

Desert Labor Services

Employee Information

Date / Fecha: _____

Personal Information / Informacion Personal

Full Name / Nombre: _____
Last / Apellido First / Nombre M.I.

Address / Direccion: _____
Street Address / Numero y Calle Apt./Unit / Departamento
City / Ciudad State / Estado Zip Code / C.P.

Cell Phone / Celular: _____ Alternate Phone / Otro: _____

Email / Correo Electronico: _____

Certifications / Certificaciones: _____

D.O.B. / Fecha De Nacimiento: _____ Marital Status / Estado Civil: _____

Spouse's Name / Nombre Esposa: _____
Last / Apellido First / Nombre M.I.

Spouse's Employer / Trabajo: _____

Spouse's Work Phone / Telefono del trabajo: _____

Emergency Contact Information / Contacto De Emergencia

Full Name / Nombre: _____
Last / Apellido First / Nombre M.I.

Address / Direccion: _____
Street Address / Numero y Calle Apt.-Unit / Departamento
City / Ciudad State / Estado Zip Code / C.P.

Main Phone / Telefono: _____ Alternate / Otro: _____

Relationship / Parentesco: _____

Application for Employment

PLEASE PRINT

Position(s) Applied for / Posicion: _____

Date / Fecha: _____

Referral Source / Referencia: Advertisement / Anuncio Employee / Empleado Relative / Pariente

Government Employment Agency / Agencia de Gobierno

Private Employment Agency / Agencia Privada

Name of Source (if applicable) / Nombre de la fuente: _____

Your Name / Nombre: _____
Last / Apellido First / Nombre M.I.

Address / Direccion _____
Street Address / Numero y Calle City / Ciudad State / Estado Zip/C.P.

Telephone Number / Telefono: _____ Social Security Number / Seguro Social: _____

If necessary, the best time to call you at home is / Si es necesario, mejor hora para llamar en casa es: _____

Can we contact you at work? / Podemos contactarte en el trabajo? Yes No

If yes, work number and best time to call is / Numero de trabajo y mejor hora para llamar es: _____

If you are under 18, can you furnish a work permit? / Si eres menor de 18, puedes facilitar un permiso? Yes No

Have you filed an application here before? / Has aplicado aqui antes? Yes No Date / Fecha: _____

Have you ever been employed here before? / Has trabajado aqui antes? Yes No Date / Fecha: _____

Are you legally eligible for employment in this country? / Estas legalmente autorizado para trabajar en este pais?
(Proof of U.S. Citizenship or immigration status will be required upon employment / Se requiere prueba de estatus legal)

Date available for work / Fecha de disponibilidad para trabajar: _____

Type of employment desired / Tipo de trabajo deseado: Full Time / Tiempo completo Part Time / Medio tiempo

Are you on lay-off and subject to recall? / Fuiste despedido con opcion de regresar? Yes No

Will you relocate if the job requires it? / Te mudarias si el trabajo lo requiere? Yes No

Will you travel if the work requires it? / Estas dispuesto a viajar si el trabajo lo requiere? Yes No

Will you be able to meet the attendance requirements for the position? / Podrá cumplir con los requisitos de asistencia para el puesto? Yes No

Will you work overtime if required? / Trabajarías tiempo extra si se requiere? Yes No

Have you ever been bonded? / Has tenido licencia o seguro comercial? Yes No

Have you ever been convicted of a felony? / Alguna vez ha sido condenado por un delito? Yes No

If yes, please explain / En caso afirmativo por favor explique: _____

Driver's License Number (if job related) / No. de licencia: _____

State / Estado: _____

Employment History

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below. / Enumere sus ultimos tres (3) empleos, asignaciones, o trabajo voluntario, comenzando con el mas reciente, incluyendo experiencia militar.

