CANALES FURNITURE

New Hire Checklist

Take the following steps to ensure smooth onboarding of all new employees:

Employee Name: _____

☐ Schedule new hire orientation;
Date: _____ Time: _____

Remember to: Set up or order equipment and technology items (computer, phone, Badge. Etc.)

Prepare the following new hire documents:

- ☐ Notification of New Trainee
- ☐ Employment Application
- ☐ Form W-4
- ☐ Form I-9 (Employment Eligibility Verification)
- ☐ Copy of Social Security & state Identification (ID, Driver's license, school ID, etc.)
- ☐ Confidentiality agreement (NDA)
- ☐ Emergency contact information
- ☐ Official communication memo
- ☐ Certificate Safety Training
- ☐ Sexual Harassment and Discrimination Training Sheet
- ☐ At-Will Employment Agreement and Acknowledgement of Receipt of Employee Handbook
- ☐ Employee handbook (Has been provided)
- ☐ Employee Acknowledgement of Workers Compensation Network
- ☐ Receipt of Notice of COBRA Continuation of coverage Rights
- ☐ Direct deposit form
- ☐ Ezpro Agreement
- ☐ Access Card Acknowledgement Form – Provide ID – Date: _____
- ☐ Provide tour and introductions with manager.
- ☐ Uniform - (Fee and provide at least one shirt or jacket for 50% off)

Notification of New Trainee

Trainee Name: _____Trainee phone Number: _____

Report to: _____ Starting Date: _____
Supervisor Name

Position for Training: _____Permitted Hours: _____

Trainee: _____ Date: _____
Signature

Approved by: _____ Date: _____
Human Resources

Additional Comments:

_____

_____

_____

VCBJ CORP DBA Canales Furniture
3560 W Airport Freeway Irving, TX 75062
Phone: (469) 845-3038 (469) 845-3037 (469) 845-3036 Fax: (469) 845-3035
Email:irving@canalesfurniture.com

Employment Application

Personal Information

Last Name First Name Middle Name	Today's Date:
Address (Street, City, State, ZIP Code)	Home Phone: ( )
	DOB
Desired Position	Desired Salary
Special Training or Abilities (experience with computers, etc.)	Date Available:
Register in Full Time or Part Time:	If Partial Time, ¿What Time?
Are you legally allowed to work in the United States?	SSN:

Employment History

Recent or Current Job:	Phone (required for verification) ( )
Address:	Date of Employment (Month and Year) From ____ To ____
Name of Supervisor/ Title	Salary: First_____ Last_____
Job Title Description of the Job:	Cause of Leaving: ¿May We Contact? Y N

By signing this application, I agree that I am qualified with the requirements for the description of the work that I am applying for and do not require any accommodation.

_____ _____

Signature Date

VCBJ CORP DBA Canales Furniture

3560 W Airport Freeway Irving, TX 75062

Phone: (469) 845-3038 (469) 845-3037 (469) 845-3036 Fax: (469) 845-3035

Email:irving@canalesfurniture.com

***Please read and sign the "Declaration of Liberation" on back cover.**

Declaration of Liberation

I hereby authorize any **VCBJ CORP DBA Canales Furniture** authorized representative to collect information for consideration of my employment. I authorize any business, school, government agency, reports from the agency or any person to whom an inquiry may be made to provide responses or credit reports and to release those entities from any and all claims, damages and rights of action arising from such inquiries, responses or results.

This authorization includes the release of any and all information held by any relevant party in its possession or may have in the future or under its control, concerning the application for employment or the employment of the undersigned, including time records, Payroll records and benefits, attendance records, workers' compensation reports, job evaluations, and any other employment information. I also authorize the publication of any requested information regarding facts or opinions of my employment, experience and qualifications or aptitude for employment.

Always release me and agree not to sue any person or organization for the result of providing, obtaining or acting on such information. I understand that such information is requested confidentially and will not be released to me in any form.

In addition, this version is valid until revoked in writing and a copy or fax of this authorization is as valid as the original and must be recognized as such.

_____

Name Print

_____ _____

Signature Date

VCBJ CORP DBA Canales Furniture
3560 W Airport Freeway Irving, TX 75062
Phone: (469) 845-3038 (469) 845-3037 (469) 845-3036 Fax: (469) 845-3035
Email:irving@canalesfurniture.com

CANALES FURNITURE

Emergency Contact

Personal Information:

First Name & Last Name: _____

Department: _____

Home Address: _____

City, State, ZIP: _____

Home Telephone: _____ Cell phone: _____

Emergency Contact Info:

(1) Name: _____ Relationship: _____

Home Address: _____

City, State, ZIP: _____

Home Telephone: _____ Cell Phone: _____

(2) Name: _____ Relationship: _____

Home Address: _____

City, State, ZIP: _____

Home Telephone: _____ Cell Phone: _____

Medical Contact Info:

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

☐ I have valuntarily provide the above contact information and authorize Canales Furniture and it's representatives to contact any of the above on my behalf in the evento of an emergancy.

