

# ZARA

## New Hire/Rehire Checklist



Employee's Name \_\_\_\_\_  
last, first, middle

Store \_\_\_\_\_ First day of work/training \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
store number month day year

Dept Children \_\_\_\_\_  
Men \_\_\_\_\_  
Women \_\_\_\_\_

Title \_\_\_\_\_ Check one: \_\_\_\_\_ FT \_\_\_\_\_ PT

### Documents to be scanned and sent to Corporate New Hire Department:

New Hire/Rehire Checklist	_____
Hire/Rehire Form	_____
Federal Tax Form (W-4 Form)	_____
I-9 Form (Employment Eligibility Verification)	_____
Copies of Identification used for I-9	_____
Receipt of Employee Handbook Acknowledgment	_____
Equal Employment Opportunity Form	_____
Consent Form (SMS)	_____
Mutual Dispute Resolution - Acknowledgment of Receipt	_____
Receipt & Acknowledgment of Code of Conduct	_____
Biometric & Personal Data Notice and Consent	_____
Wage Payment Election Form	_____
Background Check Authorization	_____

### Documents to be kept in employee file in store:

Hire/Rehire Form, Availability to Work Form

### Documents to be given to the employee:

Mutual Dispute Resolution Agreement, Code of Conduct & Ethics Line notice, Biometric Data Policy, Aline Card Fee Schedule, Background Check Disclosure notice, Summary of Your Rights Under FCRA Notice, FSA Transportation notice, INET Instructions, ADP Vantage Instructions, Federally Mandated Notices.

# ZARA

## Hire/Rehire Form

EMPLOYEE			
<b>1. Full Legal Name</b>			
<i>First</i>		<i>Middle</i>	
<i>Last</i>			
<b>2. Address (No P.O. Box)</b>			
<i>Street Address</i>		<i>Apt #</i>	
<i>City</i>		<i>State</i>	
<i>Zip Code</i>			
<b>3. Home Phone</b>		<b>4. Cell Phone</b>	
(    ) _____ - _____		(    ) _____ - _____	
<b>5. E-mail*</b> (Important: Please provide your current working email address. <span style="background-color: yellow;">This is to be used for employment portal access</span> )			
<b>6. Highest Education Level</b>			
___ Master's		___ 2 YR College	
___ Bachelor's		___ High School	
___ Tech School		___ Some High Sch	
<b>7. Previous Retail Work Experience*</b> (Important)		<b>Gender</b>	
Include number of <input style="width: 40px;" type="text"/> Years <input style="width: 40px;" type="text"/> Months		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary: _____	
<b>8. Emergency Contact</b>			
<i>Full Name</i>		<i>Phone Number</i>	
<i>Relationship</i>			
STORE MANAGER			
<b>9. First Day of Work/Training</b>		<b>10. Action</b>	
____/____/____ Month / Date / Year		___ Hire ___ Rehire	
<b>11. Reason*</b>			
___ Replacement*    ___ New Position ___ Seasonal*        ___ Intern			
<b>12. Job Offer Date *(Mandatory)</b>		<b>13. Pay Information</b>	
____/____/____ Month / Date / Year		Hourly rate: \$ _____.____ OR Annual rate: \$ _____	
<b>14. Job Information</b>		<b>15. Employee Type</b>	
Store # _____ Children   Men   Women (circle appropriate department)		___ Group A (Mgr., Asst. Mgr., Head Cashier, Visual Merch., & Corp. Staff) ___ Group B (Supervisor, and Full Time Store Employee not in Group A) ___ Group C (Part Time Employee - work less than 37.00 hrs per week)	
Title: _____			
<b>16. Approval</b>		<b>17. Commission Eligibility</b>	
_____ <i>Signature (Manager)</i>		_____ <i>Month / Date / Year</i>	
_____ <i>Print Name</i>		_____ <i>Date</i>	
PAYROLL			
<b>Company Code</b>		<b>FILE NUMBER</b>	
<b>Commission Code</b>		<b>Benefits Eligibility</b>	
		_____ Month / Date / Year	
<b>Entered by</b>		<b>PAYCHEX OSS</b>	
		_____ Month / Date / Year	
<b>Commission File</b>			
		_____ Month / Date / Year	

**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) <b>First name and middle initial</b>	<b>Last name</b>	(b) <b>Social security number</b>
<b>Address</b>		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
<b>City or town, state, and ZIP code</b>		
(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly or Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (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](http://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](http://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 Zara USA Inc. 500 fifth ave, suite 400 New York, NY, 10110	First date of employment	Employer identification number (EIN)
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## 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](http://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](http://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](http://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](http://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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		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 (See instructions)	
<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. (See instructions)	
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: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**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 (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code



Employer Completes Next Page





**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.")

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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)
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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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**



# Instructions for Form I-9, 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

**Anti-Discrimination Notice.** It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) the employee may present to establish employment authorization. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, contact the Immigrant and Employee Rights Section (IER) in the Department of Justice's Civil Rights Division at <https://www.justice.gov/ier>.

## What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

## General Instructions

Both employers and employees are responsible for completing their respective sections of Form I-9. For the purpose of completing this form, the term “employer” means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An “employee” is a person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term “Employee” does not include those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. **Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).**

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol ( ? ) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at <https://www.uscis.gov/i-9>. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.

The form will also populate certain fields with N/A when certain user choices ensure that particular fields will not be completed. The Print button located at the top of each page that will print any number of pages the user selects. Also, the Start Over button located at the top of each page will clear all the fields on the form.

The Spanish version of Form I-9 does not include the additional instructions and drop-down lists described above. Employers in Puerto Rico may use either the Spanish or English version of the form. Employers outside of Puerto Rico must retain the English version of the form for their records, but may use the Spanish form as a translation tool. Additional guidance to complete the form may be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) and on USCIS' Form I-9 website, [I-9 Central](#).

## Completing Section I: Employee Information and Attestation

You, the employee, must complete each field in Section 1 as described below. Newly hired employees must complete and sign Section 1 no later than the first day of employment. Section 1 should never be completed before you have accepted a job offer.

### Entering Your Employee Information

**Last Name (Family Name):** Enter your full legal last name. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the Last Name field. *Examples of correctly entered last names include: De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen.* If you only have one name, enter it in this field, then enter "Unknown" in the First Name field. You may not enter "Unknown" in both the Last Name field and the First Name field.

**First Name (Given Name):** Enter your full legal first name. Your first name is your given name. *Some examples of correctly entered first names include: Jessica, John-Paul, Tae Young, D'Shaun, Mai.* If you only have one name, enter it in the Last Name field, then enter "Unknown" in this field. You may not enter "Unknown" in both the First Name field and the Last Name field.

**Middle Initial:** Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have more than one middle name, enter the first letter of your first middle name. If you do not have a middle name, enter N/A in this field.

**Other Last Names Used:** Provide all other last names used, if any (e.g., maiden name). Enter N/A if you have not used other last names. For example, if you legally changed your last name from Smith to Jones, you should enter the name Smith in this field.

**Address (Street Name and Number):** Enter the street name and number of the current address of your residence. If you are a border commuter from Canada or Mexico, you may enter your Canada or Mexico address in this field. If your residence does not have a physical address, enter a description of the location of your residence, such as "3 miles southwest of Anytown post office near water tower."

**Apartment:** Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.

**City or Town:** Enter your city, town or village in this field. If your residence is not located in a city, town or village, enter your county, township, reservation, etc., in this field. If you are a border commuter from Canada, enter your city and province in this field. If you are a border commuter from Mexico, enter your city and state in this field.

**State:** Enter the abbreviation of your state or territory in this field. If you are a border commuter from Canada or Mexico, enter your country abbreviation in this field.

**ZIP Code:** Enter your 5-digit ZIP code. If you are a border commuter from Canada or Mexico, enter your 5- or 6-digit postal code in this field.

**Date of Birth (mm/dd/yyyy):** Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.

**U.S. Social Security Number:** Providing your 9-digit Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and:

1. You have been issued a Social Security number, you must provide it in this field; or
2. You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number.

**Employee's E-mail Address (Optional):** Providing your e-mail address is optional on Form I-9, but the field cannot be left blank. To enter your e-mail address, use this format: name@site.domain. One reason Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. You may use either your personal or work e-mail address in this field. Enter N/A if you do not enter your e-mail address.

**Employee's Telephone Number (Optional):** Providing your telephone number is optional on Form I-9, but the field cannot be left blank. If you enter your area code and telephone number, use this format: 000-000-0000. Enter N/A if you do not enter your telephone number.

### ***Attesting to Your Citizenship or Immigration Status***

You must select one box to attest to your citizenship or immigration status.

- 1. A citizen of the United States.**
- 2. A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
- 3. A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. This term includes conditional residents. Asylees and refugees should not select this status, but should instead select "An Alien authorized to work" below.

If you select "lawful permanent resident," enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or USCIS Number in the space provided. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

- 4. An alien authorized to work:** An individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States.

If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should enter N/A in the Expiration Date field. In some cases, such as if you have Temporary Protected Status, your employment authorization may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this space.

Aliens authorized to work must enter one of the following to complete Section 1:

1. Alien Registration Number (A-Number)/USCIS Number; or
2. Form I-94 Admission Number; or
3. Foreign Passport Number and the Country of Issuance.

Your employer may not ask you to present the document from which you supplied this information.

**Alien Registration Number/USCIS Number:** Enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or your USCIS Number in this field. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. If you do not provide an A-Number or USCIS Number, enter N/A in this field then enter either a Form I-94 Admission Number, or a Foreign Passport and Country of Issuance in the fields provided.

**Form I-94 Admission Number:** Enter your 11-digit I-94 Admission Number in this field. If you do not provide an I-94 Admission Number, enter N/A in this field, then enter either an Alien Registration Number/USCIS Number or a Foreign Passport Number and Country of Issuance in the fields provided.

**Foreign Passport Number:** Enter your Foreign Passport Number in this field. If you do not provide a Foreign Passport Number, enter N/A in this field, then enter either an Alien Number/USCIS Number or a I-94 Admission Number in the fields provided.

**Country of Issuance:** If you entered your Foreign Passport Number, enter your Foreign Passport's Country of Issuance. If you did not enter your Foreign Passport Number, enter N/A.

**Signature of Employee:** After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing this form, you attest under penalty of perjury (28 U.S.C. § 1746) that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties, removal proceedings and may adversely affect an employee's ability to seek future immigration benefits. If you cannot sign your name, you may place a mark in this field to indicate your signature. Employees who use a preparer or translator to help them complete the form must still sign or place a mark in the Signature of Employee field on the printed form.

If you used a preparer, translator, and other individual to assist you in completing Form I-9:

- Both you and your preparer(s) and/or translator(s) must complete the appropriate areas of Section 1, and then sign Section 1. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to sign these fields. You and your preparer(s) and/or translator(s) also should review the instructions for **Completing the Preparer and/or Translator Certification** below.
- If the employee is a minor (individual under 18) who cannot present an identity document, the employee's parent or legal guardian can complete Section 1 for the employee and enter "minor under age 18" in the signature field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The minor's parent or legal guardian should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on completion of Form I-9 for minors. If the minor's employer participates in E-Verify, the employee must present a list B identity document with a photograph to complete Form I-9.
- If the employee is a person with a disability (who is placed in employment by a nonprofit organization, association or as part of a rehabilitation program) who cannot present an identity document, the employee's parent, legal guardian or a representative of the nonprofit organization, association or rehabilitation program can complete Section 1 for the employee and enter "Special Placement" in this field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The parent, legal guardian or representative of the nonprofit organization, association or rehabilitation program completing Section 1 for the employee should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on completion of Form I-9 for certain employees with disabilities.