| | |
|--|--|
| Employer / Empleador: | Dates Employed / Fechas: From / De: _____ To / A: _____ |
| | Hr. Rate/Salary / Salario: Starting / Empezando: \$ _____ Per / Por: _____ |
| Address / Direccion: | Hr. Rate/Salary / Salario: Ending / Terminando: \$ _____ Per / Por: _____ |
| Telephone / Telefono: (____) _____ | Summarize the nature of the work performed & the job responsibilities / Resumir la naturaleza del trabajo y las responsabilidades laborales: |
| Job Title / Titulo: _____ | |
| Immediate Supervisor & Title / Supervisor inmediato y titulo: | |
| Reason for leaving / Razon por dejarlo: | |
| May we contact for reference? / Podemos contactarlo para referencias? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later / Despues | |
| Employer / Empleador: | Dates Employed / Fechas: From / De: _____ To / A: _____ |
| | Hr. Rate/Salary / Salario: Starting / Empezando: \$ _____ Per / Por: _____ |
| Address / Direccion: | Hr. Rate/Salary / Salario: Ending / Terminando: \$ _____ Per / Por: _____ |
| Telephone / Telefono: (____) _____ | Summarize the nature of the work performed & the job responsibilities / Resumir la naturaleza del trabajo y las responsabilidades laborales: |
| Job Title / Titulo: _____ | |
| Immediate Supervisor & Title / Supervisor inmediato y titulo: | |
| Reason for leaving / Razon por dejarlo: | |
| May we contact for reference? / Podemos contactarlo para referencias? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later / Despues | |
| Employer / Empleador: | Dates Employed / Fechas: From / De: _____ To / A: _____ |
| | Hr. Rate/Salary / Salario: Starting / Empezando: \$ _____ Per / Por: _____ |
| Address / Direccion: | Hr. Rate/Salary / Salario: Ending / Terminando: \$ _____ Per / Por: _____ |
| Telephone / Telefono: (____) _____ | Summarize the nature of the work performed & the job responsibilities / Resumir la naturaleza del trabajo y las responsabilidades laborales: |
| Job Title / Titulo: _____ | |
| Immediate Supervisor & Title / Supervisor inmediato y titulo: | |
| Reason for leaving / Razon por dejarlo: | |
| May we contact for reference? / Podemos contactarlo para referencias? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later / Despues | |
| Employer / Empleador: | Dates Employed / Fechas: From / De: _____ To / A: _____ |
| | Hr. Rate/Salary / Salario: Starting / Empezando: \$ _____ Per / Por: _____ |
| Address / Direccion: | Hr. Rate/Salary / Salario: Ending / Terminando: \$ _____ Per / Por: _____ |
| Telephone / Telefono: (____) _____ | Summarize the nature of the work performed & the job responsibilities / Resumir la naturaleza del trabajo y las responsabilidades laborales: |
| Job Title / Titulo: _____ | |
| Immediate Supervisor & Title / Supervisor inmediato y titulo: | |
| Reason for leaving / Razon por dejarlo: | |
| May we contact for reference? / Podemos contactarlo para referencias? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later / Despues | |

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company. / Resume habilidades, cualidades especiales y experiencia obtenida, que te califiquen para trabajar en nuestra compañía.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representative for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Se entiende y se acuerda que cualquier tergiversación por mí en esta aplicación será causa suficiente para la cancelación de esta aplicación y / o separación del servicio del empleador si he sido empleado.

Doy al empleador el derecho de investigar todas las referencias y obtener información adicional sobre mí, si esta relacionado con el trabajo. Por la presente libero de responsabilidades al empleador y sus representantes por buscar dicha información y a todas las demás personas, corporaciones u organizaciones para el suministro de dicha información.

El empleador es un empleador de igualdad de oportunidades. El empleador no discrimina en el empleo y no se utilizan preguntas en esta solicitud para limitar o excluir la consideración de cualquier solicitante de empleo en base prohibida por leyes locales, estatales o federales.

Esta aplicación es válida por sólo 60 días. Al final de este tiempo, si no he escuchado de el empleador y aún así deseo ser considerados para el empleo, será necesario llenar una nueva solicitud.

Entiendo que así como soy libre de renunciar en cualquier momento, el empleador se reserva el derecho de terminar mi empleo en cualquier momento, con o sin causa y sin previo aviso. Entiendo que ningún representante del empleador tiene la autoridad de hacer cualquier garantía en contrario.

Signature of Applicant / Firma de el aplicante: _____ Date / Fecha: _____

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025

| | | | |
|---|---|-----------------|---|
| 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 surviving spouse <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.) | | |

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

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 the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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 Dependent and Other Credits | 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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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 Desert Labor Svcs LLC 3550 W Tompkins Ave #A, Las Vegas, NV 89103 | First date of employment | Employer identification number (EIN) |
|-----------------------|---|--------------------------|--------------------------------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2025 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
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 territories 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 Surviving Spouse

