



6617 EVERS RD.  
SAN ANTONIO, TX  
(210) 291-0568 / (210) 777-2698  
www.paradisedetailco.com

## EMPLOYEE HIRING CHECKLIST

EMPLOYEE NAME: \_\_\_\_\_

ASSIGNED ACCOUNT: \_\_\_\_\_

\_\_\_\_\_ APPLICATION FOR EMPLOYMENT (WHITE COPY)

\_\_\_\_\_ COMPLETED CURRENT I-9 FORM

MUST INCLUDE A) or B):

A) FRONT AND BACK COPY OF THE FOLLOWING DOCUMENTS...

- 1) VALID DRIVERS LICENSE / OFFICIAL ID WITH PHOTO
- 2) SOCIAL SECURITY CARD

OR

B) FRONT AND BACK COPY OF

\*\*\* PERMANENT RESIDENT CARD or WORK PERMIT

\_\_\_\_\_ COMPLETED CURRENT YEAR W-4 FORM

\_\_\_\_\_ SIGNED: PARADISE HIRING AGREEMENT



6617 EVERS RD.
SAN ANTONIO, TX
(210) 291-0568 / (210) 777-2698
www.theparadisecarwash.com

EMPLOYMENT TYPE AND PAY AGREEMENT

Job Name/ Description: \_\_\_\_\_

Classification: Detailer (Commission Only) \_\_\_\_\_ Porter/Car washer (hourly) \_\_\_\_\_

Manager (Salary) \_\_\_\_\_ Other \_\_\_\_\_ (hourly) (salary)

COMPANY RULES AND CODE OF CONDUCT

Code of conduct: As condition for employment, the employee will abide the following rules of conduct.

- 1) No SMOKING IN THE WORKING AREA at any Time only permitted during "LUNCH or BREAK" periods and in designated areas.
3) Employees must behave and shall follow all federal, state and local safety laws, guidelines and regulations including our customer's premises rules.
4) Any physical, verbal fights, or any sign of disrespect to co-workers or superiors will not be tolerated. Religious, racial, sexual, age, gender or handicap discrimination and/or harassment is strictly forbidden
5) Working area should be clean at all times. Employees must do cleaning activities as part of the job to help keep all premises clean
6) It is a rule, that the employees look professional at all times, and must wear the proper clothes and uniform while working
7) Cell phones will only be allowed for emergencies only. It's prohibited during working hours.
8) No headphones or mp3 players are allowed while doing important tasks like moving a car/operating equipment.
9) Employees must take care and maintain all work equipment.
10) Employee may not use company material, or equipment for personal use or any type of personal profitability. Personal vehicles are not allowed in working area.
11) Employee should not use nor be under the influence of any non prescription drugs or alcohol, while on company premises, while on the payroll or any time while working on behalf of company. Drug Test can be randomly performed by the company at any time during employment.
12) Employees have a duty to report any violations of these rules of conduct by any other employee to their immediate supervisor. Not doing it, is being an accomplice.
13) Any breakage of the rules may be a cause for immediate job termination without previous warning.

Equipment or vehicles damage and liabilities...

- 1) I fully understand that this job involves driving/ operating someone else property and I will be accounted and charged to repair Any Damage done to The Company or its Customer Assets, Equipment, and Vehicles caused by Accident, Negligence, Distraction or Loss the company can deduct from my paycheck to repair the damage, also take legal actions for loss payment. This charge will be deducted in full from my next paycheck according to the Texas Law Wage Deduction Agreement unless other arrangement has been made with the company or Insurance in order to repair the damage.

Assistance TIME-CLOCK & ABSENCE RULES...

- 1) Employee is the only one responsible for clocking in and out in the system with personal assigned Login and Password. If unknown, supervisor can provide it.
2) Employee must abide to assigned schedule, extra time may be required vehicles and work is completed. As well I may be called in during special days or occasions.
2) No tardiness or Absences will be tolerated unless with valid written excuse (emergencies only). After 15min tardiness will count as Absence.
4) If missing work for an extraordinary reason, employee will need to ask ahead of time, or call before labor day start, bring valid written proof or justification for absence.
5) TWO TARDINESS COUNT AS AN INVALID ABSENCE. TWO INVALID ABSENCES IN A ROW OR IN A 30 DAY PERIOD WILL BE CONSIDERED AS JOB ABANDONMENT.