**Today's Date:** Enter the date you signed Section 1 in this field. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014. A preparer or translator who assists the employee in completing Section 1 may enter the date the employee signed or made a mark to sign Section 1 in this field. Parents or legal guardians assisting minors (individuals under age 18) and parents, legal guardians or representatives of a nonprofit organization, association or rehabilitation program assisting certain employees with disabilities must enter the date they completed Section 1 for the employee.

### ***Completing the Preparer and/or Translator Certification***

If you did not use a preparer or translator to assist you in completing Section 1, you, the employee, must check the box marked **I did not use a Preparer or Translator**. If you check this box, leave the rest of the fields in this area blank.

If one or more preparers and/or translators assist the employee in completing the form using a computer, the preparer and/or translator must check the box marked **"A preparer(s) and/or translator(s) assisted the employee in completing Section 1"**, then select the number of Certification areas needed from the dropdown provided. Any additional Certification areas generated will result in an additional page. [The Form I-9 Supplement](#), Section 1 Preparer and/or Translator Certification, can be separately downloaded from the USCIS Form I-9 webpage, which provides additional Certification areas for those completing Form I-9 using a computer who need more Certification areas than the 5 provided or those who are completing Form I-9 on paper. The first preparer and/or translator must complete all the fields in the Certification area on the same page the employee has signed. There is no limit to the number of preparers and/or translators an employee can use, but each additional preparer and/or translator must complete and sign a separate Certification area. Ensure the employee's last name, first name and middle initial are entered at the top of any additional pages. The employer must ensure that any additional pages are retained with the employee's completed Form I-9.

**Signature of Preparer or Translator:** Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. The Preparer and/or Translator Certification must also be completed if “Individual under Age 18” or “Special Placement” is entered in lieu of the employee’s signature in Section 1.

**Today's Date:** The person who signs the Preparer and/or Translator Certification must enter the date he or she signs in this field on the printed form. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

**Last Name (*Family Name*):** Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. The last name is also the family name or surname. If the preparer or translator has two last names or a hyphenated last name, include both names in this field.

**First Name (*Given Name*):** Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. The first name is also the given name.

**Address (*Street Name and Number*):** Enter the street name and number of the current address of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Addresses for residences in Canada or Mexico may be entered in this field. If the residence does not have a physical address, enter a description of the location of the residence, such as “3 miles southwest of Anytown post office near water tower.” If the residence is an apartment, enter the apartment number in this field.

**City or Town:** Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the residence is not located in a city, town or village, enter the name of the county, township, reservation, etc., in this field. If the residence is in Canada, enter the city and province in this field. If the residence is in Mexico, enter the city and state in this field.

**State:** Enter the abbreviation of the state, territory or country of the preparer or translator’s residence in this field.

**ZIP Code:** Enter the 5-digit ZIP code of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the preparer or translator's residence is in Canada or Mexico, enter the 5- or 6-digit postal code.

### ***Presenting Form I-9 Documents***

Within 3 business days of starting work for pay, you must present to your employer documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before Thursday of that week. However, if you were hired to work for less than 3 business days, you must present documentation no later than the first day of employment.

Choose which unexpired document(s) to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which document(s) you may present from the Lists of Acceptable Documents. You may present either one selection from List A or a combination of one selection from List B and one selection from List C. Some List A documents, which show both identity and employment authorization, are combination documents that must be presented together to be considered a List A document: for example, the foreign passport together with a Form I-94 containing an endorsement of the alien’s nonimmigrant status and employment authorization with a specific employer incident to such status. List B documents show identity only and List C documents show employment authorization only. If your employer participates in E-Verify and you present a List B document, the document must contain a photograph. If you present acceptable List A documentation, you should not be asked to present, nor should you provide, List B and List C documentation. If you present acceptable List B and List C documentation, you should not be asked to present, nor should you provide, List A documentation. If you are unable to present a document(s) from these lists, you may be able to present an acceptable receipt. Refer to the Receipts section below.

Your employer must review the document(s) you present to complete Form I-9. If your document(s) reasonably appears to be genuine and to relate to you, your employer must accept the documents. If your document(s) does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documents from the Lists of Acceptable Documents. Your employer may choose to make copies of your document(s), but must return the original(s) to you. Your employer must review your documents in your physical presence.

Your employer will complete the other parts of this form, as well as review your entries in Section 1. Your employer may ask you to correct any errors found. Your employer is responsible for ensuring all parts of Form I-9 are properly completed and is subject to penalties under federal law if the form is not completed correctly.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on minors and certain individuals with disabilities.

### ***Receipts***

If you do not have unexpired documentation from the Lists of Acceptable Documents, you may be able to present a receipt(s) in lieu of an acceptable document(s). New employees who choose to present a receipt(s) must do so within three business days of their first day of employment. If your employer is reverifying your employment authorization, and you choose to present a receipt for reverification, you must present the receipt by the date your employment authorization expires. Receipts are not acceptable if employment lasts fewer than three business days.

There are three types of acceptable receipts:

1. A receipt showing that you have applied to replace a document that was lost, stolen or damaged. You must present the actual document within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.
2. The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual. You must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of admission.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. You must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security Card within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.

Receipts showing that you have applied for an initial grant of employment authorization, or for renewal of your expiring or expired employment authorization, are not acceptable.

## **Completing Section 2: Employer or Authorized Representative Review and Verification**

You, the employer, must ensure that all parts of Form I-9 are properly completed and may be subject to penalties under federal law if the form is not completed correctly. Section 1 must be completed no later than the employee's first day of employment. You may not ask an individual to complete Section 1 before he or she has accepted a job offer. Before completing Section 2, you should review Section 1 to ensure the employee completed it properly. If you find any errors in Section 1, have the employee make corrections, as necessary and initial and date any corrections made.

You may designate an authorized representative to act on your behalf to complete Section 2. An authorized representative can be any person you designate to complete and sign Form I-9 on your behalf. You are liable for any violations in connection with the form or the verification process, including any violations of the employer sanctions laws committed by the person designated to act on your behalf.

You or your authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete Section 2 on or before Thursday of that week. However, if you hire an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment.

### ***Entering Employee Information from Section 1***

This area, titled, "Employee Info from Section 1" contains fields to enter the employee's last name, first name, middle initial exactly as he or she entered them in Section 1. This area also includes a Citizenship/Immigration Status field to enter the number of the citizenship or immigration status checkbox the employee selected in Section 1. These fields help to ensure that the two pages of an employee's Form I-9 remain together. When completing Section 2 using a computer, the number entered in the Citizenship/Immigration Status field provides drop-downs that directly relate to the employee's selected citizenship or immigration status.

## ***Entering Documents the Employee Presents***

You, the employer or authorized representative, must physically examine, in the employee's physical presence, the unexpired document(s) the employee presents from the Lists of Acceptable Documents to complete the Document fields in Section 2.

You cannot specify which document(s) an employee may present from these lists. If you discriminate in the Form I-9 process based on an individual's citizenship status, immigration status, or national origin, you may be in violation of the law and subject to sanctions such as civil penalties and be required to pay back pay to discrimination victims. A document is acceptable as long as it reasonably appears to be genuine and to relate to the person presenting it. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A documents show both identity and employment authorization. Some List A documents are combination documents that must be presented together to be considered a List A document, such as a foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status.

List B documents show identity only, and List C documents show employment authorization only. If an employee presents a List A document, do not ask or require the employee to present List B and List C documents, and vice versa. If an employer participates in E-Verify and the employee presents a List B document, the List B document must include a photograph.

If an employee presents a receipt for the application to replace a lost, stolen or damaged document, the employee must present the replacement document to you within 90 days of the first day of work for pay, or in the case of reverification, within 90 days of the date the employee's employment authorization expired. Enter the word "Receipt" followed by the title of the receipt in Section 2 under the list that relates to the receipt.

When your employee presents the replacement document, draw a line through the receipt, then enter the information from the new document into Section 2. Other receipts may be valid for longer or shorter periods, such as the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, which is valid until the expiration date of the temporary I-551 stamp or, if there is no expiration date, valid for one year from the date of admission.

Ensure that each document is an unexpired, original (no photocopies, except for certified copies of birth certificates) document. Certain employees may present an expired employment authorization document, which may be considered unexpired, if the employee's employment authorization has been extended by regulation or a Federal Register Notice. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) or [I-9 Central](#) for more guidance on these special situations.

Refer to the M-274 for guidance on how to handle special situations, such as students (who may present additional documents not specified on the Lists) and H-1B and H-2A nonimmigrants changing employers.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the M-274 for more guidance on minors and certain persons with disabilities. If the minor's employer participates in E-Verify, the minor employee also must present a List B identity document with a photograph to complete Form I-9.

You must return original document(s) to the employee, but may make photocopies of the document(s) reviewed. Photocopying documents is voluntary unless you participate in E-Verify. E-Verify employers are only required to photocopy certain documents. If you are an E-Verify employer who chooses to photocopy documents other than those you are required to photocopy, you should apply this policy consistently with respect to Form I-9 completion for all employees. For more information on the types of documents that an employer must photocopy if the employer uses E-Verify, visit E-Verify's website at [www.everify.gov](http://www.everify.gov). For non-E-Verify employers, if photocopies are made, they should be made consistently for ALL new hires and reverified employees.

Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or another federal government agency. You must always complete Section 2 by reviewing original documentation, even if you photocopy an employee's document(s) after reviewing the documentation. Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. You are still responsible for completing and retaining Form I-9.

**List A - Identity and Employment Authorization:** If the employee presented an acceptable document(s) from List A or an acceptable receipt for a List A document, enter the document(s) information in this column. If the employee presented a List A document that consists of a combination of documents, enter information from each document in that combination in a separate area under List A as described below. All documents must be unexpired. If you enter document information in the List A column, you should not enter document information or N/A in the List B or List C columns. If you complete Section 2 using a computer, a selection in List A will fill all the fields in the Lists B and C columns with N/A.

**Document Title:** If the employee presented a document from List A, enter the title of the List A document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviation to enter the document title or issuing authority. If the employee presented a combination of documents, use the second and third Document Title fields as necessary.

Full name of List A Document	Abbreviations
U.S. Passport	U.S. Passport
U.S. Passport Card	U.S. Passport Card
Permanent Resident Card (Form I-551)	Perm. Resident Card (Form I-551)
Alien Registration Receipt Card (Form I-551)	Alien Reg. Receipt Card (Form I-551)
Foreign passport containing a temporary I-551 stamp	1. Foreign Passport 2. Temporary I-551 Stamp
Foreign passport containing a temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)	1. Foreign Passport 2. Machine-readable immigrant visa (MRIV)
Employment Authorization Document (Form I-766)	Employment Auth. Document (Form I-766)
For a nonimmigrant alien authorized to work for a specific employer because of his or her status, a foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Foreign Passport, work-authorized non-immigrant 2. Form I-94/I-94A 3. Form I-20 or Form DS-2019  Note: In limited circumstances, certain J-1 students may be required to present a letter from their Responsible Officer in order to work. Enter the document title, issuing authority, document number and expiration date from this document in the Additional Information field.
Passport from the Federated States of Micronesia (FSM) with Form I-94/I-94A	1. FSM Passport with Form I-94 2. Form I-94/I-94A
Passport from the Republic of the Marshall Islands (RMI) with Form I-94/I-94A	1. RMI Passport with Form I-94 2. Form I-94/I-94A
Receipt: The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and photograph	Receipt: Form I-94/I-94A w/I-551 stamp, photo
Receipt: The departure portion of Form I-94/I-94A with an unexpired refugee admission stamp	Receipt: Form I-94/I-94A w/refugee stamp
Receipt for an application to replace a lost, stolen or damaged Permanent Resident Card (Form I-551)	Receipt replacement Perm. Res. Card (Form I-551)
Receipt for an application to replace a lost, stolen or damaged Employment Authorization Document (Form I-766)	Receipt replacement EAD (Form I-766)
Receipt for an application to replace a lost, stolen or damaged foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Receipt: Replacement Foreign Passport, work-authorized nonimmigrant 2. Receipt: Replacement Form I-94/I-94A 3. Form I-20 or Form DS-2019 (if presented)
Receipt for an application to replace a lost, stolen or damaged passport from the Federated States of Micronesia with Form I-94/I-94A	1. Receipt: Replacement FSM Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A
Receipt for an application to replace a lost, stolen or damaged passport from the Republic of the Marshall Islands with Form I-94/I-94A	1. Receipt: Replacement RMI Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A

**Issuing Authority:** Enter the issuing authority of the List A document or receipt. The issuing authority is the specific entity that issued the document. If the employee presented a combination of documents, use the second and third Issuing Authority fields as necessary.

