the company will provide equipment to facilitate remote access. Only company provided equipment may be used to access the D & B Tile network.

All the supplied equipment and software and the information stored in them are Resources within the meaning of this Policy, and this policy is intended to apply to them to the maximum extent that is physically and technologically meaningful.

Specifically:

- To the extent that these Resources have been supplied by D & B Tile Distributors they must be returned to D & B Tile Distributors once employment is terminated;
- These supplied Resources must not be altered in any way (e.g., upgraded processor, expanded memory, or additional circuit cards) without the approval of the IT Administrator;
- Any exchange of D & B Tile Distributors or client data from a remote location with the D & B Tile Distributors network must be conducted using one or more security features or procedures approved by the IT Administrator;
- Authorized users must report promptly any damage or loss of any supplied Resources that have been entrusted to their care;
- Intellectual property developed or conceived while an employee is working at any remote location is the exclusive property of D & B Tile Distributors; This provision includes patent, copyright, trademark, and all other intellectual property rights as manifested in memos, plans, strategies, products, computer programs, documentation and other materials;
- D & B Tile Distributors maintains the right, with one or more days advance notice, to conduct inspections of the home office of any person who accesses the D & B Tile Distributors network from that location. D & B Tile Distributors may withdraw telecommuting privileges if it is not satisfied with the security arrangements in the remote location.

Passwords

Security password features have been put into place to reduce potential unauthorized access to the D & B Tile Distributors network. Network login passwords must be changed every one hundred-twenty (120) days and are to be at least eight alpha and numeric characters, two of the eight characters must be numeric. Passwords should be unique, not be obvious: e.g. child/spouse/pet name. It must not resemble previously used passwords. Notify the IT Administrator of your password. Passwords must NOT be sent via email. Your password must be kept confidential and not stored in easily accessible places.

If you suspect that a password has been disclosed the IT Administrator must be notified immediately and passwords promptly changed.

Anyone who obtains a password or user ID for an internet or electronic communications resource must keep this password confidential. Firm policy prohibits the sharing of user ID's or passwords obtained for access to internet sites.

All material downloaded from the internet or from computers or networks **MUST** be scanned for viruses and other destructive programs before being placed onto D & B Tile Distributors computer system.

Initials_____

Personal Use

D & B Tile Distributors' Internet access and electronic communications resources is a business asset, which must be used primarily for legitimate business purposes.

Personal use is not forbidden, but shall be kept to a minimum and such use:

- must not affect work performance and normal business activities;
- must not directly or indirectly interfere with D & B Tile Distributors operation of electronic communications resources;
- must not compromise the security or reputation of D & B Tile Distributors;
- must not burden D & B Tile Distributors with noticeable incremental costs;
- must not be accessed using laptops either permanently, assigned or loaned for business use.

Failure to conform to this Policy or any provision of it provides a basis for disciplinary action. The measure of discipline will correspond to the gravity of the offense as weighed by its potential effect on D & B Tile Distributors and fellow employees.

While D & B Tile Distributors has endeavored to have this Policy reflect the state of D & B Tile Distributors technology as of its adoption, technological developments may outstrip the literal text of certain aspects of this Policy. If you are in doubt, ask questions and seek advice before acting. Ask yourself whether you would want your actions reported in full in the newspaper. If you would not, that is a good indication that you should not take that action.

D & B Tile Distributors reserves the right to revise or withdraw this Policy and to add any rules, policies, or procedures to this Policy at any time in order to maintain safe and efficient operation of D & B Tile Distributors. Personnel will be notified of any such amendment.

Initials_____

EMPLOYEES ACKNOWLEDGEMENT OF MEANING AND LOCATION OF OSHA 300 FORMS

This will acknowledge that it has been explained to me by D&B Tile Distributors that (1) the OSHA 300 Form are used for the reporting of injuries and illness suffered by employees and (2) where D&B Tile Distributors physically keeps said forms

Date: _____

Employee's Name _____

Signed _____
(Employee's Signature)

INTERNET AND ELECTRONIC COMMUNICATIONS POLICY
ACKNOWLEDGMENT AND SIGNATURE

When you have completed reviewing the Internet and Electronic Communications Policy (“Policy”), you must agree that you have read the Policy, that you understand it, and that you are bound by and will abide by its requirements. You confirm these agreements by initialing each page and signing below. Failure to abide by the Policy’s requirements may result in termination of your employment. If you have any questions at any time concerning this Policy, please consult with Company Management or the IT Administrator.

I agree that:

1. I have reviewed a copy of the D & B Tile Distributors Internet and Electronic Communications Policy effective as of October 1, 2009
2. As a condition of my employment, I am bound by and will abide by the Policy, any applicable supplements, and any additional or amended policies and procedures issued from time to time.

I understand that any violation of these Policies may subject me to disciplinary action, up to and including dismissal, as well as provide civil and criminal penalties.

Printed name

Signature

Date

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