

This form is provided as a sample and may not be suitable for every situation. This form should not be considered legal advice or legal opinion. There may be state or municipality specific information that would affect your use of this form. You should review applicable law in your jurisdiction and consult experienced counsel for legal advice. If you use this form (either "as is" or by modifying the form), you are responsible for all content.

YOU SHOULD REMOVE THIS TEXT BEFORE USING THE FORM IN YOUR WORKPLACE

## Receipt & Return of Company Property

Employee Name	<u>John Doe</u>	Date of Hire	<u>1/23/2024</u>
ID Number	<u>654987</u>	Department	<u>Department 1</u>

I acknowledge receipt of the company property listed below. I will maintain the property in good condition and will return it upon termination of employment from Juiced Technologies or earlier upon request. I will report any loss or damage immediately. I agree that I will use the property for work-related purposes only.

Received			Returned	
Item	Qty	Number or ID	Returned To	Date
Building Key	1			
Identification Badge	1			
Laptop	1	JT-WIN10-LAP837		
Computer	1	JT-WIN10-CMP123		
Credit Card	1	6011 9011 5678 1234		
Parking Pass	1	PK-1233456		
Phone	1	AllWorx 9224 VoIP POI		

### Employee Signature

/s/  
Employee Signature

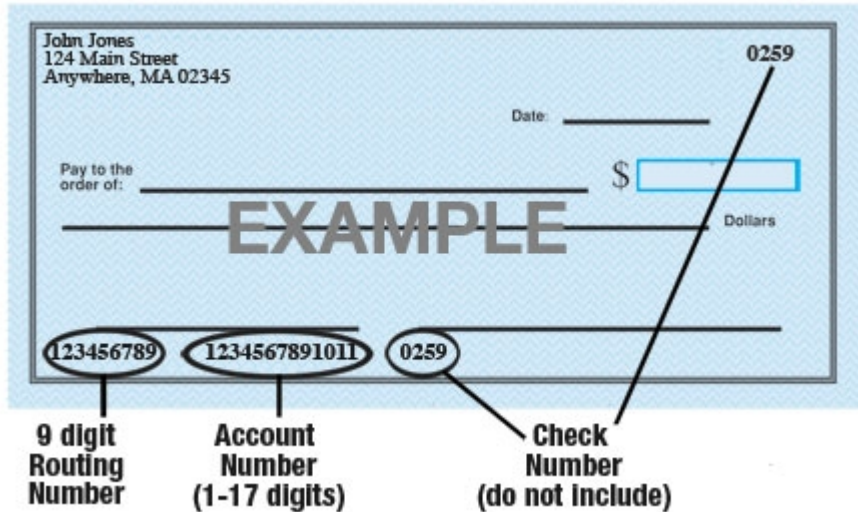
/d/  
Date

/p/  
Printed Name

# Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: John Doe  
Address: 29 Elm St  
City, State, Zip: Ronkonkoma, 11779



Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Amount:  \$ \_\_\_\_\_  \_\_\_\_\_% or  Entire Paycheck

Type of Account:  Checking  Savings (Check One)

*Attach a voided check for each bank account to which funds should be deposited (if necessary)*

Juiced Technologies is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## **Emergency Contact Form**

<b>Employee Name</b>	<u>John Doe</u>	<b>Address</b>	<u>29 Elm St</u>
<b>Phone Number</b>	<u>(631) 617-5060</u>		<u>Ronkonkoma, , 11779</u>

### **Special Instructions:**

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

### **Emergency Contacts:**

<b>Primary Contact in case of emergency:</b>			
Name	_____	Relationship	_____
		Phone Number	_____
<b>Secondary Contact in case of emergency:</b>			
Name	_____	Relationship	_____
		Phone Number	_____

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## Physician Contact

Doctor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

### Employee Authorization

I have voluntarily provided the above contact information and authorize Juiced Technologies and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

\_\_\_\_\_  
*Employee signature*

\_\_\_\_\_  
*Date*

DMV

# CALIFORNIA

DMV

DRIVER LICENSE

Placeholder for license information, consisting of seven horizontal light blue bars.



Placeholder for license information, consisting of a single light blue bar.



*[Handwritten signature]*