**Document Number:** Enter the document number, if any, of the List A document or receipt presented. If the document does not contain a number, enter N/A in this field. If the employee presented a combination of documents, use the second and third Document Number fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the Student and Exchange Visitor Information System (SEVIS) number in the third Document Number field exactly as it appears on the Form I-20 or the DS-2019.

**Expiration Date (if any) (mm/dd/yyyy):** Enter the expiration date, if any, of the List A document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. If the document uses text rather than a date to indicate when it expires, enter the text as shown on the document, such as "D/S" (which means, "duration of status"). For a receipt, enter the expiration date of the receipt validity period as described above. If the employee presented a combination of documents, use the second and third Expiration Date fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the program end date here.

**List B - Identity:** If the employee presented an acceptable document from List B or an acceptable receipt for the application to replace a lost, stolen, or destroyed List B document, enter the document information in this column. If a parent or legal guardian attested to the identity of an employee who is an [individual under age 18](#) or certain [employees with disabilities](#) in Section 1, enter either "Individual under age 18" or "Special Placement" in this field. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on individuals under age 18 and certain person with disabilities.

If you enter document information in the List B column, you must also enter document information in the List C column. If an employee presents acceptable List B and List C documents, do not ask the employees to present a List A document. If you enter document information in List B, you should not enter document information or N/A in List A. If you complete Section 2 using a computer, a selection in List B will fill all the fields in the List A column with N/A.

**Document Title:** If the employee presented a document from List B, enter the title of the List B document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority.

Full name of List B Document	Abbreviations
Driver's license issued by a State or outlying possession of the United States	Driver's license issued by state/territory
ID card issued by a State or outlying possession of the United States	ID card issued by state/territory
ID card issued by federal, state, or local government agencies or entities (Note: This selection does not include the driver's license or ID card issued by a State or outlying possession of the United States as described in B1 of the List of Acceptable Documents.)	Government ID
School ID card with photograph	School ID
Voter's registration card	Voter registration card
U.S. Military card	U.S. Military card
U.S. Military draft record	U.S. Military draft record
Military dependent's ID card	Military dependent's ID card
U.S. Coast Guard Merchant Mariner Card	USCG Merchant Mariner card
Native American tribal document	Native American tribal document
Driver's license issued by a Canadian government authority	Canadian driver's license
School record (for persons under age 18 who are unable to present a document listed above)	School record (under age 18)
Report card (for persons under age 18 who are unable to present a document listed above)	Report card (under age 18)
Clinic record (for persons under age 18 who are unable to present a document listed above)	Clinic record (under age 18)
Doctor record (for persons under age 18 who are unable to present a document listed above)	Doctor record (under age 18)
Hospital record (for persons under age 18 who are unable to present a document listed above)	Hospital record (under age 18)
Day-care record (for persons under age 18 who are unable to present a document listed above)	Day-care record (under age 18)
Nursery school record (for persons under age 18 who are unable to present a document listed above)	Nursery school record (under age 18)

Full name of List B Document	Abbreviations
Individual under age 18 endorsement by parent or guardian	Individual under Age 18
Special placement endorsement for persons with disabilities	Special Placement
Receipt for the application to replace a lost, stolen or damaged Driver's License issued by a State or outlying possession of the United States	Receipt: Replacement driver's license
Receipt for the application to replace a lost, stolen or damaged ID card issued by a State or outlying possession of the United States	Receipt: Replacement ID card
Receipt for the application to replace a lost, stolen or damaged ID card issued by federal, state, or local government agencies or entities	Receipt: Replacement Gov't ID
Receipt for the application to replace a lost, stolen or damaged School ID card with photograph	Receipt: Replacement School ID
Receipt for the application to replace a lost, stolen or damaged Voter's registration card	Receipt: Replacement Voter reg. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military card	Receipt: Replacement U.S. Military card
Receipt for the application to replace a lost, stolen or damaged Military dependent's ID card	Receipt: Replacement U.S. Military dep. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military draft record	Receipt: Replacement Military draft record
Receipt for the application to replace a lost, stolen or damaged U.S. Coast Guard Merchant Mariner Card	Receipt: Replacement Merchant Mariner card
Receipt for the application to replace a lost, stolen or damaged Driver's license issued by a Canadian government authority	Receipt: Replacement Canadian DL
Receipt for the application to replace a lost, stolen or damaged Native American tribal document	Receipt: Replacement Native American tribal doc
Receipt for the application to replace a lost, stolen or damaged School record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement School record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Report card (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Report card (under age 18)
Receipt for the application to replace a lost, stolen or damaged Clinic record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Clinic record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Doctor record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Doctor record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Hospital record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Hospital record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Day-care record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Day-care record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Nursery school record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Nursery school record (under age 18)

**Issuing Authority:** Enter the issuing authority of the List B document or receipt. The issuing authority is the entity that issued the document. If the employee presented a document that is issued by a state agency, include the state as part of the issuing authority.

**Document Number:** Enter the document number, if any, of the List B document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

**Expiration Date (if any) (mm/dd/yyyy):** Enter the expiration date, if any, of the List B document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

**List C - Employment Authorization:** If the employee presented an acceptable document from List C, or an acceptable receipt for the application to replace a lost, stolen, or destroyed List C document, enter the document information in this column. If you enter document information in the List C column, you must also enter document information in the List B column. If an employee presents acceptable List B and List C documents, do not ask the employee to present a list A document. If you enter document information in List C, you should not enter document information or N/A in List A. If you complete Section 2 using a computer, a selection in List C will fill all the fields in the List A column with N/A.

**Document Title:** If the employee presented a document from List C, enter the title of the List C document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority. If you are completing the form on a computer, and you select an Employment authorization document issued by DHS, the field will populate with List C #7 and provide a space for you to enter a description of the documentation the employee presented. Refer to the M-274 for guidance on entering List C #7 documentation.

Full name of List C Document	Abbreviations
Social Security Account Number card without restrictions	(Unrestricted) Social Security Card
Certification of Birth Abroad (Form FS-545)	Form FS-545
Certification of Report of Birth (Form DS-1350)	Form DS-1350
Consular Report of Birth Abroad (Form FS-240)	Form FS-240
Original or certified copy of a U.S. birth certificate bearing an official seal	Birth Certificate
Native American tribal document	Native American tribal document
U.S. Citizen ID Card (Form I-197)	Form I-197
Identification Card for use of Resident Citizen in the United States (Form I-179)	Form I-179
<a href="#">Employment authorization document issued by DHS (List C #7)</a> (Note: This selection does not include the Employment Authorization Document (Form I-766) from List A.)	Employment Auth. document (DHS) List C #7
Receipt for the application to replace a lost, stolen or damaged Social Security Account Number Card without restrictions	Receipt: Replacement Unrestricted SS Card
Receipt for the application to replace a lost, stolen or damaged Original or certified copy of a U.S. birth certificate bearing an official seal	Receipt: Replacement Birth Certificate
Receipt for the application to replace a lost, stolen or damaged Native American Tribal Document	Receipt: Replacement Native American Tribal Doc.
Receipt for the application to replace a lost, stolen or damaged Employment Authorization Document issued by DHS	Receipt: Replacement Employment Auth. Doc. (DHS)

**Issuing Authority:** Enter the issuing authority of the List C document or receipt. The issuing authority is the entity that issued the document.

**Document Number:** Enter the document number, if any, of the List C document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

**Expiration Date (if any) (mm/dd/yyyy):** Enter the expiration date, if any, of the List C document. The document is not acceptable if it has already expired, unless USCIS has extended the expiration date on the document. For instance, if a conditional resident presents a Form I-797 extending his or her conditional resident status with the employee's expired Form I-551, enter the future expiration date as indicated on the Form I-797. If the document has no expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

**Additional Information:** Use this space to notate any additional information required for Form I-9 such as:

- Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay
- Additional document(s) that certain nonimmigrant employees may present
- Discrepancies that E-Verify employers must notate when participating in the IMAGE program
- Employee termination dates and form retention dates
- E-Verify case number, which may also be entered in the margin or attached as a separate sheet per E-Verify requirements and your chosen business process
- Any other comments or notations necessary for the employer's business process

You may leave this field blank if the employee's circumstances do not require additional notations.

## ***Entering Information in the Employer Certification***

**Employee's First Day of Employment:** Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy).

**Signature of Employer or Authorized Representative:** Review the form for accuracy and completeness. The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing Section 2, you attest under penalty of perjury (28 U.S.C. § 1746) that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 2 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

**Today's Date:** The person who signs Section 2 must enter the date he or she signed Section 2 in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print the form to write the date in this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

**Title of Employer or Authorized Representative:** Enter the title, position or role of the person who physically examines the employee's original document(s), completes and signs Section 2.

**Last Name of the Employer or Authorized Representative:** Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names in this field.

**First Name of the Employer or Authorized Representative:** Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2. First name refers to the given name.

**Employer's Business or Organization Name:** Enter the name of the employer's business or organization in this field.

**Employer's Business or Organization Address (*Street Name and Number*):** Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.

**City or Town:** Enter the city or town for the employer's business or organization address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc, that applies.

**State:** Enter the two-character abbreviation of the state for the employer's business or organization address.

**ZIP Code:** Enter the 5-digit ZIP code for the employer's business or organization address.

### **Completing Section 3: Reverification and Rehires**

Section 3 applies to both reverification and rehires. When completing this section, you must also complete the Last Name, First Name and Middle Initial fields in the Employee Info from Section 1 area at the top of Section 2, leaving the Citizenship/Immigration Status field blank. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the new name in Block A.

#### **Reverification**

Reverification in Section 3 must be completed prior to the earlier of:

- The expiration date, if any, of the employment authorization stated in Section 1, or
- The expiration date, if any, of the List A or List C employment authorization document recorded in Section 2 (with some exceptions listed below).

Some employees may have entered "N/A" in the expiration date field in Section 1 if they are aliens whose employment authorization does not expire, e.g. asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau. Reverification does not apply for such employees unless they choose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Reverification does not apply to List B documents.

For reverification, an employee must present an unexpired document(s) (or a receipt) from either List A or List C showing he or she is still authorized to work. You CANNOT require the employee to present a particular document from List A or List C. The employee is also not required to show the same type of document that he or she presented previously. See specific instructions on how to complete Section 3 below.

## Rehires

If you rehire an employee within three years from the date that the Form I-9 was previously executed, you may either rely on the employee's previously executed Form I-9 or complete a new Form I-9.

If you choose to rely on a previously completed Form I-9, follow these guidelines.

