



Sonic Systems International, LLC

1880 Dairy Ashford, Suite 207 – Houston, Texas 77077 – (281) 531-7611

NEW HIRE – EMPLOYEE INFORMATION

Have you been GRANTED unescorted nuclear access in the past 365 days? **Yes / No** Plant Name: _____

Have you ever been DENIED unescorted nuclear access? **Yes / No** Plant Name/Date: _____

Have you ever been convicted of a MISDEMEANOR or FELONY? **Yes / No** Date of Incident: _____

Do you currently have any OPEN or PENDING charges against you? **Yes / No** _____

NAME _____
LAST FIRST FULL MIDDLE NAME

SS# _____ DATE OF BIRTH _____ Driver's License #: _____ State: _____

PHYSICAL HOME ADDRESS _____
STREET CITY STATE ZIP COUNTY/PARISH

Years at this address? _____ PLACE OF BIRTH _____
CITY / STATE / COUNTRY

MAILING ADDRESS (if different) _____

Please supply previous address(es) for the past 5 years, include county/parish:
This information is required for pre-employment screening. **If you require additional space, use the back of this page.*

1) _____

2) _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____ NEAREST AIRPORT _____

EMERGENCY CONTACT _____ Hm # _____ Cell # _____
NAME / RELATIONSHIP

Highest level of **COMPLETED** education: **(MUST PROVIDE COPY OF DIPLOMA)** Are you a U.S. Citizen? Yes / No

High School/GED College Other: _____

SIGNATURE

DATE

IT IS MANDATORY THAT YOU SUPPLY A COPY OF THE FOLLOWING DOCUMENTS:

✓ Valid Drivers License &/or U.S. Passport ✓ Social Security Card &/or Birth Certificate ✓ Diploma

FAILING TO SUPPLY THESE DOCUMENTS WILL DELAY YOUR EMPLOYMENT PROCESS.

SSI INTERNAL USE ONLY:

HIRING MGR: _____ PR: _____ Initial / Date _____

HIRING POSITION: _____

CArev 110321

Sonic Systems International, LLC (SSI) – Pre-Employment Screening

Full Name: _____ DOB: _____ SSN: _____ Drivers License State & #: _____

Address (Street, City, State, Zip): _____ # years at this address: _____

States & counties of residence in the past 5 years: _____

YES	NO	COMMENT	PRE-EMPLOYMENT SCREENING
			<p align="center">COVID-19 Vaccine Disclosure</p> <p>There is a possibility that an assignment/project may require you to provide your vaccination status.</p> <p>At this time, are you currently vaccinated for COVID-19? If YES, please provide a copy of your proof of vaccination with your completed new hire paperwork.</p>
			Have you ever been granted unescorted access to a nuclear facility?
			Have you ever been denied unescorted access to a nuclear facility?
			Have you ever been arrested?
			Have you ever had a misdemeanor or felony conviction? (Including DUI or DWI)
			Do you currently have any open or pending charges, or any Failure to Appear (FTA), INCLUDING traffic violations? If yes, explain in comments section.
			Have you had any drug related convictions within the last ten years?
			Have you ever been convicted of any crime involving the use of a weapon?
			Are you currently on probation or parole?
			Have you ever violated an employer or customer Fitness for Duty program?
			Have you ever been refused employment or discharged from employment for a violation of a Fitness for Duty Program? If yes, explain in comments.
			Have you ever failed a drug test/screening?
			In the past 7 years have you been notified by creditors of delinquent debts or complaints lodged against you?
			Are you a U.S. citizen?
			Are you a Foreign National and/or Naturalized U.S. citizen? Provide Entry Date, Port of Entry, Entry status, Alien Registration #, Naturalization Date, Certificate #, and Court
			Did you serve in the U.S. military in the last three (3) years? Can you provide a copy of Form DD-214? Branch: _____ Discharge Date: _____
			Are you physically able to repetitively lift 35 pounds, climb ladders / scaffolding, and stand on your feet for 10-12 hour shifts continually for 5-6 days?
			Are you able to function in high heat environments (90-98 degrees)?
			Do you have valid identification: passport, drivers license, social security card?
			Do you have a valid U.S. Drivers License?
			Has your driver's license ever been suspended or revoked? If yes, please explain date, City/State, Fine/Disposition
			In the past 5 years, have you had any foreign travel or contact with anyone outside the US? If yes, please explain.
			Do we have your approval to use this information to initiate a background screening for employment purposes?

Printed Name

Signature

Date

Pre-Employment Screening completed via phone/other – Internal SSI Date/Initial: _____

Employee's Withholding Certificate

OMB No. 1545-0074

2022

▶ **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.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

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

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

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

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

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

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

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

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

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

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

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

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

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

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

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



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

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

Step 4 (optional).

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

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

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

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



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

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

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

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



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____

- 2 Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____

- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____

- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____

- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



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

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

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

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

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

STOP
Employer Completes Next Page
STOP



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

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by _____ SONIC SYSTEMS INTERNATIONAL, LLC (SSI) _____ (the “Company”) at any time after receipt of this authorization and throughout my employment (or volunteer assignment(s)), as applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Pinnacle Investigations, 920 North Argonne, Suite 200, Spokane Valley, WA 99212; Tel. # 1-800-955-5306; www.pinnacleprof.com** and/or the Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

Minnesota applicants only: You have the right to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Printed Name: _____ Signature: _____ Date: _____

**SONIC SYSTEMS INTERNATIONAL, LLC (SSI)
NOTIFICATION / RELEASE OF INFORMATION**

To establishing eligibility for employment or an unescorted access clearance to a nuclear facility, Consumer Report and/or an Investigative Consumer Report may be obtained. In addition, a credit inquiry may be made through any retail merchant, bank, financial institution, or any other credit extending organization or individual.