| 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 | \$0 | \$700 | \$850 | \$910 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 |
| \$10,000 - 19,999 | 0 | 700 | 1,700 | 1,910 | 2,110 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 3,220 |
| \$20,000 - 29,999 | 700 | 1,700 | 2,760 | 3,110 | 3,310 | 3,420 | 3,420 | 3,420 | 3,420 | 3,420 | 4,420 | 5,420 |
| \$30,000 - 39,999 | 850 | 1,910 | 3,110 | 3,460 | 3,660 | 3,770 | 3,770 | 3,770 | 3,770 | 4,770 | 5,770 | 6,770 |
| \$40,000 - 49,999 | 910 | 2,110 | 3,310 | 3,660 | 3,860 | 3,970 | 3,970 | 3,970 | 4,970 | 5,970 | 6,970 | 7,970 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 4,080 | 4,080 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 4,080 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 | 10,080 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 | 10,080 | 11,080 |
| \$80,000 - 99,999 | 1,020 | 2,220 | 3,420 | 4,620 | 5,820 | 6,930 | 7,930 | 8,930 | 9,930 | 10,930 | 11,930 | 12,930 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 6,270 | 7,620 | 8,820 | 9,930 | 10,930 | 11,930 | 12,930 | 14,010 | 15,210 | 16,410 |
| \$150,000 - 239,999 | 1,870 | 4,240 | 6,640 | 8,190 | 9,590 | 10,890 | 12,090 | 13,290 | 14,490 | 15,690 | 16,890 | 18,090 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,170 | 19,170 |
| \$320,000 - 364,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,470 | 14,470 | 16,470 | 18,470 | 20,470 | 22,470 |
| \$365,000 - 524,999 | 2,790 | 6,290 | 9,790 | 12,440 | 14,940 | 17,350 | 19,650 | 21,950 | 24,250 | 26,550 | 28,850 | 31,150 |
| \$525,000 and over | 3,140 | 6,840 | 10,540 | 13,390 | 16,090 | 18,700 | 21,200 | 23,700 | 26,200 | 28,700 | 31,200 | 33,700 |

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 | \$200 | \$850 | \$1,020 | \$1,020 | \$1,020 | \$1,370 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,040 |
| \$10,000 - 19,999 | 850 | 1,700 | 1,870 | 1,870 | 2,220 | 3,220 | 3,720 | 3,720 | 3,720 | 3,720 | 3,890 | 4,090 |
| \$20,000 - 29,999 | 1,020 | 1,870 | 2,040 | 2,390 | 3,390 | 4,390 | 4,890 | 4,890 | 4,890 | 5,060 | 5,260 | 5,460 |
| \$30,000 - 39,999 | 1,020 | 1,870 | 2,390 | 3,390 | 4,390 | 5,390 | 5,890 | 5,890 | 6,060 | 6,260 | 6,460 | 6,660 |
| \$40,000 - 59,999 | 1,220 | 3,070 | 4,240 | 5,240 | 6,240 | 7,240 | 7,880 | 8,080 | 8,280 | 8,480 | 8,680 | 8,880 |
| \$60,000 - 79,999 | 1,870 | 3,720 | 4,890 | 5,890 | 7,030 | 8,230 | 8,930 | 9,130 | 9,330 | 9,530 | 9,730 | 9,930 |
| \$80,000 - 99,999 | 1,870 | 3,720 | 5,030 | 6,230 | 7,430 | 8,630 | 9,330 | 9,530 | 9,730 | 9,930 | 10,130 | 10,580 |
| \$100,000 - 124,999 | 2,040 | 4,090 | 5,460 | 6,660 | 7,860 | 9,060 | 9,760 | 9,960 | 10,160 | 10,950 | 11,950 | 12,950 |
| \$125,000 - 149,999 | 2,040 | 4,090 | 5,460 | 6,660 | 7,860 | 9,060 | 9,950 | 10,950 | 11,950 | 12,950 | 13,950 | 14,950 |
| \$150,000 - 174,999 | 2,040 | 4,090 | 5,460 | 6,660 | 8,450 | 10,450 | 11,950 | 12,950 | 13,950 | 15,080 | 16,380 | 17,680 |
| \$175,000 - 199,999 | 2,040 | 4,290 | 6,450 | 8,450 | 10,450 | 12,450 | 13,950 | 15,230 | 16,530 | 17,830 | 19,130 | 20,430 |
| \$200,000 - 249,999 | 2,720 | 5,570 | 7,900 | 10,200 | 12,500 | 14,800 | 16,600 | 17,900 | 19,200 | 20,500 | 21,800 | 23,100 |
| \$250,000 - 399,999 | 2,970 | 6,120 | 8,590 | 10,890 | 13,190 | 15,490 | 17,290 | 18,590 | 19,890 | 21,190 | 22,490 | 23,790 |
| \$400,000 - 449,999 | 2,970 | 6,120 | 8,590 | 10,890 | 13,190 | 15,490 | 17,290 | 18,590 | 19,890 | 21,190 | 22,490 | 23,790 |
| \$450,000 and over | 3,140 | 6,490 | 9,160 | 11,660 | 14,160 | 16,660 | 18,660 | 20,160 | 21,660 | 23,160 | 24,660 | 26,160 |