- If the employee remains employment authorized as indicated on the previously executed Form I-9, the employee does not need to provide any additional documentation. Provide in Section 3 the employee's rehire date, any name changes if applicable, and sign and date the form.
- If the previously executed Form I-9 indicates that the employee's employment authorization from Section 1 or employment authorization documentation from Section 2 that is subject to reverification has expired, then reverification of employment authorization is required in Section 3 in addition to providing the rehire date. If the previously executed Form I-9 is not the current version of the form, you must complete Section 3 on the current version of the form.
- If you already used Section 3 of the employee's previously executed Form I-9, but are rehiring the employee within three years of the original execution of Form I-9, you may complete Section 3 on a new Form I-9 and attach it to the previously executed form.

Employees rehired after three years of original execution of the Form I-9 must complete a new Form I-9.

Complete each block in Section 3 as follows:

**Block A - New Name:** If an employee who is being reverified or rehired has also changed his or her name since originally completing Section 1 of this form, complete this block with the employee's new name. Enter only the part of the name that has changed, for example: if the employee changed only his or her last name, enter the last name in the Last Name field in this Block, then enter N/A in the First Name and Middle Initial fields. If the employee has not changed his or her name, enter N/A in each field of Block A.

**Block B - Date of Rehire:** Complete this block if you are rehiring an employee within three years of the date Form I-9 was originally executed. Enter the date of rehire in this field. Enter N/A in this field if the employee is not being rehired.

**Block C -** Complete this block if you are reverifying expiring or expired employment authorization or employment authorization documentation of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired.

**Document Title:** Enter the title of the List A or C document (or receipt) the employee has presented to show continuing employment authorization in this field.

**Document Number:** Enter the document number, if any, of the document you entered in the Document Title field exactly as it appears on the document. Enter N/A if the document does not have a number.

**Expiration Date (if any) (mm/dd/yyyy):** Enter the expiration date, if any, of the document you entered in the Document Title field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). If the document does not contain an expiration date, enter N/A in this field.

**Signature of Employer or Authorized Representative:** The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. By signing Section 3, you attest under penalty of perjury (28 U.S.C. §1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

**Today's Date:** The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

**Name of Employer or Authorized Representative:** The person who completed, signed and dated Section 3 must enter his or her name in this field.

### What is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "DHS Privacy Notice" below.

### USCIS Forms and Information

For additional guidance about Form I-9, employers and employees should refer to the *Handbook for Employers: Guidance for Completing Form I-9 (M-274)* or USCIS' Form I-9 website at <https://www.uscis.gov/i-9-central>.

You can also obtain information about Form I-9 by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

You may download and obtain the English and Spanish versions of Form I-9, the *Handbook for Employers*, or the instructions to Form I-9 from the USCIS website at <https://www.uscis.gov/i-9>. To complete Form I-9 on a computer, you will need the latest version of Adobe Reader, which can be downloaded for free at <http://get.adobe.com/reader/>. You may order paper forms at <https://www.uscis.gov/forms/forms-by-mail> or by contacting the USCIS Contact Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

Information about E-Verify, a web-based system that allows employers to confirm the eligibility of their employees to work in the United States, can be obtained at <https://www.e-verify.gov> or by contacting E-Verify at <https://www.e-verify.gov/contact-us>.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781 or 1-877-875-6028 (TTY).

### Photocopying Blank and Completed Forms I-9 and Retaining Completed Forms I-9

Employers may photocopy or print blank Forms I-9 for future use. All pages of the instructions and Lists of Acceptable Documents must be available, either in print or electronically, to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer and for a specified period after employment has ended. Employers are required to retain the pages of the form on which the employee and employer entered data. If copies of documentation presented by the employee are made, those copies must also be retained. Once the individual's employment ends, the employer must retain this form and attachments for either 3 years after the date of hire (i.e., first day of work for pay) or 1 year after the date employment ended, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is 3 years after the date of hire (i.e., first day of work for pay).

Forms I-9 obtained from the USCIS website that are not printed and signed manually (by hand) are not considered complete. In the event of an inspection, retaining incomplete forms may make you subject to fines and penalties associated with incomplete forms.

Employers should ensure that information employees provide on Form I-9 is used only for Form I-9 purposes. Completed Forms I-9 and all accompanying documents should be stored in a safe, secure location.

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

## DHS Privacy Notice

**AUTHORITIES:** The information requested on this form, and the associated documents, are collected under the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

**PURPOSE:** The primary purpose for providing the requested information on this form is for employers to verify your identity and employment authorization. Consistent with the requirements of the Immigration Reform and Control Act of 1986, employers use the Form I-9 to document the verification of the identity and employment authorization for new employees to prevent the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States. This form is completed by both the employer and employee, and is ultimately retained by the employer.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, when completing the form manually, and 26 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

# Z A R A

## RECEIPT OF EMPLOYEE HANDBOOK

The Employee Handbook is an important document intended to help you become acquainted with the Company. The Handbook contains management guidelines only; it is not the final word in all cases. Individual circumstances may call for individual attention. Because the Company's operations may change, the contents of the Handbook may be changed at any time, with or without notice, in an individual case or generally, at the sole discretion of management.

This Handbook is accessible to employees on the INET U.S. website at <http://inet.inditex.grp/>, the INET app, and in hard copy at each Company store, office, warehouse, or other workplace. The Handbook also may be provided directly to employees via e-mail or hard copy.

Please read the following statements and sign below to indicate your receipt and acknowledgment of the Employee Handbook.

**I have been provided or given access to the Company's Employee Handbook and I understand that it is my responsibility to read it and be familiar with its contents, and to abide by its policies. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of the Company at any time. I further understand that it is my responsibility to keep apprised of and comply with the most current Company policies and Handbook.**

**I further understand that my employment is terminable at will, either by myself or the Company, regardless of the length of my employment or the granting of benefits of any kind.**

**I understand that no contract of employment other than "at will" has been expressed or implied, and that no representative of the Company other than the Managing Director is authorized to provide any employee or employees with an employment contract or special arrangement concerning terms or conditions of employment and that any such agreement must be in writing and signed by the Managing Director.**

**I understand that my signature below indicates that I have read and understand the above statements and that I have received the Company's Employee Handbook.**

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**Employee's Printed Name**

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**Position**

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**Employee's Signature**

---

**Date**

The signed original copy of this acknowledgment should be given to management - it will be filed in your personnel file.

## Z A R A

## EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

**IMPORTANT** - To All Employees: To enable us to meet government reporting regulations, ZARA requests that you complete this personal data form. Any information that you choose to provide will not be considered by ZARA for employment purposes and will be treated as personal and confidential. Your voluntary cooperation will be appreciated.

**Name**

Last

First

Initial

**Date**

Position

**GENDER**

- ☐ Female
- ☐ Male
- ☐ Non-binary

**RACE/ETHNICITY**

Please check the appropriate box(es) below.

- ☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African-American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**CONSENT FORM**

By signing this form, I hereby grant to ZARA USA, Inc. ("Company"), its parent, subsidiaries, affiliates and divisions thereof, the right and permission, to send SMS messages to my personal phone and/or emails to my email address for legitimate business purposes as solely determined by the Company (except where prohibited by law). I acknowledge that the Company will add the data I provide herein to the personal information belonging to me that they currently store in their global employee data base.

By signing this consent, I acknowledge that I have read and fully understand the same, and hereby acknowledge that SMS Message & Data rates may apply upon receipt of those messages.

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

Mobile phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Signed: \_\_\_\_\_

In the future you may opt to not receive texts or emails at any time by informing your Human Resources representative in writing.

If you do not want to sign this consent form please tick the box ☐

**Z A R A**

## Availability to work

**Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_**Store:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

During the interview process, I indicated that I would be available to work the following days/times:

**Sunday:** \_\_\_\_\_**Monday:** \_\_\_\_\_**Tuesday:** \_\_\_\_\_**Wednesday:** \_\_\_\_\_**Thursday:** \_\_\_\_\_**Friday:** \_\_\_\_\_**Saturday:** \_\_\_\_\_

I understand that I will be expected to continue my commitment to this availability and if my availability changes, I need to submit my new availability in writing to my Store Manager. It is the Store Manager's discretion to accept this new availability.

I further understand that the scheduled hours I receive each week will be based on business needs and on my performance.

Also, I understand that my days off and shifts may vary from week to week and that this document does not guarantee that my schedule will be fixed.

All employees' schedules are subject to change based on the needs of the business. If at any time it is deemed that an employee's availability no longer meets the needs of the business separation will be considered.

**Employee Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_

## **Mutual Dispute Resolution Agreement**

### **Acknowledgment of Receipt and Agreement to be Bound**

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I acknowledge that I have received and read Zara USA, INC.'s (the "Company") September 2018 Mutual Dispute Resolution Agreement ("Agreement"). By signing below, I affirm that I understand the Agreement's terms and that by accepting new employment with the Company or by continuing employment after its effective date, I knowingly and freely enter into this Agreement and agree to be bound by it.

**I UNDERSTAND THAT THE MUTUAL DISPUTE RESOLUTION AGREEMENT IS A CONTRACT. THIS CONTRACT IS A BINDING ARBITRATION AGREEMENT WHICH MAY BE ENFORCED BY THE PARTIES. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ OR HAVE HAD THE OPPORTUNITY TO READ THIS ARBITRATION AGREEMENT. I UNDERSTAND THAT THIS ARBITRATION AGREEMENT REQUIRES THAT DISPUTES THAT INVOLVE THE MATTERS SUBJECT TO THE AGREEMENT BE SUBMITTED TO ARBITRATION PURSUANT TO THE ARBITRATION AGREEMENT RATHER THAN TO A JUDGE AND JURY IN COURT.**

Name: \_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Print Name]

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

## Mutual Dispute Resolution Agreement

---

1. **Introduction:** Zara USA, INC. ("Company") recognizes that disputes may arise in the workplace. If any disputes cannot be resolved informally, the Company and each of its employees agree to use the mediation and arbitration procedures in this Mutual Dispute Resolution Agreement ("Agreement" or "Arbitration Agreement") instead of a trial in court before a judge or jury. "Mediation" is a process by which the parties try to resolve a dispute with the assistance of a neutral third-party, such as a retired judge or an experienced attorney, not employed by the Company. "Arbitration" is a legal process by which a neutral third-party, not employed by the Company, makes a binding decision relating to a dispute.
2. **Effective Date:** Each employee who accepts or continues employment with the Company on or after the effective date of this Agreement, September 1, 2018 ("You"), will be bound by its terms, and it will remain in effect after termination of employment. By issuance of this Agreement, the Company agrees to be bound by it. **This means that by accepting employment or working on or after September 1, 2018, You and the Company both waive the right to a judge or jury trial in court.**
3. **Covered Claims:** You and the Company agree that any controversy, dispute, or claim that could otherwise be raised in court ("Covered Claim") that the Company has against You or You have against the Company (and/or its current or former officers, directors, members, employees, vendors, clients, customers, agents, parents, subsidiaries, affiliated companies, successors, or assigns) must be resolved by binding arbitration and not in court. Covered Claims, by way of example only, include claims for wages and other compensation, breach of contract, theft of trade secrets or unfair competition, violation of public policy, wrongful termination; tort claims; claims for unlawful retaliation, discrimination and/or harassment; and claims for violation of any federal, state, or other government law, statute, regulation, or ordinance, such as, for example, claims under the Age Discrimination in Employment Act, the Americans with Disabilities Act; Title VII of the Civil Rights Act of 1964; the Equal Pay Act; the Fair Credit Reporting Act; the Fair Labor Standards Act; the Family and Medical Leave Act; the Pregnancy Discrimination Act; the Rehabilitation Act; Section 1981 through 1988 of Title 42 of the United States Code; the Worker Adjustment and Retraining Notification Act; the Massachusetts Fair Employment Practices Act, the New Jersey Law Against Discrimination, and the New Jersey Conscientious You Protection Act.
4. **Claims Not Covered:** This Agreement does not cover: claims for workers' compensation or unemployment benefits; matters that could be brought before the National Labor Relations Board or under a collective bargaining agreement; charges filed with the Equal Employment Opportunity Commission or a similar government agency; claims under employee pension, welfare benefit or stock option plans if those plans provide a dispute resolution procedure; and claims which are not subject to arbitration pursuant to federal law. To the extent federal law prohibits enforcement of Section 5 with respect to representative claims under California's Private Attorneys General Act of 2004, California Labor Code §§ 2698, *et seq.* and representative claims for public injunctive relief under California Business and Professions Code § 17203, such claims also are not covered by this Agreement. Either party may also seek "provisional relief," such as for example, a preliminary injunction or temporary restraining order, in court to preserve the *status quo* pending arbitration if the arbitration award would be made ineffective without it.
5. **Individual Claims Only:** Covered Claims must be brought on an individual basis only, and arbitration on an individual basis is the exclusive remedy. Neither party may submit a multi-plaintiff, class, collective, or representative action for resolution under this Agreement, and no arbitrator has authority to proceed with arbitration on such a basis or to consolidate claims. Any disputes concerning the applicability or