I hereby authorize SONIC SYSTEMS INTERNATIONAL, LLC (SSI) or any authorized representative to contact any and all landlords, corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background. Including but not limited to, information about my rental history, employment, education, consumer credit history, driving record, criminal record, and general public records history. This releases the foresaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I have been supplied a copy of the "Summary of Consumer Rights" as required by the Federal Fair Credit Reporting Act and amended by the Consumer Credit Reporting Reform Act of 1996. By signing below, I acknowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release.

SIGNATURE _____ **DATE** _____

Name: (Last) _____ **(First)** _____ **(Middle)** _____

Any other name(s) used: _____ Date of Birth: _____ SS #: _____

Driver's License # _____ State: _____ Phone # (Home) _____ (Cell) _____

Current Address (Street, City, State, Zip) _____ County _____

Dates (residing at this address) _____ to _____

List other cities or towns you have lived in the past 7 years. Use additional pages if necessary.

City _____ County _____ State _____ Dates _____ to _____

City _____ County _____ State _____ Dates _____ to _____

References:

(1) Name: _____ Address _____ Years Known: _____

Phone: _____ Email: _____

(2) Name: _____ Address _____ Years Known: _____

Phone: _____ Email: _____

(3) Name: _____ Address _____ Years Known: _____

Phone: _____ Email: _____

Most Recent Employers (3):

Company Name: _____ **City/State:** _____ **Years employed:** _____

Job Title: _____ **Supervisor Name / Phone / Email:** _____

Company Name: _____ **City/State:** _____ **Years employed:** _____

Job Title: _____ **Supervisor Name / Phone / Email:** _____

Company Name: _____ **City/State:** _____ **Years employed:** _____

Job Title: _____ **Supervisor Name / Phone / Email:** _____

Military Service As Employment:

Did you serve in the military, **as your primary job**, within the last three (3) years, or since your 18th birthday? **YES / NO**
If YES, please complete this section for each period of service (add pages if needed):

Service Period: From: ___/___/___ To: ___/___/___

Type of Service: (Circle one) **Active Duty** or **National Guard/Reserves on active duty**

Country Served: _____ Branch: _____

Name of Supervisor/Commander: _____ Phone: _____

Last Command/Duty Station/Base/Unit: _____ Phone: _____

Address of Duty Station/Base/Unit: _____

Your Grade/Rank at discharge: _____

Do you have the DD Form 214 you received upon discharge? **YES / NO** If YES, please provide a copy.

Education In Lieu Of Employment:

In the past five (5) years, were you enrolled, **with education as your primary activity**, in an educational institution in lieu of employment? **YES / NO**

If YES, please complete this section for each enrollment (add pages if needed):

Name of Educational Institution: _____

Attended: From: ___/___/___ To: ___/___/___

Institution Address: _____

Degree/Field of Study: _____

Were you the subject of any disciplinary action at this educational institution? **YES / NO**
If YES, please provide details:

Did you graduate? **YES NO**
If NO, please provide reason for leaving:

Unemployment: (add pages if needed)

From: ___/___/___ To: ___/___/___ **Activities during this period:** _____

Means of support during this period: _____

List one (1) source to verify this information that is NOT a relative or person living in the same household.

Name: _____ Phone: _____

Printed Name

Date



Sonic Systems International, LLC

SELF DISCLOSURE INFORMATION

Page 1 of 2

Sonic Systems International, LLC (SSI) investigates your criminal history, previous employment history, and make inquiries of employers to determine whether or not there are any concerns that must be explored and evaluated prior to employment. Failure to report an arrest and/or providing false or deliberate misleading statements or omitting facts may be sufficient grounds for suspension or termination.

Answer each question by circling either "Yes" or "No" as it pertains to you. For each "Yes" answer, you must provide details of all relevant information including: date, name, location, name of employer or potential employer (applied for employment), nature of the violation, any hearing, penalty imposed, or other disposition. By signing below, I acknowledge that all information I have provided is accurate, true, and correct and that I fully understand the information contained herein.

Since your 18th birthday, have you:

1. **Ever** been denied unescorted access authorization, discharged, or released from employment for violating a Fitness-for-Duty (FFD) program policy? **No Yes:** _____

2. **Ever** been removed from or made ineligible for unescorted access to any nuclear facility, Technical Support Center (TSC) or Emergency Operations Facility (EOF) for a violation of a fitness for duty program? **No Yes:** _____

3. **Ever** used, sold, or possessed illegal drugs or abused legal drugs or alcohol? **No Yes:** _____

4. **Ever** been informed that you have tested positive for illegal drugs or use of alcohol or have you ever been determined to be impaired on or during pre-employment screening? **No Yes:** _____

5. **Ever** been subject to a plan (except for self-referral) for treating substance abuse? **No Yes:** _____

6. **Ever** violated an employer's drug or alcohol testing policy, refused to take a drug or alcohol test, or have you ever subverted or attempted to subvert a drug or alcohol testing program? **No Yes:** _____

7. **Ever** had legal or employment action taken for alcohol or drug use? **No Yes:** _____

Printed Name

Signature

Date



Sonic Systems International, LLC

SELF DISCLOSURE INFORMATION

Page 2 of 2

List all arrests since your 18th birthday (including juvenile charged as adult) whether convicted or not. If you currently have ANY pending charges, explain it below. You MUST disclose felony, misdemeanor, traffic, military criminal history, court martial, non-judicial punishment, guilty pleas and “nolo contendere” (no contest), suspended sentences, pre-trial diversions, dismissals, “nolle prosequi” (not prosecuted). An arrest is considered any legal action (i.e. charge, appearance ticket, summons, warrants, etc.) that requires a court appearance or for which you could face a fine or imprisonment in a jail or prison facility. Random criminal history checks may be conducted at any time during your employment with SSI, at the discretion of management. By signing below, I acknowledge that all information I have provided is accurate, true, and correct and that I fully understand the information contained herein.