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 | \$450 | \$850 | \$1,000 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,870 | \$1,870 | \$1,870 | \$1,890 |
| \$10,000 - 19,999 | 450 | 1,450 | 2,000 | 2,200 | 2,220 | 2,220 | 2,220 | 3,180 | 4,070 | 4,070 | 4,090 | 4,290 |
| \$20,000 - 29,999 | 850 | 2,000 | 2,600 | 2,800 | 2,820 | 2,820 | 3,780 | 4,780 | 5,670 | 5,690 | 5,890 | 6,090 |
| \$30,000 - 39,999 | 1,000 | 2,200 | 2,800 | 3,000 | 3,020 | 3,980 | 4,980 | 5,980 | 6,890 | 7,090 | 7,290 | 7,490 |
| \$40,000 - 59,999 | 1,020 | 2,220 | 2,820 | 3,830 | 4,850 | 5,850 | 6,850 | 8,050 | 9,130 | 9,330 | 9,530 | 9,730 |
| \$60,000 - 79,999 | 1,020 | 3,030 | 4,630 | 5,830 | 6,850 | 8,050 | 9,250 | 10,450 | 11,530 | 11,730 | 11,930 | 12,130 |
| \$80,000 - 99,999 | 1,870 | 4,070 | 5,670 | 7,060 | 8,280 | 9,480 | 10,680 | 11,880 | 12,970 | 13,170 | 13,370 | 13,570 |
| \$100,000 - 124,999 | 1,950 | 4,350 | 6,150 | 7,550 | 8,770 | 9,970 | 11,170 | 12,370 | 13,450 | 13,650 | 14,650 | 15,650 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 6,240 | 7,640 | 8,860 | 10,060 | 11,260 | 12,860 | 14,740 | 15,740 | 16,740 | 17,740 |
| \$150,000 - 174,999 | 2,040 | 4,440 | 6,240 | 7,640 | 8,860 | 10,860 | 12,860 | 14,860 | 16,740 | 17,740 | 18,940 | 20,240 |
| \$175,000 - 199,999 | 2,040 | 4,440 | 6,640 | 8,840 | 10,860 | 12,860 | 14,860 | 16,910 | 19,090 | 20,390 | 21,690 | 22,990 |
| \$200,000 - 249,999 | 2,720 | 5,920 | 8,520 | 10,960 | 13,280 | 15,580 | 17,880 | 20,180 | 22,360 | 23,660 | 24,960 | 26,260 |
| \$250,000 - 449,999 | 2,970 | 6,470 | 9,370 | 11,870 | 14,190 | 16,490 | 18,790 | 21,090 | 23,280 | 24,580 | 25,880 | 27,180 |
| \$450,000 and over | 3,140 | 6,840 | 9,940 | 12,640 | 15,160 | 17,660 | 20,160 | 22,660 | 25,050 | 26,550 | 28,050 | 29,550 |

EMPLOYER RIGHTS AND RESPONSIBILITIES

The Safety Consultation and Training Section of the Division of Industrial Relations, Nevada Department of Business & Industry, was created to assist employers in complying with Nevada laws which govern occupational safety and health.



A Nevada employer with 11 or more employees must establish a **written workplace safety program. If you have more than 25 employees, the establishment of a safety committee is also required.**

The Safety Consultation and Training Section of the Division of Industrial Relations is available to provide a workplace hazard assessment. This service can assist employers in minimizing on-the-job hazards, and is provided at **no charge**. The Division also offers no cost safety training and informational programs for Nevada employers.

You must maintain a workplace that is free from unsafe conditions.

As an employer you are responsible for complying with all **Nevada safety and health standards and regulations** found in:

- The Nevada Occupational Safety and Health Act, and the
- Occupational Safety and Health Standards and Regulations.

Copies of all occupational safety and health standards and regulations are available from the Division of Industrial Relations (Safety Consultation and Training Section and the Occupational Safety and Health Enforcement Section) or on the web at www.4safenv.state.nv.us.

You are also responsible for ensuring that your employees comply with these same rules, standards and regulations. **You must select someone to administer and enforce** occupational safety and health programs in your workplace.

Before assigning an employee to a job, **you must provide proper training** in:

- Safe use of equipment and machinery
- Personal protective gear
- Hazard recognition
- Emergency procedures

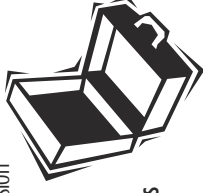
You must also inform all employees of the safety rules, regulations and standards which apply to their respective duties.