validity of this multi-plaintiff, class, collective, and representative action waiver will be decided by a court of competent jurisdiction, not by the arbitrator. In the event a court determines that this Section 5 is unenforceable with respect to any claim, it shall not apply to that claim, and that claim may then only proceed in court as the exclusive forum. Should such a claim be initiated in the arbitral forum, the arbitrator shall summarily reject it as beyond the scope of this Agreement.

6. **Procedures:**

**(a) Mediation:** You and the Company agree to participate in a mediation before initiating arbitration. The Mediation will be governed by the American Arbitration Association's ("AAA") Employment Mediation Procedures. You may obtain a copy of the mediation procedures at [www.adr.org](http://www.adr.org) or by contacting the AAA directly (toll-free 800-778-7879). To initiate mediation, a party must deliver a Request for Mediation within the time period required under the applicable statute of limitations to any of AAA's regional offices or case management centers or by submitting it online by AAA WebFile at [www.adr.org](http://www.adr.org). The Request for Mediation must be delivered to the other party as follows: to the Company at 500 Fifth Avenue, Fourth Floor, New York, New York 10110, and to You at Your last known address recorded in Your personnel records. In the event the parties cannot agree on a mediator, they will use the process in section M-5 of the AAA Rules to select one. The mediation should be completed within 90 calendar days of the submission of the Demand for Mediation. The Company will pay the fees and costs associated with one full business day of mediation that AAA and/or the mediator charges.

**(b) Arbitration:** If a Covered Claim is not resolved at mediation, a party may then initiate a Demand for Arbitration with the AAA. The Company will pay all arbitration fees and costs that would not be incurred in a court proceeding. The Demand for Arbitration must be in writing and delivered to AAA and the other party within 30 days after the mediation concludes or the time period required under the applicable statute of limitations, whichever is later. The parties agree that in order to complete mediation prior to pursuing arbitration, the applicable statutes of limitation shall be tolled by 120 calendar days from the submission date of the Demand for Mediation. The Employment Arbitration Rules and Mediation Procedures ("AAA rules") will apply to the arbitration proceeding except to the extent they conflict with this Agreement. You may obtain a copy of the AAA rules before entering into this Agreement from AAA at the website or toll-free number in Section 6 (a), or by contacting the Company's Human Resources department at [humanresources@us.inditex.com](mailto:humanresources@us.inditex.com) or (212) 355-1415. Each party shall have the right to conduct discovery adequate to fully and fairly present the claims and defenses consistent with the streamlined nature of arbitration. The arbitrator will apply the substantive law relating to all claims and defenses arbitrated the same as if the matter had been heard in court, including the award of any remedy or relief on an individual basis and any award of costs and attorneys' fees to the prevailing party. Otherwise, the parties will each pay their own costs and attorneys' fees. The arbitrator's decision or award must be in writing, shall be final and binding, and any court of competent jurisdiction may enter judgment upon it, either by (i) confirming it or (ii) vacating, modifying, or correcting it consistent with applicable law.

7. **Applicable Law and Related Matters:** The Federal Arbitration Act (9 U.S.C. Sections 1, *et seq.*) ("FAA") governs this Agreement. State arbitration statutes (such as, for example, N.H. Rev. Stat. Ann. § 542, *et seq.*) apply only to the extent they are not preempted by the FAA. If any part of this Agreement is held to be invalid, void, or unenforceable, it shall be severed and the remaining provisions of this Agreement shall remain in full force and effect. This is the final agreement of the parties and supersedes all prior negotiations, representations or agreements, written or oral, pertaining to arbitration of claims.



# CODE OF CONDUCT AND RESPONSIBLE PRACTICES

**Outlines our ethical commitments and core values**

**Establishes the standards of conduct that each of us must follow in our daily work**

**Describes the ways we may ask questions and report any concerns or issues**

The **Code of Conduct & Responsible Practices** applies to all of us. You need to be familiar with its content. Please make sure you read and acknowledge it. You can find the Code on INET App in “About Us”  
If you have any questions contact [compliance@us.inditex.com](mailto:compliance@us.inditex.com)

# Ethics Line

If you have a question about the Code of Conduct, or in good faith you suspect a violation of the law, the Code or any Company Policy has occurred, please Speak Up!

You can speak to:

- Your manager
- Human Resources
- The Legal Department
- The Compliance Department

If you do not feel comfortable speaking to any of the resources above, you can also report your concern confidentially and anonymously through the Company's Ethics Line.

Some of the issues that may be reported through the Ethics line include :

- Discrimination
- Harassment
- Retaliation
- Unsafe working conditions
- Customer mistreatment
- Conflicts of interest
- Employee theft
- Substance abuse

The Company does not tolerate retaliation against any employee who makes a report in good faith

**SPEAK UP!**

THE ETHICS LINE IS  
AVAILABLE 24/7

ONLINE  
[ethicsline-Inditex.com](https://ethicsline-Inditex.com)

BY PHONE  
(Toll-Free Number)  
**1-800-920-3688**

## RECEIPT AND ACKNOWLEDGMENT OF THE CODE OF CONDUCT AND RESPONSIBLE PRACTICES

The Code of Conduct and Responsible Practices ("the Code") for the Inditex Companies in the United States and Puerto Rico ("The Company") establishes the standards of conduct that we must all follow at the Company.

Every one of us is responsible for abiding by the Code. Violations of the Code may result in corrective and disciplinary actions up to and including termination of employment.

The Code is accessible to employees on the INET U.S. website at <http://inet.inditex.grp/> (*Our people > Code of Conduct*), the INET app, (*About us > Code of Conduct*), and in hard copy at each Company store, office, warehouse, or other workplace. The Code also may be provided directly to employees via e-mail or hard copy.

Please read the following statements and sign below to indicate your receipt and acknowledgment of the Code.

**I hereby certify that I have been provided with or given access to the Code. I agree to comply with all provisions of the Code throughout my employment with the Company.**

**I understand that if I am or I become aware of any violation of the Code, I must report it to my manager, the Human Resources, Legal or Compliance Departments. If I do not feel comfortable reporting it directly, I can do so through the Company's Ethics Line at [ethicsline-inditex.com](http://ethicsline-inditex.com) or by phone (toll-free number) 1-800-920-3688.**

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Employee's Printed Name

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Position

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Employee's Signature

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Date

## **BIOMETRIC DATA POLICY**

This Policy governs the treatment of biometric data that Zara USA, Inc., Massimo Dutti USA, Inc., ITX USA LLC, Zara Puerto Rico, Inc., and Bershka USA, Inc., (Collectively the “Company”) either directly or indirectly through its vendors or licensors (“Vendors”) collects, stores, uses, discloses, transfers and retains.

The Company recognizes the fundamental importance of privacy and data protection and is committed to complying with applicable data protection and privacy laws and regulations.

### **BIOMETRIC DATA**

Biometric data under this Policy includes “biometric identifiers” and “biometric information.” “Biometric identifier” means a retina or iris scan, fingerprint, voiceprint, or scan of hand or face geometry. Biometric identifiers do not include writing samples, written signatures, photographs, demographic data, or physical descriptions such as height, weight, hair color, or eye color.

“Biometric information” means any information, regardless of how it is captured, converted, stored, or shared, based on an individual’s biometric identifier used to identify an individual.

### **PURPOSE FOR COLLECTION OF BIOMETRIC DATA**

The Company and its Vendors may collect, retain, and use biometric data for the purpose of:

- Identifying employees and recording time entries when utilizing the biometric timeclocks or timeclock attachments. Biometric timeclocks are computer-based systems that scan an employee’s finger for purposes of verifying the employee’s identity, for example, when the employee arrives at or departs from the workplace. The timeclocks do not store employee’s fingerprints.
- Granting employees access to the Company’s facilities at certain stores and warehouses.
- Identifying employees at the till and portable devices.
- Any other legitimate business purpose.

### **DISCLOSURE TO THIRD PARTIES**

The Company does not and will not sell, lease, trade, or otherwise profit from an employee’s biometric data. Nor will it authorize its vendors to engage in any such activity. Neither the Company nor its vendors will disclose or disseminate an employee’s biometric data unless:

- a. First obtaining written employee consent to such disclosure or dissemination;
- b. The disclosed data completes a financial transaction requested or authorized by the employee;
- c. Disclosure is required by state or federal law or municipal ordinance; or
- d. Disclosure is required pursuant to a warrant or subpoena issued by a court of competent jurisdiction.

The Company's vendors may be paid for products or services used by the Company that utilize such biometric data.

#### **RETENTION SCHEDULE**

The Company or its Vendors shall retain employee biometric data throughout the employees' tenure and thereafter, permanently destroy such data upon, the employee's termination from employment with the Company, in accordance with the Company's privacy policies.

#### **DATA STORAGE**

The Company and its vendors shall use a reasonable standard of care to store, transmit and protect from disclosure any paper or electronic biometric data collected. Such storage, transmission, and protection from disclosure shall be done in a manner that is the same as or more protective than the manner in which the Company stores, transmits and protects other confidential and sensitive information, including personal information that can be used to uniquely identify an individual such as bank account numbers, PINs, driver's license numbers and social security numbers as defined in the Company's Personal Information Policy.

#### **AMENDMENT AND REVISION**

This Policy may be revised and updated as required in the sole discretion of the Company.

A copy of this Policy can be found in the Employee Handbook, and can be provided upon request to the Human Resources or Compliance Department.

**BIOMETRIC & PERSONAL DATA NOTICE AND CONSENT**

Zara USA, Inc., Massimo Dutti USA, Inc., ITX USA LLC, Zara Puerto Rico, Inc., and Bershka USA, Inc., (Collectively the “Company”) either directly or indirectly through its vendors or licensors (“Vendors”) may collect, store, and use biometric data for, among other legally permissible reasons, employee identification in the everyday operations of company systems, accessing premises, human resources, and payroll systems (time keeping devices). “Biometric data” generally means a retina or iris scan, fingerprint, voiceprint, or scan of hand or face geometry, and includes any information, regardless of how it is captured, converted, stored, or shared.

The Company has issued a Biometric Data Policy to regulate the collection, storage, use and destruction of biometric data which is made available to the employees with this statement. A copy of the Policy is included in the Employee Handbook and can be provided upon request to the Human Resources Department.