Since your 18th birthday, have you:

1. Been held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation, or ordinance (e.g. felony, misdemeanor, traffic, or military criminal history, etc.) or do you now have such a case pending? **No Yes:** _____

2. Been charged, arrested, or convicted of an alcohol, illegal drug, or controlled substance related offense, including but not limited to: driving under the influence/while intoxicated (DUI / DWI), or have such a case pending? **No Yes:** _____

3. Been charged, arrested, or convicted of an infraction of the law for which you were fined more than \$500? **No Yes:** _____

4. Possessed used or tried marijuana, any hallucinogenic, any other illegal controlled substance or any legal controlled substance without a prescription? **No Yes:** _____

5. Failed to appear in court for any offense(s)? **No Yes:** _____

6. Are you currently under indictment, on probation, parole, work release, or subject to any other control of a court? **No Yes:** _____

7. Do you currently have any open or pending charges and/or cases (including traffic violations)? **No Yes:** _____

Printed Name

Signature

Date

DISCLAIMER: Information contained in criminal history reports are obtained from public records data sources. Accuracy cannot be guaranteed due to potential human error in the data recording. The information is not owned by SONIC SYSTEMS INTERNATIONAL, LLC (SSI), and since public records data on any individual, group of individuals, company, or companies can be retained in more than one depository, SSI can only rely on its accuracy from the public records data sources presently available at the time of inquiry. This information is furnished for exclusive use and accepted by you without liability on SSI, its sources, agents, or employees. Furthermore, you agree to indemnify SSI, its sources, agents, and employees of any liability for the use of this information and agree that the right to obtain and the purpose for this information is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on individual’s criminal history, credit history, and/or worker compensation claim history.



Sonic Systems International, LLC

NOTICE OF PRE-EMPLOYMENT DRUG AND/OR ALCOHOL TESTING

Sonic Systems International, LLC (SSI) is committed to providing a safe work environment for all employees. When individuals are impaired due to the use of drugs or alcohol, they become a safety hazard to themselves and others in the workplace. Our company provides drug and alcohol screenings in support of a drug and alcohol-free workplace.

SSI performs pre-employment drug and alcohol screenings as well as random drug and/or alcohol screenings during the course of employment. The individual is informed of the reason for the screening/testing and the procedure involved. The results of drug and/or alcohol screenings are considered part of the individual's new hire process and/or a condition of employment, including being rejected as a candidate for employment or promotion. If an individual is not hired as a result of a positive and/or unacceptable drug and/or alcohol screening, the individual will be notified and will be given the opportunity for personal explanation.

Further, the individual will freely and willingly consent to the disclosure of the screening/test results to the management of SSI for use in internal communications. The voluntary release of the screening/test results will fully and forever discharge SSI, any of its representatives, any laboratory, or any facility and their representatives, which performs analyses, from any claim or liability arising from such screenings/tests, including, but not limited to the testing procedure, the analysis, the accuracy of the analysis, or the disclosure of its results. The screening/test results will become part of the individual's employment record.

Drug and/or alcohol screenings may detect the presence of prescription drugs; therefore, it is important for the individual to disclose any prescription drugs being used, or which have been used recently. SSI may contact the physician or medical professional who prescribed the medications reported by the individual. Further, the individual will provide the physician or medical professional with a Release of Information form to provide prescribed medication(s) information to SSI, relevant to the reason for such prescription and information about its potential effect on individual's performance.

By signing below, I certify that I understand the information provided in this notice. I understand as a condition of my employment with SSI that, if asked, I will submit to the drug and/or alcohol screening/testing.

Printed Name

Signature

Date

Sonic Systems International, LLC Employee Confidentiality and Non-Disclosure Agreement

This is an agreement ("Agreement") between SONIC SYSTEMS INTERNATIONAL, LLC (SSI) and _____ ("Employee") regarding the Company's disclosure of certain information and the Employee's treatment of that information.

The information that the Company may disclose to the Employee consists of the following: policies, procedures, trade secrets, customer lists, employee lists, salaries, contract information, marketing strategies and other confidential data and good will.

This agreement also precludes Employee from disclosing any information that SSI Customers may disclose to the Employee including but not limited to: policies, procedures, trade secrets, customer lists, employee lists, salaries, contract information, work product of inspections or tests, marketing strategies and other confidential data and good will.

And there may be other, ancillary information that the Company also discloses to the Employee. All this information is collectively referred to as the "Confidential Information".

In consideration of the Company's disclosure of the Confidential Information to the Employee, to use it in the course of his/her employment, the Employee agrees to the following use and disclosure obligations:

Title to the Confidential Information and all related materials and documentation the Company delivers to the Employee will remain with the Company.

The Employee agrees to treat such Confidential Information as secret, otherwise identified as such, or when, by its very nature, it deals with matters that, if generally known, would be damaging to the best interests of the Company, other Employees or potential Employees with the Company, or individuals or organizations about whom the Company keeps information. By way of example but not by way of limitation, information should be treated as confidential if it includes any proprietary documentation, materials, flow charts, codes, software, computer instructions, techniques, models, information, diagrams, know-how, trade secrets, data, business records, or marketing information.

The Employee agrees not to disclose any Confidential Information to third parties and to use it solely for the purpose described in the introductory provisions of this Agreement. The Employee will restrict circulation of the Confidential Information within its organization and then only to people in the Employee's organization that have a need to know the Confidential Information for the purpose described in the introductory provisions of this Agreement.