It is your responsibility to maintain accurate accident, injury and safety records and reports. These files must be made available, upon request, to the affected employee and representatives of the Division of Industrial Relations, Occupational Safety and Health Enforcement Section.



The Nevada Safety and Health Poster, provided by the Division of Industrial Relations, **must be posted** in a prominent place on the job site.

Report immediately to the Division of Industrial Relations (Occupational Safety and Health Enforcement Section) **all job-related fatalities, as well as those accidents where three or more employees require hospitalization.**



Employers must acquire and maintain Workers' Compensation Insurance at all times. You are responsible for filing any workers' compensation claims with your employer.

The law requires that employers shall provide newly-hired employees with a copy of this document or with a video setting forth the rights and responsibilities of employers and employees to promote safety in the workplace.

Employers shall keep a signed copy of the attached receipt in the employee's personnel file to show he or she has been made aware of these rights and responsibilities.



State of Nevada Department of Business & Industry
Division of Industrial Relations Safety Consultation and Training Section

Las Vegas: (702) 486-9140
Reno: (775) 824-4630
Elko: (775) 778-3312
Toll-Free: (877) 4SAFEV

To obtain this communication in alternative formats, contact the Division of Industrial Relations.

ADDITIONAL INFORMATION

If you require further information or would like to obtain copies of safety and health standards and regulations, contact the following:

State of Nevada Department of Business & Industry Division of Industrial Relations Safety Consultation and Training Section

In Southern Nevada
1301 N. Green Valley Pkwy.,
Suite 200
Henderson, NV 89074
702-486-9140
FAX: 702-990-0362

In Northern/Central Nevada
4600 Kietzke Lane,
Suite E-144
Reno, NV 89502
775-824-4630
FAX: 775-688-1478

In Northeastern Nevada
350 W. Silver Street, Suite 210
Elko, NV 89801
775-778-3312
FAX: 775-778-3412

Or Call, Toll-Free
1-877-4SAFEV
(1-877-472-3368)
www.4safenv.state.nv.us

State of Nevada Department of Business & Industry Division of Industrial Relations Occupational Safety and Health Enforcement Section

In Southern Nevada
1301 N. Green Valley Pkwy.,
Suite 200
Henderson, NV 89074
702-486-9020
FAX: 702-990-0358

In Northern Nevada
4600 Kietzke Lane,
Suite F-153
Reno, NV 89502
775-824-4600
FAX: 775-688-1378

A video of this information is available in English and Spanish through the Division of Industrial Relations, Safety Consultation and Training Section.

This document may be copied. For additional copies, contact the Division of Industrial Relations or visit www.4safenv.state.nv.us.

NEVADA WORKPLACE SAFETY

Stop and Learn Your Rights and Responsibilities



The Division of Industrial Relations of the Nevada Department of Business & Industry helps employers provide a safe and healthful workplace. This document explains the rights and responsibilities of both employers and employees in creating a safe working environment.

Workplace safety is everyone's responsibility.



I have (check one) read this document or viewed the videotape, entitled "Nevada Workplace Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

Employee Name (please print) _____ Date _____

Employee's Signature _____

Place of Viewing Videotape _____

Employer's Name (please print) _____

Employer's Signature (or representative) _____

Any employee who does not understand this document should contact his or her supervisor, employee representative or the Division of Industrial Relations of the Nevada Department of Business & Industry.

Las Vegas: (702) 486-9140
Reno: (775) 824-4630
Elko: (775) 778-3312
Toll-Free: (877) 4SAFENV

Note: This portion must be maintained in the employee's personnel file

EMPLOYEE RIGHTS AND RESPONSIBILITIES

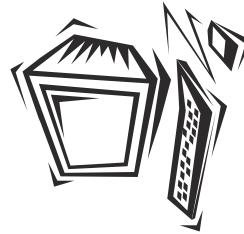
The Nevada Occupational Safety and Health Act was created to allow you to do your job in a safe and healthy workplace. **But it is up to you to make sure that job safety works.** Here are some tips to help you stay safe on the job.

Know and follow all safety rules set by:

- Your employer
- The Nevada Occupational Safety and Health Act
- The Division of Industrial Relations, Occupational Safety and Health Enforcement Section

You can get copies of all Nevada safety and health standards from the Safety Consultation and Training Section of the Division of Industrial Relations or on the web at www.4safenv.state.nv.us. **Also, your employer may be required to have a written workplace safety program.**

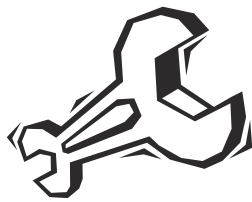
If your employer requires personal protective equipment, such as hard hats, safety shoes, safety glasses, respirators, or ear protection, **you are responsible to wear and/or use the equipment.**



Do not remove any safety device or machine guard. If you do and get hurt, you will lose some workers' compensation benefits.