In addition, employee has been advised and understands that the Company or its Vendors may collect, retain and use other personal identifying data of the employee, including social security numbers and birth dates as described in the Company’s Personal Information Policy, which can be accessed in the Company’s Intranet at <http://inet.inditex.grp/>, or by requesting a copy from the Human Resources Department.

The Company will retain employee biometric data for legitimate business purposes in accordance with Company policy for the periods set forth therein.

The undersigned employee acknowledges that he/she voluntarily consents to the Company or its Vendors collection, storage, and use of personal identifying data and of biometric data for the business purposes set forth in the Company’s Policy.

**I understand that my signature below indicates that I have read, understand and agree to the above statements.**

\_\_\_\_\_  
Employee's Printed Name

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

\_\_\_\_\_  
Date

The signed original copy of this acknowledgment should be given to management and it will be filed in your personnel file.

Should you have any questions or comments, please do not hesitate to contact the Compliance/Legal department at [dataprotection.us@us.inditex.com](mailto:dataprotection.us@us.inditex.com)

## WAGE PAYMENT ELECTION AND CONSENT FORM

- ☐ **Direct Deposit** - Employees can easily sign up for direct deposit to one or more personal bank accounts by using the ADP Vantage website. Direct deposit can be set up on your first day of work or anytime thereafter.

Here's how to sign up:

- Register for an ADP Vantage account at <https://adpvantage.adp.com> or log in if you already have an account (additional information about signing up for ADP Vantage is included with your new hire paperwork);
- Click on [myself>money>direct deposit](#) and follow the directions for adding a bank account.

- ☐ **ALINE Debit Card** – Employees that sign up for an ADP ALINE debit card can receive their pay funded automatically to their card each pay period. The ALINE card also comes with paper checks that you can fill out and use. Details about the ALINE card can be found online at <https://www.visaprepaidprocessing.com/ADP/PayRoll/Home/Index>.

Here's how to sign up:

- Follow the directions above for direct deposit, and on the direct deposit page click the link for “ENROLL FOR AN ALINE CARD.”

I understand that by checking the ALINE box and signing below I am giving a preliminary consent to receive my pay by ALINE Card, and that my final consent will not be given until and unless I activate my ALINE Card. If I do not activate my ALINE Card, I will receive my pay by traditional paper check. I confirm my authorization to be paid through the ALINE Card is fully voluntary. I acknowledge I have received and read the ALINE Card Fee Schedule\*, and I understand that the ALINE Cardholder Agreement and Privacy Notice will be provided to me prior to activating my ALINE Card. I understand that in order to use the ALINE Card, I will need to accept and agree to the Cardholder Agreement by activating my ALINE Card and I will be responsible for paying any applicable fees as indicated on the Fee Schedule. By electing ALINE Card as my wage payment choice, I am consenting to provide my personal information to ADP to enroll in and request an ALINE Card. **IMPORTANT INFORMATION ABOUT APPLYING FOR A NEW PREPAID CARD ACCOUNT** - To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open a Prepaid Card account, ADP may require your name, address, date of birth, Social Security number, tax identification number and other information that will allow ADP to identify you. ADP may also ask to see your driver's license or other identifying documents. You will not be subject to a credit check.

- ☐ **Traditional Paper Check** – Checks will be available for pickup at employee's work location on regularly scheduled pay days. [Check will be the default payment method if no other wage payment method is selected, or before initial set-up of alternate payment method takes effect.]

\* Fees associated with the ALINE Card may be subject to change.

### CONSENT TO DEPOSIT WAGES & RECEIVE PAY STATEMENTS ELECTRONICALLY (COMPLETE ONLY IF DIRECT DEPOSIT OR ALINE CARD IS SELECTED)

I authorize my employer (or its payroll service provider) to initiate credit entries each pay date to deposit my pay (either net or a portion thereof) into the checking, savings or ALINE Card account selected in this election and consent (the “Account”), except that if I selected payment by ALINE Card my full and final authorization will be made only when I activate my ALINE Card. If funds to which I am not entitled are deposited to my Account, I authorize my employer (or its payroll service provider), to initiate any action to reverse or correct an erroneous credit entry to my Account and to direct the bank to return said funds to my employer (either directly or through its payroll service provider), to the extent permitted by applicable law. I will review my pay statement to ensure that my wages are being deposited correctly into my Account each payroll period. I understand that I can change my election at any time by contacting my employer and that this authorization replaces any previous authorizations and will remain in full force and effect until my employer (or its payroll service provider) has received written notification from me of its termination and my employer (or its payroll service provider) and the bank has had a reasonable opportunity to act on said termination.

## WAGE PAYMENT ELECTION AND CONSENT FORM

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I agree to receive and access all of my pay statements on or before each regular pay day electronically on the [adp.vantage.adp.com](https://adp.vantage.adp.com) website, a secure website, rather than receiving a paper statement, until I withdraw my consent. I understand that I may retain a copy of the pay statement by saving it to my computer or by printing a hard copy of it. I understand that I should not save my statement to a public computer as others may see my statement. (Note: Your statements will remain on the secure website for 3 years. If you want to retain a copy for a longer period, you must either print a copy or save an electronic copy.) I understand that I may withdraw this authorization at any time. I acknowledge that the mere request for a paper pay statement will not be considered withdrawal of my consent. I understand this consent applies to pay statements furnished every pay period until my consent is withdrawn. (Note: The withdrawal of your consent will not be effective and you will not start receiving paper statements for 1 or 2 additional payroll cycles.)

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Name (print)

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Employee Signature

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Date

## CARD FEE SCHEDULE

DESCRIPTION	FEE
One (1) free in-network ATM withdrawal per pay period at any in-network ATM (Allpoint®, MoneyPass®, PNC Bank® or MB Financial Bank®). Accept surcharge if appears. Fee will be waived or credited. Find in-network ATMs at mycard.adp.com.	\$0
Each additional in-network ATM withdrawal per pay period	\$3.00
Out-of-network ATM withdrawal (other third parties, such as ATM owner, may charge additional fees)	\$3.00
Visa® member bank over-the-counter teller cash withdrawal within the 50 U.S. States, Washington D.C. and Canada (Other international Visa member banks, including those in U.S. territories, may charge a fee)	\$0
Purchase transaction and cash back with PIN code purchase	\$0
Email and text message account alerts (Message and data fees from your carrier may apply.)	\$0
Monthly maintenance	\$0
Online and mobile app account management	\$0
24/7 automated phone and live customer service	\$0
Balance inquiry and withdrawal decline at any ATM	\$0
International purchase and international ATM transaction currency conversion fee (percent based on total transaction amount)	3%
One (1) free lost/stolen card replacement each calendar year	
– Card with standard mailing	\$0
– Card with expedited mailing	\$24.00
Each additional lost/stolen card replacement	
– Card with standard mailing	\$6.00
– Card with expedited mailing	\$30.00
Monthly paper statement*	\$1.50
*Effective 10/1/16 for CT based employees, fee will be waived or credited	\$0*
Written transaction history	\$0
Each secondary card	
– Card with standard mailing	\$2.00
– Card with expedited mailing	\$26.00
Custom (photo/image) card	
– Card with standard mailing	\$4.95
– Card with expedited mailing	\$28.95
Third-party fees may apply for third-party services, including (but not limited to) cash reload and bill pay.	

## LISTA DE TARIFAS

IF 285 v.2.16.17

DESCRIPCIÓN	TARIFA
Un (1) retiro gratuito en ATM de la red por período de paga en cualquier ATM de la red (Allpoint®, MoneyPass®, PNC Bank®, o MB Financial Bank®). Acepte el recargo, si es que aparece. El cargo se eliminada o acreditará. Encuentre ATMs de la red en mycard.adp.com.	\$0
Cada retiro adicional en ATM de la red por período de paga	\$3.00
Retiro en ATM fuera de la red (terceros, tales como los propietarios de los ATMs, pueden cobrar cargos adicionales)	\$3.00
Retiro por taquilla en un banco miembro de Visa® dentro de los 50 estados de los Estados Unidos, Washington D.C. y Canadá (Otros bancos internacionales miembros de Visa, incluyendo los territorios de los Estados Unidos, pueden cobrar una tarifa)	\$0
Transacción de compra y devolución de dinero en efectivo mediante compra con código PIN	\$0
Alertas sobre su cuenta por correo electrónico y mensajes de texto (Cargos por el uso de mensajes y datos podrían ser aplicados por su operadora).	\$0
Mantenimiento mensual	\$0
Administración de cuenta en línea y a través de la aplicación móvil	\$0
Servicio telefónico automatizado y servicio de atención al cliente en vivo las 24 horas del día durante los 7 días de la semana	\$0
Solicitud de saldo y retiro rechazado en cualquier ATM	\$0
Compra internacional y cargo por conversión de moneda en transacción internacional en ATM (porcentaje basado en el monto total de las transacciones)	3%
Un (1) reemplazo gratuito de la tarjeta extraviada o robada por cada año calendario	
– Tarjeta por correo estándar	\$0
– Tarjeta por correo expedito	\$24.00
Cada reemplazo adicional de las tarjetas extraviadas o robadas	
– Tarjeta por correo estándar	\$6.00
– Tarjeta por correo expedito	\$30.00
Estado de cuenta mensual en papel*	\$1.50
*Efectivo 1 de octubre de 2016 para los empleados que trabajen en CT, el cargo se eliminada o acreditará	\$0*
Historial de transacciones impreso	\$0
Cada tarjeta secundaria	
– Tarjeta por correo estándar	\$2.00
– Tarjeta por correo expedito	\$26.00
(Foto/imagen) de la tarjeta personalizada	
– Tarjeta por correo estándar	\$4.95
– Tarjeta por correo expedito	\$28.95
Cargos por servicios prestados por terceros podrían ser aplicables, incluidos (pero sin limitarse a) recarga de efectivo y pago de facturas.	

The ALINE Card by ADP is issued by MB Financial Bank, N.A., Member FDIC, pursuant to licenses from Visa U.S.A. Inc. and MasterCard International, Inc. ADP is a registered ISO of MB Financial Bank. ADP, the ADP logo, and ALINE Card by ADP are registered trademarks of ADP, LLC. All other marks are the property of their respective owners. Copyright © 2014-2017 ADP, LLC. All rights reserved. La Tarjeta ALINE de ADP es emitida por MB Financial Bank, N.A., miembro de la FDIC, de conformidad con las licencias de Visa U.S.A. Inc. y MasterCard International, Inc. ADP es una ISO registrada de MB Financial Bank. ADP, el logotipo de ADP y ALINE Card by ADP son marcas comerciales registradas de ADP, LLC. Todas las demás marcas pertenecen a sus respectivos propietarios. Copyright © 2014-2017 ADP, LLC. Todos los derechos reservados.

**BACKGROUND CHECK DISCLOSURE**

ZARA USA Inc. (the "Company") may order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes, to the maximum extent permitted by applicable law.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address [www.adpselect.com](http://www.adpselect.com).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, and credit standing. An "investigative consumer report" is a background report that includes information from personal interviews. Information may be obtained from private and public sources and for investigative consumer reports from personal interviews as noted above. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the document titled A Summary of Your Rights Under the Fair Credit Reporting Act, as provided on subsequent pages.

**THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK.**

**PLEASE PROCEED TO THE NEXT DOCUMENT: THE AUTHORIZATION FOR BACKGROUND CHECKS.**

### **AUTHORIZATION FOR BACKGROUND CHECKS**

I authorize the Company to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment and (2) from companies other than ADP Screening and Selection Services without asking me for my authorization again, as allowed by law. I understand the Company may order a background report under my legal name and any other names I may have used.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

**If you live or work for the Company in California, Minnesota or Oklahoma:** Check this box if you would like a free copy of your background check report: ☐

### **STATE LAW NOTICES**

If you live or work for the Company in the states listed below, please note the following:

**MASSACHUSETTS:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

**MINNESOTA:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any, from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.

**NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

**NEW YORK:** If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

**WASHINGTON STATE:** You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act.

Please print your legal name:

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date (Month/Day/Year)** \_\_\_\_\_

If required, notarize here. When using an embossed seal,  
please shade with a pencil before faxing.

Subscribed and sworn before me:

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires

**THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK**

## BACKGROUND CHECK INFORMATION



The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

For Identification Purposes Only: Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Nickname(s) Used \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

## 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](http://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](http://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](http://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](http://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](http://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 &amp; 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>

Connect  
to all your  
benefits



Navigate  
healthcare  
and insurance  
concerns



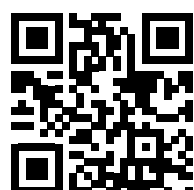
We make  
healthcare  
easier



Support for  
every medical  
condition



**Just contact us.**  
We'll take it from there.



**866.799.2731**

Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)

Web: [HealthAdvocate.com/members](https://HealthAdvocate.com/members)

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**HealthAdvocate<sup>SM</sup>**

# Your Benefits Make Work & Family Fit

Make your full plate more manageable with your *Bright Horizons®* benefits.



- Full-time child care with waitlist priority and waived registration fees
- Back-up child care in high-quality centers or your own home
- In home back-up care for adult and elder loved ones, plus easy online and mobile-app booking
- Find Sitters, pet care, housekeepers, and more through free access to Sittercity
- Personalized nanny placement service, plus before- and after-school programs
- Discounted tutoring and test prep, plus enrichment programs for your child



## Start Making Your Life Easier

Scan the QR code or visit: <https://clients.brighthorizons.com/zara>

**If Prompted: Employer Username:** Zara | **Password:** Benefits4You

**Download the App:** Search "back-up care" in the App Store or Google Play

Learn more about our health and safety protocols at <https://www.brighthorizons.com/health-safety> and our COVID-19 back-up care policies at <https://www.brighthorizons.com/covid19>.



## How to Enroll or Change Your Election with Benefit Resource, Inc.

1. Go to <http://www.BenefitResource.com>.
2. Click on **Participants** from the Secure Login section at the top of the page. The secure Participant Login will open in a new window.  
*TIP: Bookmark this page for easy reference in the future!*
3. Log in to the website using your Login ID and Password:
  - a. If this is your first time visiting, you will need to register your account. To register, you will need the following information:  
**Company Code:** zarausa  
  
**Member ID:** Your Zara Employee ID Number  
**Personal Info:** First name, last name, date of birth, zip code  
**Access to email or phone number** on file with Benefit Resource
  - b. Follow the prompts to select a new Login ID and Password. A confirmation code will be sent to your email or through a text message\*.  
\*messaging rates may apply
4. From the Dashboard, click on the **Enrollment/Changes** link at the bottom left of the screen.
5. Click on the **Continue Enrollment** button next to the plan for which you wish to enroll or make a change.
6. Follow the prompts to complete your enrollment. This will include validating demographic data, selecting an election amount(s), and reading and agreeing to applicable Terms and Conditions.
7. An email with a confirmation code and new election amount(s) will be sent to the email address on file. Retain this for your records.

### Questions?

Call Benefit Resource Participant Services at 800-473-9595.  
Representatives are available to assist you Monday-Friday, 8am-8pm  
(Eastern Time).

**Before you start  
at the store...**

# STEP 1: Health and Safety Course

Dear ZARA Employee,

**Welcome! We are excited to have you join our team and look forward to working with you in the store!** Prior to your first day, we invite you to participate in our Health and Safety Training via TEAMS. This training will go over the Health and Safety Guidelines we have implemented in our stores as it relates to COVID-19. This training must be completed prior to you starting at the store.

**NOTE: Employees who take this course will be compensated for 1 hour.**



**In this training you will know the following:**

- What to do before stepping foot in the store
- What to do before clocking in
- The dos and don'ts while you are working at the store



**You will be required to fill out important information in this training such as:**

- Full Name (As it is written on your New Hire Paperwork/ID)
- Employee ID (Please ask your store manager for this information)
- Store Code (Please ask your store manager for this information)
- Time Started
- The date you are taking the training

Among the things listed above, the training also provides you with information as to how the process in the store is as it relates to customers, fitting rooms, registers, maximum capacity, etc...

The course will be divided into 8 video sections and be **password protected (password is in each section)**. You will need to watch each video before being able to continue.

- **You will have to confirm you have completed each section by typing the below at the end:**

*"I confirm I have completed Section 1 Video" (for example)*

# STEP 1: Health and Safety Course

You can access the course by  
scanning the QR code below or  
click on the link via phone,  
tablet or smart device:



The PASSWORD is:  
zarausa

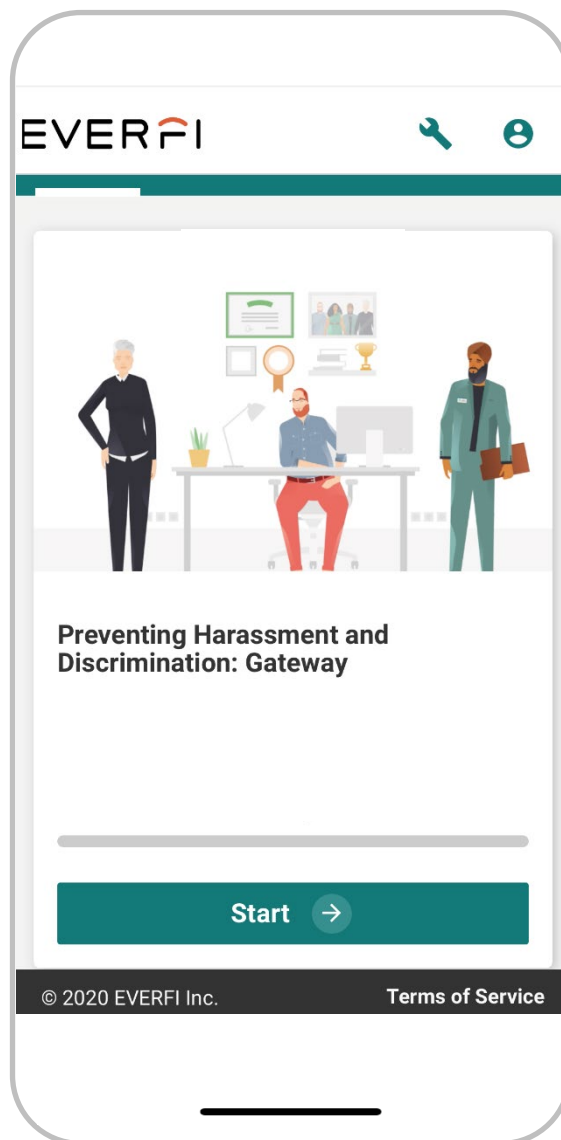
[CLICK HERE TO ACCESS THE COURSE](#)

# EVERFI

## STEP 2: Harassment & Discrimination Prevention

### Instructions

We also ask that before you start at the store you complete our **Harassment and Discrimination course**. This course will go over the information you need to know about how to prevent Harassment and Discrimination in our stores.

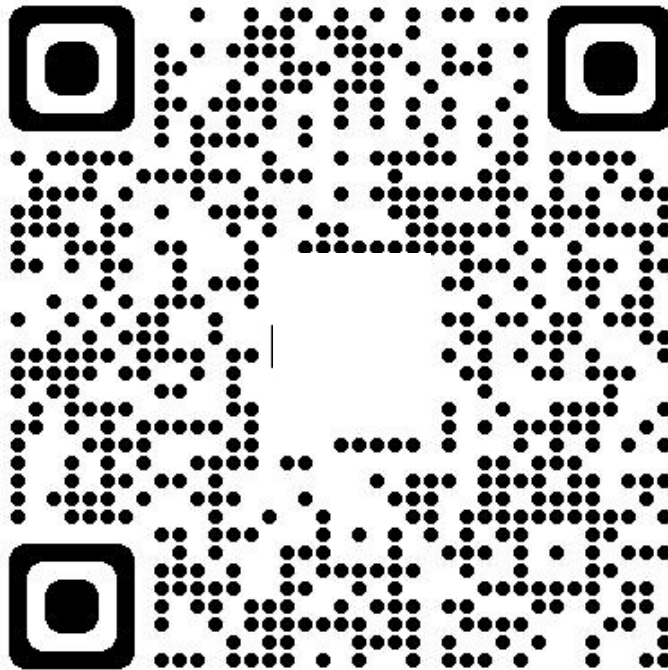


# EVERFI

## STEP 2: Harassment & Discrimination Prevention

### Instructions

You can access the course by  
scanning the QR code below or  
click on the link via phone,  
tablet or smart device:



[CLICK HERE TO ACCESS THE COURSE](#)

## STEP 2: Harassment & Discrimination Prevention Instructions

1

Access the platform with any smart device.  
(Internet explorer will not work well with this platform).

The screenshot shows a mobile browser interface for the EVERFI admin portal. The address bar displays 'admin.fifoundry.net'. The page features the EVERFI logo at the top left and navigation icons at the top right. The main heading is 'Log In'. Below this are two input fields: 'Email or Username \*' and 'Password \*'. A note states 'Fields marked with asterisk(\*) are required'. There is a 'Forgot Password?' link and a red 'Sign In' button. At the bottom, a disclaimer reads 'By signing in you agree to EVERFI's Privacy Policy and Terms of Service'. The footer contains '© 2020 EVERFI Inc.' and a 'Terms of Service' link. The mobile OS navigation bar is visible at the very bottom.

AA admin.fifoundry.net

EVERFI

Log In

Email or Username \*

Password \*

Fields marked with asterisk(\*) are required

[Forgot Password?](#) [Sign In](#)

By signing in you agree to EVERFI's [Privacy Policy](#) and [Terms of Service](#)

© 2020 EVERFI Inc. [Terms of Service](#)

## STEP 2: Harassment & Discrimination Prevention Instructions

2

Enter your Username:

Type in

Zara-

then followed by **YOUR** Employee ID number.