The Employee will be liable for the disclosure of such information whether the disclosure is intentional, negligent, or accidental, unless otherwise provided below.

The Employee will not be liable for any unintentional disclosure of the Confidential Information that results despite the Employee's exercise of at least the same degree of care as it normally takes to safeguard its own secrets. But this exception to the Employee's liability for disclosure of the Confidential Information will not apply if the Employee's procedures are not reasonable given the nature of the Confidential Information or if the disclosure nevertheless results in liability to the Company.

The Employee will not incorporate any portion of any Confidential Information into any work or product, other than a work product that will be delivered to the Company for the Company's sole use. Also, the Employee will have no proprietary interest in any of the Confidential Information. Furthermore, the Employee will cause all

individuals in its organization who have access to any Confidential Information to execute a confidentiality agreement incorporating the obligations in this Agreement.

The Employee will return all originals of any Confidential Information and destroy any copies it has made on termination or expiration of this Agreement.

This Agreement is the entire agreement between the parties with respect to the subject matter and supersedes any previous statements or agreements, whether oral or written.

This Agreement will be binding upon and inure to the benefit of the respective successors and assigns of the Company and the Employee.

No amendment or modification of any provision of this Agreement will be effective unless it is in writing and signed by both parties.

The failure of either party to demand strict performance by the other party of any of this Agreement will not be a waiver or relinquishment of any rights under this Agreement. And either party may at any later time demand strict and complete performance by the other party of the Agreement.

If any provision of this Agreement is held by a court of competent jurisdiction to be contrary to law, the remaining provisions of this Agreement will remain in full force and in effect to the extent that such does not create an absurdity.

This Agreement will be construed in accordance with the plain meaning of its language and neither for nor against the drafting party. And the headings used herein are for the sole sake of convenience and will not be used to interpret any section.

For any notice under this Agreement to be effective it must be made in writing and sent to the address of the appropriate party first appearing above, unless such party has notified the other party, in accordance with the provisions of this section, of a new mailing address.

The terms of this Agreement are continuing obligations.

The Employee may not assign this Agreement or any of its rights or obligations under this Agreement without the prior, written consent of the Company.

This Agreement will be governed by the laws of the state of Texas and venue for any disputes will lie exclusively with the appropriate court in the state of Texas.

To show agreement, the parties have signed this Agreement on the dates shown below.

_____ Employee Printed Name	_____ Employee Signature	_____ Date
_____ Company Representative	_____ Signature	_____ Date



Sonic Systems International, LLC

SCREENING EVALUATION CRITERIA

In consideration of employment, prospective employees should be aware that the criteria below are considered to determine if an individual is suitable for nuclear unescorted access.

- Willful omission or falsification of material information submitted in support of employment or request for unescorted access authorization.
- Illegal use or possession of a controlled substance or abuse of alcohol without adequate evidence of rehabilitation.
- A criminal history without adequate evidence of rehabilitation, which establishes untrustworthiness or unreliability.
- Conviction of a felony, a series of misdemeanors, crimes, or a series of arrests which indicate criminal tendencies.
- A conviction of two or more driving under the influence (DUI) charges within the past five years.
- History of mental illness or emotional instability that may significantly affect the individual's judgment or eligibility.
- Any evidence of coercion, influence or pressure that may be applied by outside sources to compel an individual to commit any act of sabotage or other act which would adversely affect the individual's trustworthiness or reliability.
- Evidence that the individual has committed or attempted to commit, aided, or abetted another who committed or attempted to commit, any act of sabotage or other act that would pose a threat or adversely affect the individual's trustworthiness or reliability.
- Results of medical and/or psychological evaluation (by a medical doctor, psychologist, or psychiatrist), gives evidence that a person's mental or physical health represents a clear and present danger to the safety and/or security of a facility and its personnel, or may identify significant defects in this individuals judgment or reliability.
- Held knowing membership in, association with, or advocacy of a group, organization, association, or combination of persons which unlawfully advocates or practices the commission of acts of force against public utilities or nuclear power production facilities.
- Willful or deliberate violation of procedures and/or safety and security regulations of past or present employers that could affect the safety and security of any facility.
- Any use of firearms, explosives, and/or incendiary devices that violate Federal, State, or local law, or employer policies or procedures.
- Use of non-prescribed narcotics, hallucinogens, or other controlled drugs, or excessive use of alcohol with no subsequent evidence of rehabilitation.
- Failure to successfully complete drug and alcohol screenings.
- Engaged in any other conduct, or is subject to any other circumstance, including demonstrated financial irresponsibility and immoral acts, which could adversely affect the individual's trustworthiness or reliability, or which furnishes reason to believe that the individual may act in a manner contrary to the best interest of the safety and security of any facility.
- Any other information that would adversely reflect upon the reliability and trustworthiness of the individual as related to the individual being permitted unescorted nuclear access.

Printed Name

Signature

Date



Sonic Systems International, LLC

FITNESS FOR DUTY – POLICY & ACKNOWLEDGMENT

Sonic Systems International, LLC (SSI) has maintained a strong commitment to providing a safe work place for all personnel. In carrying out that commitment, it is our goal to establish and maintain a work environment that is free from the effects of alcohol and drug abuse. Employees are required to comply with a fitness-for-duty (FFD) program which provides reasonable assurance that personnel working at any industrial facility are reliable, trustworthy, and not under the influence of any substance, legal or illegal, or mentally or physically impaired from any cause, which in any way adversely affects their ability to safely and competently perform their duties. Any employee who engages in any of the following acts is in violation of this policy, and will not be allowed on SSI and/or contracted owner/operator property.