Employee Signature: _____ Date: _____

OFFICIAL COMMUNICATION MEMO

The **Canales Franchise LLC and Canales associate's** will be agreeing to this form as a purpose to preventing the unauthorized disclosure of confidential information. This form is in relating to the WhatsApp Chat and the already instated Non-Disclosure Agreement. No matters should be disclosed for any reason about company's plans, company's memos, associate's personal number, etc.

The Canales Associate agrees that they shall not, at any time during or following his or her employment by the company, disclose, for any purpose any confidential information which has been obtained through the WhatsApp chat. The Canales Furniture associate further agrees that he or she will not use the company's confidential information to engage or participate in any activities which may conflict with the best interest of the company.

Thank you for your hard work, dedication, and commitment to Canales Furniture's family.

_____ _____

Employee Signature Date

_____ _____

Print Name Phone Number

_____ _____

Corporate Representative Name Date

CERTIFICATE SAFETY TRAINING SIGN IN SHEET

I hereby certify that I have watched and understood the training video titled_____ with the purpose of preventing accidents at work and reinforcing the Safety in my area of employment. I also understand that it is my duty to report any direct or indirect incidents to carry out investigation.

Date: _____Supervisor: _____ Trainer: _____

_____ _____

Employee Name **Signature**

VCBJ CORP DBA Canales Furniture
3560 W Airport Freeway Irving, TX 75062
Phone: (469) 845-3038 (469) 845-3037 (469) 845-3036 Fax: (469) 845-3035
Email:irving@canalesfurniture.com

SEXUAL HARASSMENT AND DISCRIMINATION TRAINING SIGN IN SHEET

I certify that I have watched and understood the training video titled_____ in order to prevent Sexual harassment and Discrimination issues at work, reinforcing the employee relations in my area of employment and avoid corrective actions. I also understand that it is my obligation to report any direct or indirect situation to carry out investigation.

Date: _____ **Trainer:** _____

_____ _____

Print Name **Signature**

VCBJ CORP DBA Canales Furniture
3560 W Airport Freeway Irving, TX 75062
Phone: (469) 845-3038 (469) 845-3037 (469) 845-3036 Fax: (469) 845-3035
Email:irving@canalesfurniture.com

At-Will Employment Agreement and Acknowledgement of Receipt of Employee Handbook

Employee: _____

I acknowledge that I have been provided with a copy of the **VCBJ CORP DBA Canales Furniture** (the "Company") Employee Handbook, which contains important information on the Company's policies, procedures and benefits, including the policies on Anti- Harassment/Discrimination, Substance Use and Abuse and Confidentiality. I understand that I am responsible for familiarizing myself with the policies in this handbook and agree to comply with all rules applicable to me.

I understand and agree that the policies described in the handbook are intended as a guide only and do not constitute a contract of employment. I specifically understand and agree that the employment relationship between the Company and me is at-will and can be terminated by the Company or me at any time, with or without cause or notice. Furthermore, the Company has the right to modify or alter my position, or impose any form of discipline it deems appropriate at any time. Nothing in this handbook is intended to modify the Company's policy of at-will employment. The at-will employment relationship may not be modified except by a specific written agreement signed by me and an authorized representative of the Company. This is the entire agreement between the Company and me regarding this subject. All prior or contemporaneous inconsistent agreements are superseded.

I understand that the Company reserves the right to make changes to its policies, procedures or benefits at any time at its discretion. However, the at-will employment agreement can be modified only in the manner specified above. I further understand that the Company reserves the right to interpret its policies or to vary its procedures as it deems necessary or appropriate.

I have received the Company Employee Handbook. I have read (or will read) and agree to abide by the policies and procedures contained in the Handbook.

_____ Date: _____

Employee signature

_____ Date: _____

Director of Human Resources

VCBJ CORP DBA Canales Furniture
3560 W Airport Freeway Irving, TX 75062
Phone: (469) 845-3038 (469) 845-3037 (469) 845-3036 Fax: (469) 845-3035
Email:irving@canalesfurniture.com

Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

_____ _____

Signature Date

_____

Printed Name

I live at: _____

Street Address

_____

T

_____

City State Zip Code

Name of Employer: VCBJ CORP DBA Canales Furniture

Name of Network: *Texas Star Network®*

Network service areas are subject to change. Call (800) 381-8067 if you need a network treating provider.

