



PROCESS SERVICE SPECIALISTS, LLC

• MECHANICAL • DEMOLITION • CATALYST

APPLICATION FOR EMPLOYMENT

EMPLOYER INFORMATION: (TO BE COMPLETED BY EMPLOYER)

Date of Hire: _____ Employee #: _____
Assigned Position: _____ Rate of Pay: _____

Please print all information

EMPLOYEE INFORMATION

Position Applying For: _____
Last Name: _____ First Name: _____ MI: _____
E-Mail: _____ Cell: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Social Security #: _____
Driver's License/ID #: _____ States Issued: _____
TWIC Exp. Date: _____ OSHA Exp. Date: _____

EMERGENCY CONTACT INFORMATION

Please provide at least 2 emergency contacts:

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____
Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

PROCESS SERVICE SPECIALISTS of DELAWARE, LLC

"Providing a Turnkey Solution to All Column, Reactor, and Demolition Work"

1219 S Purpera Ave • Gonzales, LA 70737 • Phone: (225)644-8655 • Fax: (225)644-8673

425 Independence Parkway • LaPorte, TX 77571 • Phone: (281)957-7019

www.processservicespecialists.com



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EMPLOYMENT HISTORY

| | | | |
|----------------|-------|------------|-------|
| Company Name: | _____ | Job Title: | _____ |
| Starting Date: | _____ | End Date: | _____ |
| Company Name: | _____ | Job Title: | _____ |
| Starting Date: | _____ | End Date: | _____ |
| Company Name: | _____ | Job Title: | _____ |
| Starting Date: | _____ | End Date: | _____ |

EDUCATION AND TRAINING

| | |
|--------------------------|-------|
| High School | _____ |
| College/University | _____ |
| Trade School | _____ |
| License or Certification | _____ |

ADDITIONAL INFORMATION

| | | |
|---|------------------------------|-----------------------------|
| Do you have the legal right to work in the United States? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you over 18 years of age? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been convicted of a felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes, please explain: _____

Please note: An applicant for employment is not required to disclose or reveal records that have been expunged, sealed or impounded under state law. You also do not have to disclose any misdemeanor conviction for which you have completed probation and the case has been dismissed. An applicant will not be refused employment solely on the basis of an arrest, conviction or plea of no contest. The nature, date and surrounding circumstances will be considered in regard to all criminal matters. Any deceptive or untruthful answer will immediately cause your application for employment to be rejected.

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Process Service Specialists, LLC ("Company") is an equal opportunity employer who does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law, including but not limited to race, color, gender, religion, national origin, age, disability, marital or veteran status or any other legally protected status. Equal access to employment services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Company prior to attempting such process.

APPLICANT'S STATEMENT

I certify that the answers given here are complete, true and correct. I understand that giving false, misleading or incomplete information will lead to my immediate termination.

I authorize any of the persons or organizations referenced in this application to give PSS, LLC or its agents any and all information concerning my previous employment, education, or other information that they may have, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information. This authorization does not include release of other prohibited disability and medical related information prohibited in pre-employment inquiries by the Americans with Disabilities Act (ADA).

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Company is of an "at-will" nature, which means that I may resign at any time and the Company may discharge me at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically authorized by the Company.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. In addition, I understand my employment may be conditioned on the results of a physical examination and drug/alcohol testing. It is also understood that I authorize any conditional employment background screening to be performed, and any misrepresentation or omission of information may result in the rejection of my application for employment.

I understand, also, that I am required to abide by all rules and regulations of the Company.

Applicant Signature

Date

This application for employment shall remain active for a period of time not to exceed one hundred eighty (180) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time and submit another application.

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DIRECT DEPOSIT AGREEMENT FORM For Personal Bank Account or Pay Card

EMPLOYEE NAME: _____

AUTHORIZATION AGREEMENT:

I hereby authorize Process Service Specialists, LLC (PSS, LLC) to initiate automatic deposits to my account at the financial institution named below. I also authorize PSS, LLC to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold PSS, LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until PSS, LLC received a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to PSS, LLC.