If you do not know how to safely use tools, equipment or machinery, be sure to ask your supervisor.

If you see something that's unsafe, report it to your supervisor.



That's part of your job. Give your employer a chance to fix the problem. **If you think the unsafe condition still exists, it is your right to file a complaint** with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations. The Division will not give your name to your employer.

There are laws that **protect you** if you are punished for filing a safety and health complaint. If you feel you have been treated unfairly for making a safety and health complaint, you have 30 days from the date of the punishment to file a discrimination complaint with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations.

Most on-the-job injuries are covered by Workers' Compensation Insurance - from cuts and bruises to serious accidents. Coverage begins the first minute you're on the job.

It is your responsibility to report any on-the-job injury immediately. Your employer must file an "Employer's Report of Injury" (C-3 Form) within six working days after the receipt of a "Claim for Compensation" (C-4 Form) from a physician or chiropractor.

Remember, it is fraud to file an industrial insurance claim if you are not injured on the job. Filing a false claim will result not only in a loss of benefits, but could mean costly fines and/or jail time.

Desert Labor Services

Safety is everyone's responsibility

By signing below, you acknowledge that you have read and understand the "Nevada Workplace Safety: Your Rights and Responsibilities" pamphlet and you understand your rights and responsibilities for safety in the workplace.

Name: _____
Please print

Date: _____

Signature: _____

Thank you for helping to make our worksites safe.

Regards,
Desert Labor Services LLC

CONFIDENTIAL

Desert Labor Services

BACKGROUND CHECK AUTHORIZATION

Print Name: _____ **Male/Female:** _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ **Date of Birth:** _____

Primary Telephone Number: _____

Driver's License Number/State: _____

Email Address: _____

The information contained in this application is correct to the best of my knowledge.

DISCLOSURE REGARDING EMPLOYMENT BACKGROUND REPORT

Desert Labor Services may obtain from Sterling Infosystems, Inc. ("STERLING"), 1 State Street, New York, NY 10004, (877) 424-2457, www.sterlinginfosystems.com, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your employment or employment application. If you are hired, to the extent permitted by law, Desert Labor Services may obtain from STERLING further reports throughout your employment for an employment purpose without providing further disclosure or obtaining additional consent.

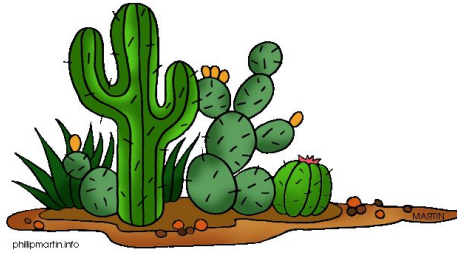
The REPORT may contain information about your character, general reputation, personal characteristics, and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens, and judgements); motor vehicle and driving records; educational and employment history; including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

AUTHORIZATION TO OBTAIN EMPLOYMENT BACKGROUND REPORT

I have read the Disclosure Regarding Employment Background Report provided by Desert Labor Services and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING"), a consumer reporting agency located at 1 State Street, New York, NY 10004, (877) 424-2457, www.sterlinginfosystems.com, of background reports regarding me and the release of such reports to Desert Labor Services and its designated representatives, to assist Desert Labor Services in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to STERLING and/or Desert Labor Services itself, and authorize STERLING to provide such information to Desert Labor Services. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Signature: _____ **Date:** _____



Desert Labor Services

Business Hours of Operation

Monday to Friday – 10:00am – 3:00pm

Paydays – 8:00am – 5:00pm

Saturday & Sunday – Closed

Payroll Information

Paychecks are distributed bi-weekly on Fridays between 8:00am and 5:00pm.

If you cannot pick up your check within those hours, please give us a call to authorize someone to pick up your paycheck on your behalf. Checks cannot be released without prior authorization and you must call during office hours.