Uniforms and work tools...

- 1) Paradise Detail Co. Guarantees, the proper attire of its employees, the company provides shirts; it's a rule to wear them at all time during working hours.
2) Managers and assistant managers wear 'polo' shirts. Detailers wear official Paradise Shirts & Pants/Shorts. No baggy shorts, shorts should be in top of waste line. During winter a Paradise Sweatshirt will be provided during cold temperatures.
4) All uniform has a cost and will be deducted in the following paycheck after delivered (these are subject to change)
Uniform (Shirt \$10.00) Polo Shirts \$18.00 Cargo Shorts/Pants \$15.00 P Sweatshirts \$ 20.00 Initial Work Tools bucket \$23.00

Employment resignation...

Employment Resignation must be given in written before last day of work, final paycheck will not be delivered until the written resignation form is handled in to immediate supervisor and 6 days prior to current payroll. Check may be retained until all proper deductions are made and formal termination has been received by either party. All notices required in this contract shall be given in writing Except Termination for Cause that may be delivered in any method.

Non disclosure, non competition agreement

As an employee of the Paradise Car Wash, I understand that some of my work will involve access to Information/Records, Work Techniques, and Products used that are considered confidential in order to protect privacy, my duty is to act in a professional manner.

Employees should maintain company's secret & CONFIDENTIAL,

Including:

- Company Records.
- Materials and Techniques used and applied
- Paradise Customers information.
- Other matters known to general public

NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

Employees should not take from company's premises any document, material, and equipment without authorization of the managers or Supervisors During employee's employ, the employee should not take any actions, whether for pay, profit or any other reasons, which are in competition with the tray of business with the company. This matter is considered for termination.

No employee should accept any money or good from any other person, supplier, or company, given for performing a Service in the company name or while working for The Paradise Carwash. I further understand that if I am found acting indiscreet with confidential material or not protecting privacy of the company through my actions, I will be dismissed from my job immediately and Legal action can be taken against me.

New Employer cannot be the Paradise Detail Current Customers as is considered competitive action otherwise accepted by all parts.

The Company may terminate this contract at any time "for cause" any grounds defined below. In case of Termination "for cause" the Company shall have no obligation to employee for compensations or any other benefits under this agreement except for compensation earned prior to the effective date of termination.

The Following shall apply for employment termination for cause.

- 1) An intentional act of fraud, embezzlement, theft or any other material violation of law that occurs during or in the course of your contract with the company
- 2) Intentional damage to company assets
- 3) Intentional Disclosure of company so confidential information contrary to companies policies.
- 4) Breach of your obligations under this agreement
- 5) Intentional engagement in any competitive activity which would constitute a breach of your duty of loyalty or of your obligations under this agreement.
- 6) Intentional or Non Intentional breach of company's policies, N.D.A. or code of conduct
- 7) The willful and continued failure to substantially perform your duties for company(other as a result of incapacity due to physical or mental illness) or willful conduct by you that is demonstrably an materially injurious to company, monetarily or wise.
- 8) Conviction of a crime involving moral turpitude.
- 9) Willful misconduct or gross neglect of duties which in either case has resulted or in all probably is likely to result, immaterial economic damage to the company or its Customers.
- 10) Willful misconduct of all the rules and code of Conduct of the company, these apply for any Employee as a way to keep the good image of the Paradise Carwash.

I understand if I'm permanently laid off from the Paradise Detail Co. for any of the above reasons, I can not ask ANY of the Paradise Customers for employment, work or offer my services directly as a detailer, independent vendor to any of the company customer or by any form of competition within 50 miles Radius of Zip Code 78238.