If I elect to decline direct deposit of my payroll funds, PSS, LLC will not be held responsible for the delivery, loss, or destruction of the live check. If I request any check to be reissued due to delivery, loss, or destruction, I agree to pay a stop payment fee of \$45 to PSS, LLC. PSS, LLC will not be held responsible for stolen or fraudulent cashing of a live check.

ACCOUNT INFORMATION:

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

CHECK ONE: ☐ Checking Account ☐ Savings Account ☐ Pay Card ☐ DECLINE

SIGNATURES:

Authorization Signature (Primary): _____ Date: _____

Authorization Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to Office

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E-MAIL CHECK STUB AUTHORIZATION FORM

Process Service Specialists, LLC will supply Foundation Software with the e-mail you provide in order for the employee to receive e-mailed check stubs. PSS does not send hard copy check stubs.

AUTHORIZATION

I hereby authorize Process Service Specialists, LLC (PSS, LLC) to distribute my e-mail address to Foundation Software in order to obtain e-mailed check stubs.

Employee Name (Please Print):

E-mail Address (Please Print):

SIGNATURES:

Authorization Signature (Primary): _____ Date: _____

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EQUAL EMPLOYMENT SELF-IDENTIFICATION OF RACE/ETHNICITY

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.

This employer 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

Name: _____

☐ MALE ☐ FEMALE

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.

Are you currently or have been in any branch of the military? ☐ YES ☐ NO

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Employee's Withholding Certificate

- **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.**

2020**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 online estimator, 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 2020 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 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) |
|-----------------------------|--------------------------|--------------------------------------|

**Employee Withholding Exemption Certificate (L-4)**

Louisiana Department of Revenue

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

Block A

- Enter "0" to claim neither yourself nor your spouse, and check "*No exemptions or dependents claimed*" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "*Single*" under number 3 below. If you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "*Single*" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "*Married*" under number 3 below.

A.**Block B**

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.

Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**Louisiana
Department of
Revenue**Employee's Withholding Allowance Certificate**

| | | | |
|---|--|--|-----|
| 1. Type or print first name and middle initial | | Last name | |
| 2. Social Security Number | | 3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married | |
| 4. Home address (number and street or rural route) | | | |
| 5. City | | State | ZIP |
| 6. Total number of exemptions claimed in Block A | | | 6. |
| 7. Total number of dependents claimed in Block B | | | 7. |
| 8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount. | | | 8. |

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature

Date

The following is to be completed by employer.

| | |
|--------------------------------|---|
| 9. Employer's name and address | 10. Employer's state withholding account number |
|--------------------------------|---|

DISCLAIMER: This document is intended for instructional purposes only and is not intended as legal advice. We recommend you consult with an attorney to review this document to ensure your compliance with the Fair Credit Reporting Act (15 U.S.C. § 1681 et seq.) and applicable state laws related to background screening and consumer notices.

DISCLOSURE AND AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Process Service Specialists LLC (“the Company”) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a background investigation report which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), military records, verification of education or employment history, or other background checks. You have the right, upon written request made within a reasonable time, to request disclosure of the nature and scope of any “investigative consumer report” prepared by contacting the Company and Pinkerton Consulting and Investigations, Inc., 11019 McCormick Road, Suite 200, Hunt Valley, MD, 800-635-1649. For information about Pinkerton Consulting and Investigations, Inc.’s privacy practices see www.pinkerton.com. The scope of this notice and authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment to the extent permitted by law and unless revoked by you in writing.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of this DISCLOSURE REGARDING BACKGROUND INVESTIGATION notice. I hereby authorize the obtaining of a background investigation report(s) by the Company at any time after receipt of this authorization and throughout my employment, if applicable.

Signature: _____

Date: _____

Print Name: _____

Last 4 Digits of SSN: _____