



**Chipton Ross, Inc.**

*343 Main Street*

*El Segundo, CA 90245*

*310. 414.7800/310.414.7808 fax*

*Employee Name:*

\_\_\_\_\_

*Complete, Check Appropriate Boxes, Sign*

## EMPLOYEE INFORMATION

### ***Emergency Contact Information***

In case of emergency, please contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Message Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### ***Paycheck Handling***

Please choose one of the following options for transmitting paycheck or direct deposit information record.

Hold for pick-up at Chipton Ross, 343 Main Street, El Segundo.

*NOTE: Checks will be available after 8:30 a.m. on Thursday for deposit on Friday.*

Mail to the address on my W-4 form.

Mail to the following alternate address:

\_\_\_\_\_  
\_\_\_\_\_

### ***401(k) Plan***

Please send me a 401(k) application.

I have read the Chipton-Ross 401(k) Plan Detail Summary and choose not to participate.

### ***Safety Booklet and Policy Statements***

I have reviewed and understand Chipton-Ross' Employee Safety Booklet, Policy Statements and Chipton-Ross Policy & Procedure checklist, and I agree to comply with the safety and policy guidelines while employed by Chipton-Ross.

Signature: \_\_\_\_\_

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

Employee Orientation Complete

Chipton-Ross Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

July 2007