Employees shall report to their supervisors on their use of physician-prescribed mood altering drugs, narcotics, depressants, amphetamines, or other controlled substances, and, in addition, any over-the-counter drugs that may affect Fitness for Duty (FFD). Employees shall report to their supervisors on other factors, such as mental stress, fatigue, or illness which may affect their FFD and they must seek assistance, as appropriate. In addition, employees who consume alcoholic beverages within a twelve (12) hour period preceding any scheduled work shift, or consume alcoholic beverages during the period of any work shift, or is under the influence of alcoholic beverages during any work shift are in violation of this policy. You will be considered unfit for duty if breathalyzer test results are not 0.00 BAC (Blood Alcohol Content). SSI and Nuclear Industry standard is ZERO TOLERANCE for BAC. Persons called in to perform unscheduled work shifts will be required to provide a statement as to whether he or she has consumed alcohol within the length of time stated in the pre-job abstinence policy. If alcohol has been consumed within this period, the person will not be required to report to work.

Employees shall not possess, use, or consume any amount of mood altering, non-prescription substances on plant premises or while conducting business for SSI during working hours, including breaks and overtime. This includes all forms of alcohol, narcotics, depressants, amphetamines, hallucinogens, and marijuana. This does not include legitimate use at recommended dosages of over-the-counter drugs which have been previously reported to your supervisor.

Abuse of legal prescription or over-the-counter drugs which could affect an individual's job performance, or which could jeopardize the safety of other individuals, the public, or equipment is prohibited. Off-the-job sale, purchase, possession, or use of illegal drugs by persons with access to SSI job sites is prohibited. Employees shall report to their supervisor on all arrests, felony, and misdemeanor convictions for substance use of possessions, or other behavior that may impact upon their trustworthiness or reliability.

Screening for detection of drugs and alcohol, as determined by urinalysis and breathalyzer is a mandatory requirement for employment with SSI. Screenings can be scheduled at various medical facilities prior to arrival at a work site, and personnel can be randomly selected during assignment at a work site.

If any personnel are determined to be unfit for duty during screening, this shall be cause for termination of employment from SSI. Failure to satisfactorily comply and fulfill these requirements of your position is deemed to be waiver of right to compensation regarding wages and expenses.

Violation of these policies will result in immediate removal from contracted owner/operator related activities and the revocation of access to such facilities.

By signing below, I acknowledge that I have read and fully understand the SSI Fitness For Duty (FFD) requirements of my employment detailed in this letter.

Printed Name

Signature

Date

REIRS and REMS Records Release Form For An Individual

Request ID Number: _____

This is the REIRS/REMS Request ID number that is generated when you submit the request form. This request ID number is required in order to process your request.

**Privacy Act
Statement**

https://www.reirs.com/Release_PAS.pdf

I hereby authorize the release of my radiation exposure records from the U.S. Nuclear Regulatory Commission or Department of Energy. Please provide me with any and all radiation exposure information that is maintained electronically within the NRC REIRS or DOE REMS database. I understand that these records need to be reviewed and certified by me, the monitored individual, prior to being considered as a valid dose record.

Printed name of monitored individual: _____

Signature of monitored individual: _____

Date signed: _____

Phone #: _____

In addition to this signed release form, you must submit a copy of your driver's license, photo ID, or birth certificate in order to verify your identity.

Complete this request form and return it with your SSI new hire paperwork, or
Email to your SSI Operations Manager, with a copy of a photo ID.



Sonic Systems International, LLC

POSITIVE DRUG/ALCOHOL APPEAL PROCESS

Employees have the right to appeal positive drug/alcohol test determination to the appropriate Sonic Systems International, LLC (SSI) manager, or owner personnel responsible for the administration of the program.

When the SSI-approved laboratory or owner administers the testing and a positive drug/alcohol determination is made, the following criteria will be satisfied:

- 1) The employee will be notified by the appropriate SSI Operations Manager that a positive drug result determination has been made by the Medical Review Officer (MRO).
- 2) The employee has the right to appeal the positive drug determination by appealing the decision of the Medical Review Officer (MRO). This appeal must be submitted in writing, within ten (10) days of the MRO's determination.

The individual may choose, immediately upon notification of the positive drug determination, to appeal the decision. The appeal must be initiated and submitted by the individual, in writing, to the appropriate SSI Operations Manager.

The SSI Operations Manager will ensure that the employee's appeal is properly administered under the provisions of SSI's or the owner's appeal process.

Appeals for positive breath alcohol tests should be made immediately.

Printed Name

Signature

Date

SELF-REPORTING REQUIREMENTS

Sonic Systems International, LLC (SSI) employees are required to report to their immediate supervisor:

- all arrests or convictions of a FELONY or a case pending
- all arrests or convictions of a MISDEMEANOR or a case pending
- all arrests or convictions of an Alcohol and/or Controlled Substance related offense, including Driving Under the Influence (DUI, DWI, or have such a case pending
- any actions that threaten harm to the employee, coworkers, and/or customer

SSI supervisors will report the information received from the employee to the next management level for immediate review.

Printed Name

Signature

Date



Sonic Systems International, LLC

UNSCHEDULED CALL-INS

When Sonic Systems International, LLC (SSI) employees are called in for an unscheduled work shift, the following guidelines will be followed:

- The consumption of alcohol is prohibited for a period of at least twelve (12) hours preceding any work shift.
- Upon notification that an employee is required to report for unscheduled work, the employee is to make a determination of their personal fitness for duty (FFD).
- The supervisor shall make a determination whether or not the employee should report to work.
- If there is any doubt regarding an employee's fitness for duty, he/she shall not report to work.
- Employees called in for an unscheduled work shift shall have an opportunity to disclose the fact that they have consumed alcohol within the twelve (12) hours, without penalty or other disciplinary action.
- If an employee is required to report although alcohol has been consumed within the abstinence period, a breath analysis may be performed to determine fitness for duty. Based upon the results of the breath analysis, a determination will be made whether the employee will perform his/her assigned duties.
- If it is determined that the employee is unfit to work, transportation will be provided to his/her local lodging.