Here are the following pay periods and paydays for the first half of 2025:

- | | |
|--|---------------------------|
| • December 23, 2024 through January 05, 2025; | Paid on January 10, 2025 |
| • January 06, 2025 through January 19, 2025; | Paid on January 24, 2025 |
| • January 20, 2025 through February 02, 2025; | Paid on February 07, 2025 |
| • February 03, 2025 through February 16, 2025; | Paid on February 21, 2025 |
| • February 17, 2025 through March 02, 2025; | Paid on March 07, 2025 |
| • March 03, 2025 through March 16, 2025; | Paid on March 21, 2025 |
| • March 17, 2025 through March 30, 2025; | Paid on April 04, 2025 |
| • March 31, 2025 through April 13, 2025; | Paid on April 18, 2025 |
| • April 14, 2025 through April 27, 2025; | Paid on May 02, 2025 |
| • April 28, 2025 through May 11, 2025; | Paid on May 16, 2025 |
| • May 12, 2025 through May 25, 2025; | Paid on May 30, 2025 |
| • May 26, 2025 through June 08, 2025; | Paid on June 13, 2025 |
| • June 09, 2025 through June 22, 2025; | Paid on June 27, 2025 |

Desert Labor Svcs.

Memorandum

To: Desert Labor Svcs. - New Hires

From: Paula Young

CC: John Grubbs

Re: Mandatory 10-Hour Safety & Health Course – Entertainment Industry

Effective January 1, 2018 the State of Nevada will require employees working within the entertainment industry to complete an OSHA 10-hour safety and health general industry course and receive a completion card within 15 days of hire. The OSHA 10-hour course is a course of general industry safety and health hazard recognition and prevention developed by the Occupational Safety and Health Administration of the United States Department of Labor.

The list below is for all OSHA 10 cards/certifications that fall under the following categories:

- Theatrical scenery, rigging or props
- Wardrobe, hair or makeup
- Audio, camera, projection, video or lighting equipment
- Any other items or parts which are related to or components of the items described in 1, 2 or 3 and which are used for on in conjunction with the presentation or production of:
 - Live entertainment
 - Filmmaking or photography, including without limitation, motion pictures
 - Television programs, including, without limitation, live broadcasts, closed-circuit broadcasts or videotape recordings and playback
 - Sporting Events
 - Theatrical performances
 - This requirement is not applicable for volunteers or persons not paid to perform work on a site.

There are various websites available to inquire where online courses and classes are being facilitated. Please note, it is your responsibility to obtain the OSHA 10 card 15 days after your hire date. Please feel free to give us a call if you have any questions.

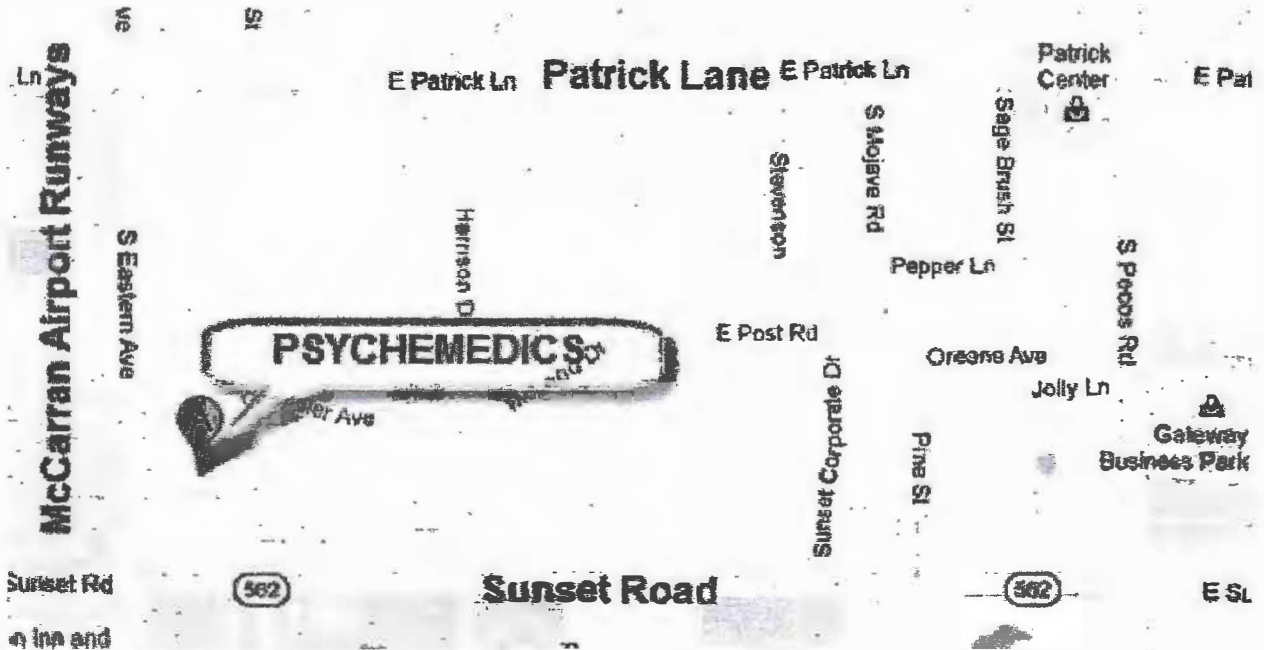
Regards,
Desert Labor Svcs

PSYCHEMEDICS

C O R P O R A T I O N

**In the Park 2000 Office Complex
6400 S. Eastern, Suite 14
Las Vegas, NV 89120
Phone 740-8444
Fax: 740-8448**

Please call for directions.