**I understand that I cannot aid the Paradise Detail Co. current customers or accounts in performing the Company activities "In-House" or accept my current position in the company current customers.**

I totally understand that any breaking of the company Rules and Code of Conduct and Non Disclosure Agreement is a cause of immediate dismissal or Fire from my Work and can be cause for taken into legal action

I've been informed that Employee Handbook is available at Web Portal, and translator has explained to me in Spanish all of the above **(Se ha explicado todo esto en Espanol)**

## TEXAS LABOR LAW WAGE DEDUCTION AUTHORIZATION AGREEMENT

(Texas Payday Law Rule 821.28(b) requires written authorizations for deductions to be as specific as possible as to the amount and purpose of the deduction and to make it clear that the deductions will be made from the employee's wages. Rule 821.28(d) requires deductions to be applied to their intended purposes.

I understand and agree that my employer, A & A BEST INVESTMENTS LLC, d.b.a Paradise Detail Co. may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for the Company's group medical/dental plan;
2. Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company.
3. Installment payments on loans or wage advances given to me by the Company, and if there is a balance remaining when I leave the Company, the balance of such loans or advances must be paid in full.
4. Installment payments on loans based upon store credit that I use for my own personal purchases, including the value of merchandise or services that I purchase or have purchased for personal, non-business reasons using my employee charge account or credit card, an account or credit card assigned to another employee, or a general company account or credit card, regardless of whether such purchase was authorized, and if there is a balance remaining when I leave the Company, the balance of such store credit or charges I will pay this balances in full.
5. If I receive an overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in specified amounts);
6. The cost of repairing or replacing any Company or its customers supplies, materials, equipment, money, assets or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment. In case of a customer automobile accident, I must pay the damage in full if it's below insurance deductible, if it's above, deductible will be taken off from my current paycheck.
7. The cost of Company uniforms and equipment.
8. The reasonable cost or fair value, whichever is less, of meals, lodging, and other facilities furnished to me by the Company in connection with my employment
9. Administrative fees in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws.
10. If I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered.
11. The value of any time off for absences to which paid leave is not applied (except in the case of those who are paid a fixed salary for fluctuating workweeks, non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day or week at a time, depending upon the exact nature of the absence, unless partial-day deductions are specifically allowed under federal law)
12. If my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me.
13. Any other items appropriate for the company's situation.

*I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand that the Company has stated its intention to abide by all applicable federal and Texas wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate Texas and federal agencies*

NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_



**BANK DIRECT DEPOSIT FORM**

Employee Name: \_\_\_\_\_ Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Employer: A&A BEST INVESTMENTS LLC D.B.A. PARADISE DETAIL CO.

Employees are allowed to set up a maximum of two direct deposit accounts.

Account Type	Transit/ABA Number	Account Number	Full Net Deposit %
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Authorization Statement:

By signing the Direct Deposit authorization form below you are agreeing to the following:

- I authorize my employer and the bank listed above to deposit my net pay or portions thereof as indicated into my account each pay date.
- If funds to which I am not entitled are deposited to my account, I authorize my employer to direct the bank to return said funds to my employer.
- I understand that my deposit may not be credited to my account until midnight on the pay date indicated on the check voucher.
- I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each pay date as well notify employer any changes in my Bank Account or deposit information before next payroll
- I understand that each new account will go through a pre-notification process that may take two payroll periods to complete.

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EARLY CHRISTMAS SAVINGS BOX**

Company will match 20% of Total savings

Rules:

- Must enroll before **June 30<sup>th</sup>**
- Maximum deduction per check \$200.00
- Deduction is after Taxes
- Savings + Match will be paid weekend prior to Thanksgiving weekend.
- When paid out, Savings amount will be delivered complete. Only 20% Match will be taxed.
- Early Withdraw or Termination equals no company match

**Amount to be deducted per paycheck:** \$ \_\_\_\_\_

**I Do not wish to Participate** \_\_\_\_\_

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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	E-mail Address			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):

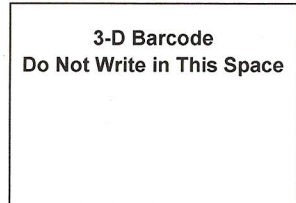
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		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







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Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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		E-mail Address		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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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<b>Preparer and/or Translator Certification</b> (To be completed and signed if Section 1 is prepared by a person other than the employee.)
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I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		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



## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode</b> Do Not Write in This Space</p> </div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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