Printed Name

Signature

Date

FOR-CAUSE CHEMICAL TESTING

It is the responsibility of all employees to report to work fit for duty (FFD). If an employee is subjected to "for cause" chemical (drug and/or alcohol) testing, he/she will cooperate fully with the chemical testing process.

For-cause chemical testing will be administered as soon as possible after the following events:

- any observed behavior indicating possible substance abuse in the following instances:
 - involving a failure in individual performance resulting in personal injury
 - in a radiation exposure or release of radioactivity in excess of regulatory limits
 - actual or substantial degradations of the level of safety of the plant if there is reasonable suspicion that the employee's behavior contributed to the event.
- after receiving credible information that an employee is abusing drugs and/or alcohol, and, following any driver controllable accident while an employee is operating an owner vehicle.

Printed Name

Signature

Date



Sonic Systems International, LLC

RADIATION RECORDS

Sonic Systems International, LLC (SSI) will not be responsible for obtaining your personal radiation records from the utilities after you have completed an assignment. You will be responsible for acquiring your dose records and hand-carrying them with you to each assignment.

Printed Name

Signature

Date

FITNESS FOR DUTY DOCUMENT CONTROL & RECORD RETENTION

Employee records which are developed during background investigation of employment history, educational history, character references, criminal history, military history, credit/residence investigation, drug and alcohol screenings, psychological examinations, and records documented during employment with Sonic Systems International, LLC (SSI) shall be retained at the Corporate office: 1880 Dairy Ashford, Suite 207, Houston, Texas 77077.

Background records, including suitable inquiries that result in the granting of unescorted access authorization shall be retained for five (5) years following termination of access authorization to any site.

SSI shall retain records of persons made ineligible under the provisions of 10 CFR 26.27 (b) for seven (7) years.

All written policies and procedures will be retained as described in the SSI Document Control procedure for the life of the contract. Superseded documents will be retained for five (5) years after each change.

Fitness for duty (FFD) records concerning cases under legal challenge will be retained for five (5) years after legal decision has been made.

Continual Behavior Observation records will be forwarded to the customer/client for record retention.

Fitness for duty (FFD) records shall be identifiable, easily retrievable, and protected against damage, loss, or unauthorized disclosure. Files must be destroyed by burning, shredding, or other methods which protect against inadvertent disclosure of information.

Printed Name

Signature

Date



Sonic Systems International, LLC

POLICY FOR CONTINUALLY OBSERVING EMPLOYEE BEHAVIOR

Following employment with Sonic Systems International, LLC (SSI), all employees will be continuously observed by their SSI Manager and Supervisors to ensure that they continue to satisfactorily fulfill the requirements of their position.

Any observation of performance deterioration due to absenteeism, tardiness, attitude changes, use of alcohol, drugs, or other questionable behavior will be immediately reported to SSI management, utility site supervisor, and/or plant manager, when disciplinary action is impending.

Such observations in performance deterioration will be carefully evaluated and the employee may be removed from his/her position when individual circumstances warrant such action. Site supervisors shall report to corporate and/or site security within one hour of discovery of incidents involving violation of SSI's Fitness-For-Duty Policy.

Employees not continuously working on an assignment affording direct supervision from another employee of this company, may maintain their security clearance when objective evidence can be established as to the specific time frame and their respective conduct and performance. This may be supplied by the immediate supervisor of the company that SSI is under contract to.

Upon termination of an employee previously granted unescorted access, or when such employee is observed to be an unreliable or questionable security risk, all utilities to which the employee is currently granted unescorted access shall be notified prior to or in concurrence with the employee's notification. This notification can be either by phone or email followed by original hard copy letter to cancel all security clearances.

Printed Name

Signature

Date



Sonic Systems International, LLC

Pre-Employment Required Documentation

Schedule H

Secrecy and Inventions Agreement



HITACHI

Main Services Agreement Rev. 3

Supplier Name: **Sonic Systems International, LLC (SSI)**

SSI Employee Name

Email Address

In consideration of [GE-Hitachi Nuclear Energy Americas LLC][GE-Hitachi Nuclear Energy International LLC][GE-Hitachi Global Laser Enrichment LLC] (“Company”) approval of my furnishing of services under the Master Services Agreement (“Agreement”) between Company and Supplier, I agree to be personally bound by the following terms for Company’s benefit:

1. Law and Conflict of Interest

I warrant that: (i) my work with Company will not violate any law or conflict with any continuing interests or obligations I may have with my current or prior employers; and (ii) during performance under the Agreement, I will avoid any other activities that would present a conflict of interest regarding such performance.

2. Confidentiality and Personal Data

I will hold in confidence all proprietary and confidential Information I obtain from or develop for Company (“Proprietary Information”). I agree not to use Proprietary Information on my own behalf or on behalf of others, or disclose to others, at any time such Proprietary Information without Company’s prior written consent. I also will not knowingly disclose to Company or its employees any information that is known to be secret, confidential or proprietary to any other person or firm. I further agree to keep confidential any “Company Personal Data”, which is any information relating to an identified or identifiable, natural person: (a) obtained by Supplier from Company, (b) being “Processed” by Supplier on behalf of Company or (c) pertaining to Company’s employees, officers, directors, shareholders, customers, prospects, contacts, suppliers or distributors, and I agree to only access and use such Company Personal Data to the extent necessary to perform this Agreement, to use reasonable measures to endure the security and confidentiality on Company Personal Data and to comply with all applicable laws, regulations and Company or its Affiliates’ policies relating to such data as are made known to me.