**Office Hours: Monday thru Friday 8:00am to 5:00pm
Please bring Photo ID & SS#**

Desert Labor Services

Tool & Personal Protective Equipment List

- ❖ Flashlight
- ❖ Gerber or Leatherman Multi-Use Tool
- ❖ 8" Adjustable Wrench
- ❖ 6" Dikes
- ❖ 4 Way Screwdriver
- ❖ Small Channel Locks
- ❖ Tape Measure
- ❖ Power Checker
- ❖ Razor Knife
- ❖ Work Gloves
- ❖ Tool Belt or Pouch
- ❖ Hard Hat
- ❖ Safety Vest
- ❖ Cordless Drill w/Phillips Bits (This does not need to be carried every day, John will tell you prior to the shift if you need to bring this.)

Desert Labor Services

Inter Office Communication

Date: July 18, 2014

To: All Staff

From: John Grubbs

Subject: Hard Hats

As we continue to work with OSHA to determine how best to protect employees in the many diverse environments we work, we have now added HARD HATS to the personal protection and tools list. You already know that the High Riggers and Ground Riggers have been wearing hard hats and hard hats with straps, which are appropriate when you are working above anyone or as your personal preference.

Effectively immediately, HARD HATS are required for everyone at the following venues:

- ❖ Mandalay Bay Events Center
- ❖ MGM Grand Garden Arena
- ❖ Thomas and Mack Center
- ❖ Planet Hollywood – Axis Theater
- ❖ Red Rock Amphitheatre

Hard hats are readily available around town. You should expect to pay about \$15 - \$20 for a ratchet type of hard hat. A couple of things to remember are:

- ❖ A hard hat should have an ANSI rating
- ❖ Check padding in hat as this will make them much more bearable on long calls
- ❖ If you ever work on a catwalk or above anyone, just like your other tools, you will need a simple tether in order to keep the hard hat from becoming a threat to those working below.

Thank you for understanding and support to keep our workplace safe.

Desert Labor Services

Business Ethics and Conduct

The business operations and reputation of DLS is built upon the values of conducting ourselves admirably and ethically. Our reputation for integrity and excellence is expected of all our employees.

The continued success of DLS is dependent upon our customers' trust and we are dedicated to preserving that trust. It is imperative for employees at DLS to conduct themselves in a way that will merit the continued trust and confidence of the public.

If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with your immediate supervisor.

Compliance with this policy of business ethics and conduct is the responsibility of every DLS employee. Disregarding or failing to comply with this standard of business ethics and conduct could lead to disciplinary action, up to and including possible termination of employment.

The success of our business is based on the trust and confidence we earn from our employees, customers and shareholders.

Regards,

Desert Labor Svcs

Professionalism & Respect in the Workplace

All employees should represent themselves in a respectful manner towards their colleagues and managers. Any kind of discriminatory behavior, harassment or victimization is prohibited. This applies to all aspects of our workplace from recruitment and evaluation processes to interpersonal relations between employees. DLS will take the necessary disciplinary actions if appropriate and this type of behavior will not be tolerated.

All employees must show integrity and high quality professionalism in the workplace:

1. Personal Appearance
 - All employees must follow our dress code, which consist of black shoes, black pants, black shirts no logo's other than Desert Labor.
2. Corruption
 - We discourage employees from accepting gifts from clients or partners. We prohibit briberies for the benefit of any external or internal party.
3. Job duties and authority
 - All employees should fulfill their job duties with integrity and respect towards the clients/customers, colleagues, leads and managers. DLS expect employees to follow supervisor's instructions and execute all of their duties with skill and in a timely manner.
4. Absenteeism and Tardiness
 - Employees should follow their established schedules. We can make exceptions for occasions that prevent employees from following standard working hours or days. But, generally, we expect employees to be punctual.
5. Collaboration
 - Employees should be friendly and collaborative. They should try not to disrupt the workplace or present obstacles to the work of their colleagues.
6. Communication
 - All employees must be open for communication with their colleagues, supervisors or team members. Any employee in the workplace can talk to others so that their workplace can be productive and problem-free.