



NEW HIRE CHECKLIST

(to be completed at main office prior to reporting to job site)

Name: _____ Social Security #: _____

Job Title: _____ Supervisor: _____

- _____ Initial Job Assignment (fax to Carol McGowan)
- _____ W-4 & Payroll Disposition forms completed and signed by employee (fax to Carol McGowan)
- _____ Insurance Information & Enrollment forms signed by employee (fax to Carol McGowan)
- _____ I-9 completed/signed by employee
- _____ Copies of I.D. Card & SSN Card, recorded & I-9 form signed by Colville/BRSC Rep.
- _____ Employee Contact Information & Emergency Information form completed
- _____ Driving Record Release Form signed by employee (all employees)
- _____ Confidentiality Agreement signed by employee
- _____ NSTC completed at NANA (required for all employees) & copied
- _____ Pre-Employment Drug Testing completed at Worksafe (all employees)
Fax notification to Chris Williams or Robin Ballard 907-563-8380
- _____ Employee Handbook & Acknowledgement Form signed by employee
- _____ Travel Arrangements provided to employee
- _____ Username & Password issued for Clarity web-based Training

ADDITIONAL FORMS REQUIRED FOR DRIVERS:

- _____ Background Check Release Forms (drivers & employees handling cash) signed by employee
- _____ BP Badging completed (required for fueling & solid waste drivers) & copied
- _____ Statement of Violations (required for all drivers)
- _____ Copy of the Substance Abuse Policy for Commercial Motor Vehicle Drivers to employee
- _____ Substance Abuse Policy Acknowledgement page signed



INITIAL JOB ASSIGNMENT

Today's date: _____

Employee Name: _____

First Day of Work: _____

Your initial assignment will be as a _____(job title), reporting to _____(name of supervisor). Your assignments and work schedule are subject to change to meet company needs as deemed by management.

Initial Compensation:

The position listed above is being offered at \$_____ per hour. This is a non-exempt position meaning it is not a salaried position and you are paid by the hour. Company employees are paid bi-weekly, on the 5th and the 20th of each month. Time periods end the 15th of the month and the last day of each month (when timecards are due). Applicable payroll deductions as required by state and federal law will be withheld from your paycheck, along with any voluntary deductions you authorize.

Benefits:

Employees are eligible for medical, dental and vision benefits after 90 days.

Employees are eligible for the company 401k plan after 90 days of employment with the Company. Forms will automatically be sent to employees after they have reached one year of service. The 401k plan is administered through Edward Jones investments. The company matches any employee investments at a rate of 25% and follows IRS contribution limits.

We look forward to working with you. If you have any questions regarding your employment with Colville, Inc. and/or Brooks Range Supply Co., Inc., please contact the following offices:

Colville, Inc.
hr@colvilleinc.com
Phone – (907)659-3198
Fax – (907)659-3190

Brooks Range Supply, Inc.
hr@brooksrangesupply.com
Phone – (907)659-2550
Fax – (907)659-2650

Travel Arrangements: _____

Accepted: _____

Date: _____



PAYROLL DISPOSITION

Please complete the W-4 form and indicate your preference for the disposition of your payroll check.

Name: _____

Social Security Number: _____

Mailing Address: _____

Bank Name: _____

Account Number: _____

Method of Mailing: _____ First Class _____ Federal Express (additional charges apply)

Or Direct Deposit: _____ (please provide adequate supply of deposit slips for Carol McGowan)

Signature: _____

Date: _____



**EMPLOYEE DATA
&
EMERGENCY INFORMATION**

Full Name: _____

Date: _____

Address: _____

Home Phone: _____

Cellular Phone: _____

Physical Address: _____

Email: _____

Social Security # _____

Date of Birth _____

Position: _____

Driver's License Number, State, Date: _____

DOT ___ _ Non-DOT ___

Date of Hire: _____

CDL Endorsements: _____

NOTIFY IN CASE OF EMERGENCY:

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Name of Preferred Physician: _____

Physician Phone _____

Preferred Hospital: _____

ALTERNATE NOTIFICATION:

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____



DRIVER RECORD RELEASE FORM

I, the undersigned, do hereby authorize the Department of Public Safety, Division of Motor Vehicles, to release my driving records to Colville, Inc. and Brooks Range Supply (hereinafter the Company), or to the Company's authorized insurance agent and/or a third party background investigation company contracted by the Company.

Name: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Date of Birth: _____

Employee Signature: _____

Date Signed: _____



CONFIDENTIALITY AGREEMENT

Employee Name: _____
(Print name)

SSN#: _____

All companies have information not generally known outside the company called “confidential information”. The undersigned may have access to and may generate confidential information of Colville, Inc. and Brooks Range Supply Co., in connection with services performed.

Confidential information, as used in this agreement, comprises any technical, economic, financial, marketing, or other information, which is not common knowledge among competitors or other companies who may like to possess such confidential information or may find it useful. Some examples might be items, in research or development, scientific studies or analyses, details of training methods, new products or new uses for old products, refining technology merchandising and selling techniques, contracts and licenses, purchasing, accounting business systems and computer programs, long-range planning, financial plans and results. This list is merely illustrative and confidential information is not limited to these illustrations.

The company requires you not to disclose to others outside the company, nor to use it for yourself or for others, any confidential information that you may originate or acquire while you are performing services for the company, until this information, becomes generally available outside the company. Exception to this requirement may be made only with company permission in writing. This requirement is not limited in time to the duration of employment but extends after its termination, irrespective of the reason for termination.

The company also requires that the undersigned not remove any records, whether prepared by the undersigned or other, or any copies thereof, which may contain any confidential information.

I have read and understand the above, and agree to keep all sensitive information confidential in exchange for having access to this information as an employee of the company.

Employee Signature: _____

Date: _____



NORTH SLOPE TRAINING COOPERATIVE (NSTC)

All Company employees are required to obtain a North Slope Training Cooperative (NSTC) prior to working in the field.

This training can be completed in Anchorage at NANA's office located at 341 W. Tudor Rd., next to Applebee's on the 2nd floor. Their phone number is 907-565-3300.

Please return a copy of your NSTC card to the main office/HR for your personnel file.



**Colville, Inc./Brooks Range Supply Co.
EMPLOYEE BENEFITS SUMMARY**

MEDICAL: Blue Cross/Blue Shield through **Premera** (www.premera.com), Group #1016686

- Employees are eligible for medical benefits after 90 days.
- Deductible for medical is \$2,500, but the company reimburses for \$2,000, so it equals \$500 deductible for employees.
- Open enrollment for medical is the entire month of September for Colville. The group renews service each October.

DENTAL: **Delta Dental** (www.deltadentalak.com), Group #AK DKBD-00

- Open enrollment for dental is the entire month of September for employees who wish to add a spouse, children or join the plan late.

VISION: NMR VSP (Vision Service Plan), Group #VO271 000

Life/AD&D/Long Term Disability: Group Plan #384485 through **Guardian:** company life insurance, accidental death & dismemberment and long term disability plans are provided for Colville employees through Guardian Life.

Create a UserID and Password to manage and view your guardian account(s) by visiting the website: www.guardiananytime.com.

401k:

Employees are eligible for the company 401k plan after one year of employment with the Company. Employees are enrolled after one year of employment with the company. The 401k plan is administered through Edward Jones investments and the company matches any employee investments at a rate of 25% and follows IRS contribution limits. You can manage your 401k benefits online at <http://www.retire.hartfordlife.com/> or via the company website at www.colvilleinc.com