3. Inventions

I agree that any inventions, suggestions, ideas, innovations or reports made or conceived by me as a result of services performed hereunder (“Inventions”) shall be promptly disclosed to, and shall be the sole property of, Company. I will cooperate with Company in obtaining patents on any such Inventions and shall execute any documents tendered by Company to convey or perfect ownership in such Inventions. I will assist Company,

at its expense, in any manner Company deems necessary to obtain, maintain or sustain such patents. Should any such Inventions be the result of combined efforts with, or the invention of any person or persons other than myself, I will so inform Company at the time of submission thereof. My obligations hereunder shall survive termination of this Agreement.

4. Copyrights

All copyrightable material resulting from work performed by me during the term of the Agreement shall be deemed to be “works made for hire” under U.S. copyright law and shall belong exclusively to Company. If by operation of law any such copyrightable materials are not deemed works made for hire, I agree to and hereby assign to Company the ownership of such materials including all copyrights thereto. Company may obtain and hold in its own name copyrights, registrations and other protection that may be available therein and I will provide Company any assistance required to perfect such protection. I expressly waive any “artist’s rights” or “moral rights” I might otherwise have in the materials developed under this Agreement. To the extent I cannot effectively waive such rights, I agree that I will not seek to enforce such rights against Company or any licensee or purchaser of such materials from Company.

5. Employer-Employee Relationship

In furnishing services under this Agreement, I will at all times be acting as an employee of Supplier. I will not be a Company employee and will not through this Agreement or my services be entitled to participate in or receive any benefit or right under any Company employee benefit or welfare plans, including without limitation, employee insurance, pension, savings and stock bonus or savings and security plans.

6. IM Security Guidelines

I shall be bound by any additional password or security documents, NT guidelines, UNIX guidelines, software licenses and IM security guidelines provided by Company.

My signature below indicates my intent to be personally bound by this document.

Printed Name

Signature

Date



Sonic Systems International, LLC

Pre-Employment Required Documentation

PERSONAL DATA CONSENT FORM For Sonic Systems International, LLC Employee

DISCLOSURE

Introduction. Since you will be providing services as a Contingent Worker (“CW” or “you”) assigned by your employer (“Supplier”) to work on a project for General Electric Company (“GE”) or one of its subsidiaries or affiliates (collectively the “GE Companies”) or their successors in interest, the GE Companies need to collect, track and process certain information about you that may be deemed “personal data” and regulated by law in some jurisdictions, including but not limited to European Union Member States. The law in those jurisdictions requires the GE Companies and their employees to observe certain standards when processing personal data. For example, the GE Companies and their employees must maintain accurate, up-to-date personal data which is not kept longer than necessary and which is protected against loss or disclosure. This form describes the types of data which the GE Companies intend to process in connection with your assignment, ways in which it will be processed and the reasons for such processing. The term “processing” for these purposes includes obtaining, recording, holding, transferring, adapting, disclosing, erasing and otherwise using data. GE will be the data “Controller” for this processing.

Data Held. The following is a list of the types of data relating to you that will be held by the GE Companies and may be deemed “personal data”:

- (a) data about you, including your name, nickname, office address, office telephone, mobile telephone, pager and facsimile number, office email address, email mailing list memberships, direct reports, country of citizenship (necessary for access controls on export-controlled information), Company Directory Initiative (“CDI”) ID (a database identifier assigned by GE), whether you are a prior GE employee, whether Supplier has performed a satisfactory background check on you, and whether you have signed certain agreements and acknowledgements that may apply to your assignment, such as this Personal Data Consent Form, Assignment Limitation Acknowledgement, GE Integrity Acknowledgement, Network Access Agreement, End User License Agreement, and Secrecy and Invention Agreement; and
- (b) data about your GE assignment, including the name of the assignment, your job title on the assignment, your function (work skill) on the assignment, your role within that function, your assignment location, your contract type (i.e., fixed price, time & materials, etc.), your hourly billing rate (ST and OT), your normal billing hours per week, your assignment start date, assignment target end date and assignment actual end date, the payment method for your services, Purchase Order (“PO”) number, Request for Proposal (“RFP”) number, Funding Cost Center Code, and Cost Tracking Type used for the assignment, and whether a Purchase Service Agreement was signed; and
- (c) data about projects you work on while in the assignment, including CW’s Project , the project name, project description, , the GE business unit supported by the project, the GE function supported by the project, the primary technology used on the project, and the GE-assigned category of the project (such as Make, Buy or Sell, and RTS or Program); and
- (d) data about your employer (GE’s Supplier), such as Supplier’s name, the Supplier’s primary contact person’s name, telephone number and email address, the percentage of GE ownership in Supplier, whether Supplier is a GE Global Development Center (yes/no); whether Supplier is a Minority/Women Owned Enterprise (yes/no); whether Supplier has signed a Master Services Agreement (“MSA”) with GE (yes/no, MSA Effective Date, MSA end date); and
- (e) data about your GE Assignment Leader, such as his name, location, job title, GE function and/or organization, manager, and human resources manager.

Printed Name

Signature

Date



Sonic Systems International, LLC

Pre-Employment Required Documentation

PERSONAL DATA CONSENT FORM

Use of Personal Data. As part of a global business with other GE Companies, GE Companies must process personal data on a centralized basis and share information with other GE Companies for certain purposes, including: (a) security (activities to ensure the safety of workers, resources and communities, such as authenticating worker status to authorize access to GE Companies' resources and facilities); (b) business process execution and management (activities to run the operations of the GE Companies, such as scheduling work, managing company assets, populating directories, setting up email accounts); and (c) Supplier and contingent worker activity management (such as headcount management, scheduling work, calculating and delivering Supplier payments, complying with applicable legal requirements and communicating with contingent workers).