T

Please indicate whether this is the:

- ☐ Initial Employee Notification
- ☐ Injury Notification (Date of Injury: _____/ _____ / _____)

DO NOT RETURN THIS FORM TO TEXAS MUTUAL INSURANCE COMPANY UNLESS REQUESTED

Revised June 2011

Receipt of Notice of COBRA Continuation of Coverage Rights

I _____ confirmed that **VCBJ CORP DBA Canales FurniturE**

has given me the proper verbal information and the **Notice of COBRA Continuation of Coverage Rights handbook**. I was informed that COBRA requires continuation coverage to be offered to covered employees, their spouses, former spouses, and dependent children when group health coverage would otherwise be lost due to certain specific events. Group health coverage for COBRA participants is often more expensive than the amount that active employees are required to pay, since the employer usually pays 50% on Medical Insurance only of the cost of employees' coverage and 100% of cost will be charged to individuals receiving continuation coverage**. I also understand that if I resigned of work in the middle of the month I will be 100% responsible to pay the cost of 50% employee contribution for the last month, authorizing _____ to deduct monthly amount out of my last payroll check.**

By signing this form, I agree with the information above.

_____ _____

Employee Signature Date

_____ _____

Witness Signature Date

VCBJ CORP DBA Canales Furniture
3560 W Airport Freeway Irving, TX 75062
Phone: (469) 845-3038 (469) 845-3037 (469) 845-3036 Fax: (469) 845-3035
Email:irving@canalesfurniture.com

CANALES FURNITURE

Direct Deposit Authorization

To sign up for direct deposit, you must attach a copy of a personal check.
For security reasons, we recommend that it is a cancelled or voided check.
You also have the option to send a copy of your account number.
Staple a copy of your check/account number to this form.

Please print.

Check one of the following:	**Effective date:**
☐ Start	☐ As soon as possible
☐ Stop	☐ Future payday (date):
☐ Change	
First name & Last Name:	
Email:	
Phone Number:	

Submission of this form means your entire payroll check will go to this financial institution.

Financial institution name (bank, savings institution, credit union, etc.):	
Fill out the following information:	
Bank Routing Number (Must be 9 numbers)	**Account Number**
■ ■	‖■ ‖■
Type of account: ☐ Checking ☐ Savings	
I authorize the direct deposit of funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize the initiation of a correcting (debit) entry. I understand that the authorization may be rejected or discontinued at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to will be returned for distribution. This will delay the check.	
Date (month/day/year)	**Employee signature**

EZPRO AGREEMENT

I understand that I am responsible for my user ID and password and **must not share or save it.** If I am found to be in violation of, or to have violated, this policy I may be subject to disciplinary action, up to and including termination of employment.

Password must be created and managed in accordance with this section:

- New Password cannot be the same as the previous passwords
- Password must be at least eight character in length
- Password must contain both uppercase and lowercase characters (e.g., a-z & A-Z)
- Password must contain at least one number (e.g., 0-9)

Furthermore, passwords should not be shared with anyone for any reason. All passwords are to be treated as sensitive, confidential information. If someone requests your password(s), please inform him or her that you cannot provide that information and to contact the IT Tech about the request. If you suspect your account or password has been compromised, report the incident immediately and change all related passwords.

It is prohibited to save your password on your desktop or on any website. Disciplinary action will be taken and up to and including termination of employment.

First Name & Last Name:

_____

Date: _____

Signature:

_____

Information Provided By Human Resources:

Username: _____

Password: _____

UNIFORM AND TOOLS TRACKING FORM

Employee Name:	Phone #	Order Date:	Release Date:

ITEM#	QTY	SIZE	DESCRIPTION	EMPLOYEE PRICE	RECEIVED BY
1.					
2.					
3.					

By signing below, I understand that I am responsible to keep the uniform in good conditions and that it will be deducted 100% out of my payroll check in case of not showing up to work, lost, theft, damaged etc; Uniform & tools are 50% out of cost and its deduct it from Payroll Check second week of starting.

Employee Signature: _____ **Date:** _____

VCBJ CORP DBA Canales Furniture
3560 W Airport Freeway Irving, TX 75062
Phone: (469) 845-3038 (469) 845-3037 (469) 845-3036 Fax: (469) 845-3035
Email:irving@canalesfurniture.com

UNIFORM AND TOOLS TRACKING FORM

Employee Name:	Phone #	Order Date:	Release Date:

ITEM#	QTY	SIZE	DESCRIPTION	EMPLOYEE PRICE	RECEIVED BY
1.					
2.					
3.					

By signing below, I understand that I am responsible to keep the uniform in good conditions and that it will be deducted 100% out of my payroll check in case of not showing up to work, lost, theft, damaged etc. Uniform & tools are 50% out of cost and its deduct it from Payroll Check second week of starting.

Employee Signature: _____ **Date:** _____

VCBJ CORP DBA Canales Furniture
3560 W Airport Freeway Irving, TX 75062
Phone: (469) 845-3038 (469) 845-3037 (469) 845-3036 Fax: (469) 845-3035
Email:irving@canalesfurniture.com