There are many systems in which the GE Companies store and process personal data, which include but are not limited to: Single Sign On ("SSO") (access control for applications), eAdmin (access control for applications), Exchange 2000 (email servers), Global Address List (lookup directory for email system), Phonebook Application (directory assistance for company telephone numbers), Company Directory Initiative ("CDI") Database (master list of directory information), the Standard Decision Support and Reporting Systems, (reporting on workforce utilization) and Contingent Worker Database (contingent worker data management).

Sensitive Personal Data. Sensitive personal data refers to specific types of data that are treated as particularly sensitive, such as racial or ethnic origin, religion, criminal convictions, trade union membership and health data (collectively, "Sensitive Data"). Additional security and protection measures (e.g., physical security devices, restricted access) are provided for Sensitive Data. The GE Companies will obtain, where required by law, your explicit consent to the processing of any Sensitive Data about you.

Sharing Data with Third Parties. In addition to sharing data with other GE Companies as described above, GE Companies may provide certain data to third party providers of outsourced data processing. These third party providers will be allowed to process the data only in accordance with a GE Company's instructions. The GE Companies will select reliable suppliers who undertake, by contract or equivalent means, to put in place appropriate security measures to ensure an adequate level of protection under your local data protection legislation. The GE Companies may also be required to disclose certain of your personal data: (1) as a matter of law (e.g., to tax and social security authorities); (2) to protect GE Companies' legal rights (e.g., to defend a litigation suit); or (3) in an emergency where the health or security of an employee or contingent worker is endangered (e.g., a fire).

Data Transfer Across National Boundaries. As the GE Companies operate internationally, we need to make your data available to GE Companies outside of the nation where you reside, including the United States (where many of the centralized database servers are located) and other nations outside of the European Union. National laws vary regarding the level of protection for personal data, but the GE Companies will seek to ensure that the data has at least an adequate level of protection under your local data protection legislation.

Data Maintenance and Inquiries. You are permitted to inquire (at reasonable intervals) as to the nature of the personal data about you that is stored or processed about you by the GE Companies. You may also request access (through your Assignment Leader) to personal, factual information about you that is held by the GE Companies, subject to applicable legal requirements. In the event that any such data is inaccurate or out of date, you are entitled to request that the data be amended. If access or rectification is denied, the reason for the denial will be communicated and a written record will be made of the request and reason for denial. If you demonstrate that the purpose for which the data is being processed is no longer legal or appropriate, then the data will be deleted, unless the law requires otherwise. It is your responsibility to notify your Assignment Leader of any change in your personal data relevant to your assignment records (see for example the fields listed in Section 2 above), so that the GE Companies can maintain accurate contingent worker assignment records. Inquiries regarding the manner in which the GE Companies maintain your personal data can also be addressed to your Assignment Leader.

Printed Name

Signature

Date



Sonic Systems International, LLC

Pre-Employment Required Documentation

PERSONAL DATA CONSENT FORM

If you have any questions which cannot be adequately addressed with your Assignment Leader, send them to: Contingent Worker Questions, Contingent Worker Database Administrator, GE Energy, 1 River Road, Building 5-4E, Schenectady, New York 12345.

Storage.

Personal data shall not be stored for longer than is reasonably necessary for the purposes detailed above, and the GE Companies will take adequate measures to ensure the security of the data.

Exemptions. The GE Companies are generally permitted under exemptions in local data protection legislation to process the personal data of contingent workers as reasonably necessary to the performance of their contracts, even without consent. However, to the extent that the GE Companies' processing does not fall within this exemption and in relation to (i) the transfer of your personal data across national boundaries and (ii) any processing of your sensitive data, we ask for your consent to us carrying out such processing.

CONSENT

I confirm that I have read and fully understand the provisions detailed above concerning the purposes for which personal data is required from me by the GE Companies and the way in which the GE Companies shall treat such data, and I consent to such processing.

Supplier Name (Company): **Sonic Systems International, LLC (SSI)**

_____ **Printed Name**

_____ **Signature**

_____ **Date**

Enclosed:

Secrecy and Inventions Agreement – (1) Page

Personal Data Consent Form – (3) Pages

SSI EMPLOYEE PORTAL

The SSI Employee Portal resides on our website (www.ssi-group.net) and houses many important documents and training material, including:

New Hire Documentation:

- ✓ Employee Handbook
- ✓ Safety Program (SSI-SA-001)
- ✓ Drug & Alcohol-Free Workplace (SSI-SA-002)
- ✓ Quality Assurance Manual
- ✓ QA Program 10CFR21 Employee Training Module

Access to the SSI employee portal:

If your SSI Operations Coordinator has not previously provided your login credentials...

Visit our website: www.ssi-group.net

On the top menu, click on **Employee Portal**.

Click the link to **register** as a new user.

Your account will be reviewed by the site admin before granting access.

Click on **New Hire Documentation** in the left menu.

Click on the blue **View** button to review each document.

*If you have any questions or problems using the SSI Employee Portal,
please contact your SSI Operations Manager or SSI Operations Coordinator.*



ACKNOWLEDGEMENT

I have read and understand the following Sonic Systems International, LLC (SSI)
Documents located on the SSI Employee Portal:

- ✓ Employee Handbook
- ✓ Safety Program (SSI-SA-001)
- ✓ Drug & Alcohol-Free Workplace (SSI-SA-002)

Printed Name

Signature

Date



ACKNOWLEDGEMENT

I have read and understand the following Sonic Systems International, LLC (SSI)
Documents located on the SSI Employee Portal:

- ✓ Quality Assurance Manual
- ✓ QA Program (10CFR21) Employee Training Module

Printed Name

Signature

Date