# # # # #

Example: If your employee ID number is 123456, then the username would look like this:

EXAMPLE username: Zara-123456

The password is the same for all employees

Enter the Password: Zara1234

Email or Username \*

Zara-#####

Password \*

●●●●●●●●

Fields marked with asterisk(\*) are required

[Forgot Password?](#)

[Sign In](#)

By signing in you agree to EVERFI's [Privacy Policy](#) and [Terms of Service](#)

© 2020 EVERFI Inc. [Terms of Service](#)

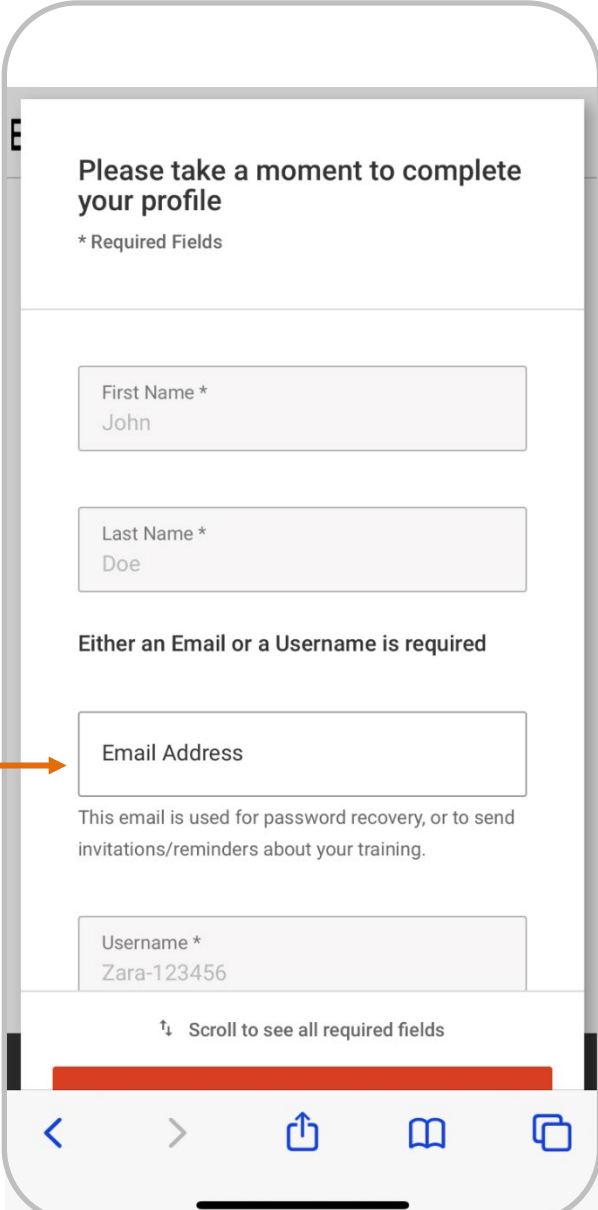
# EVERFI

## STEP 2: Harassment & Discrimination Prevention Instructions

3

You will be asked to take a moment to complete your profile.

Email address is not necessary and should be left blank. However, if you would like to change your password in the future, please enter your email address.



The screenshot shows a mobile app interface for completing a profile. At the top, it says "Please take a moment to complete your profile" with a note "\* Required Fields". Below this are three input fields: "First Name \*" with the value "John", "Last Name \*" with the value "Doe", and "Email Address" which is currently empty. Below the email field is a note: "This email is used for password recovery, or to send invitations/reminders about your training." Below that is a "Username \*" field with the value "Zara-123456". At the bottom of the form area, there is a link that says "Scroll to see all required fields". The bottom of the screen shows a navigation bar with five icons: a back arrow, a forward arrow, a share icon, a book icon, and a document icon.

Please take a moment to complete your profile

\* Required Fields

First Name \*  
John

Last Name \*  
Doe

Either an Email or a Username is required

Email Address

This email is used for password recovery, or to send invitations/reminders about your training.

Username \*  
Zara-123456

↑ Scroll to see all required fields

# EVERFI

## STEP 2: Harassment & Discrimination Prevention Instructions

4

We suggest to keep the password as: Zara1234

5

Click on "Complete Profile"

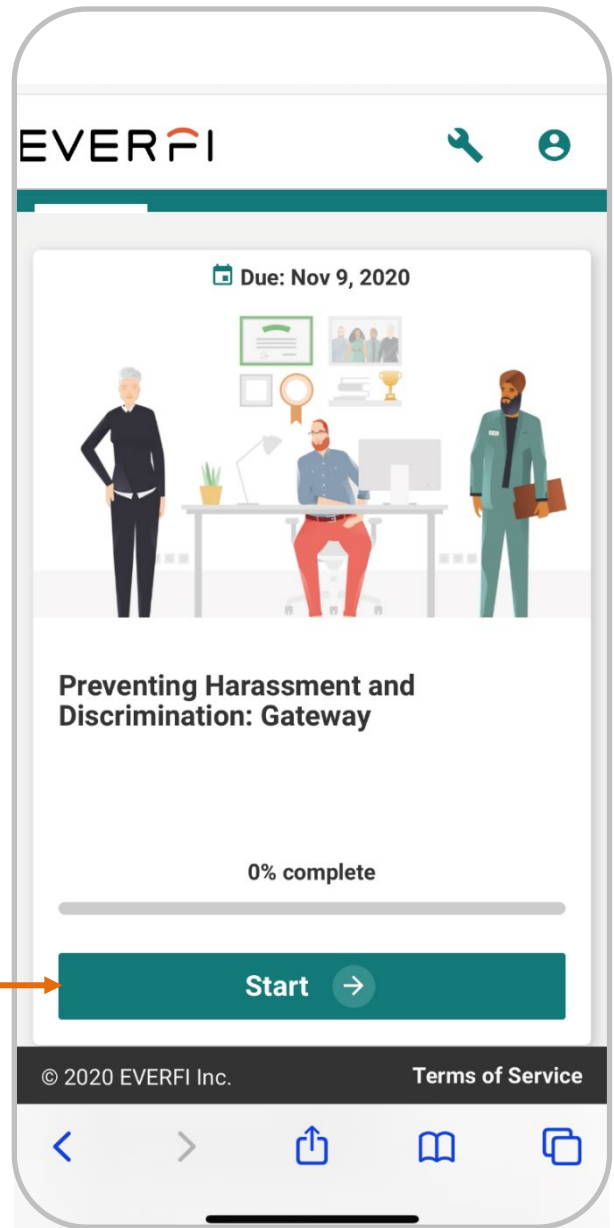
The screenshot shows a mobile app interface for completing a profile. At the top, a text field contains 'Zara-123456'. Below it is a 'New Password \*' field with a note: 'Minimum requirement is 8 characters.' This is followed by a 'Password Confirmation \*' field. Below these are fields for 'Employee ID' (containing '123456') and 'Location \*' (containing 'IL' and a dropdown arrow). A blue information icon is to the right of the location field. Below the location field is a scroll indicator: '↑↓ Scroll to see all required fields'. At the bottom is a large red button labeled 'Complete Profile'. Below the button is a disclaimer: 'By clicking Complete Profile you agree to EVERFI's [Privacy Policy](#) and [Terms of Service](#).' At the very bottom is a navigation bar with icons for back, forward, share, book, and a document icon. Red arrows point from the instructional text boxes to the 'New Password' field, the 'Password Confirmation' field, and the 'Complete Profile' button.

# EVERFI

## STEP 2: Harassment & Discrimination Prevention Instructions

6

Get started on your course!

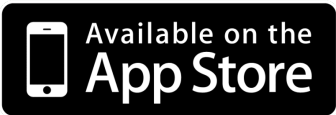


If you have any questions please  
contact us at : [Training@us.inditex.com](mailto:Training@us.inditex.com)

# STEP 3: DOWNLOAD INET APPLICATION



Access the latest fashion news and more!

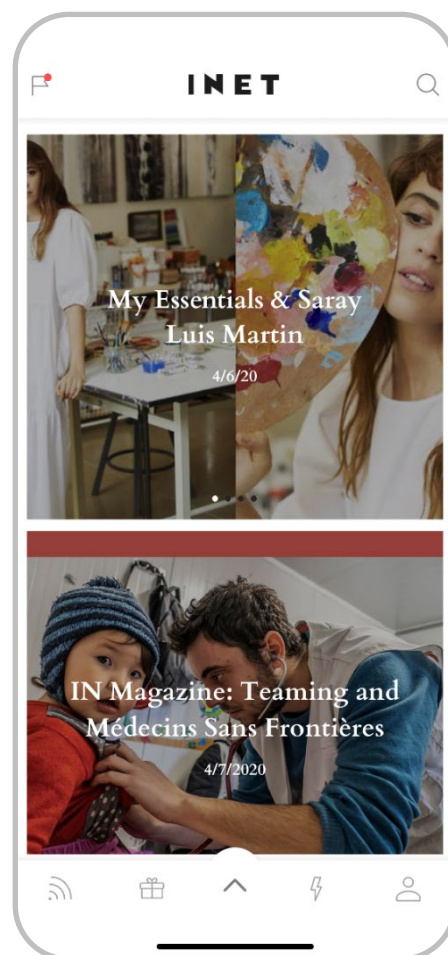
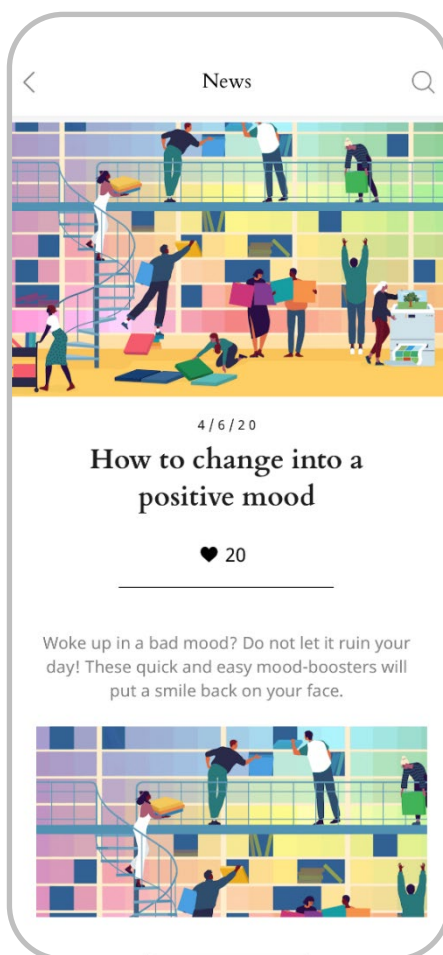
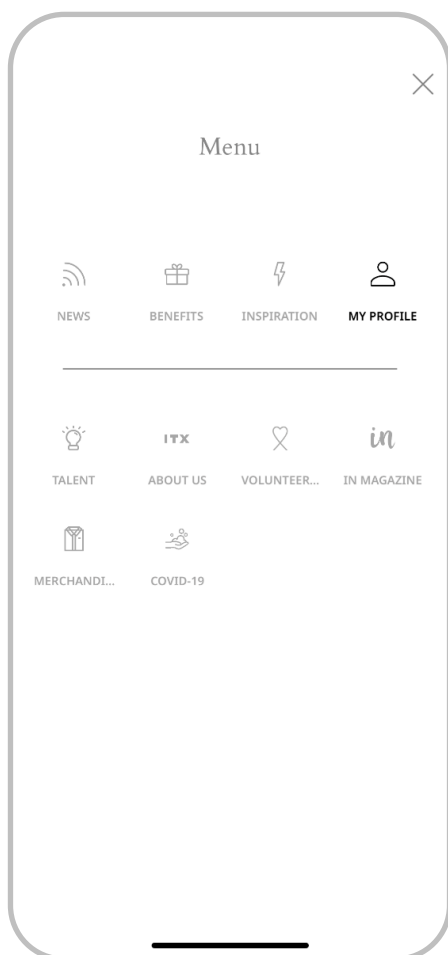


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# STEP 3 : REGISTER FOR INET



## INSTRUCTIONS on how to set up INET



# STEP 3 : REGISTER FOR INET

INET **INSTRUCTIONS**

1

**INET**

Username

Password

☐ I have read and accept the [Legal terms and conditions](#)

ACCEPT

POWERED BY  
**INDITEX**

[I've forgotten my username](#)

[Recover password](#)

2



Obtain your username

To display your username, we need to know your employee number and the market in which you work.

123456

United States



SEND

[Contact email address](#)

3



View your username

**INET**

Your Inet username is:

**JOHNDO  
E**

ACCEPT

[Contact email address](#)



When you access the app for the first time, click on the "I've forgotten my username" to get your username and set up a password. 😊

Enter your employee ID number and the country (Market) you work in. 🇺🇸



Great! Now you have your username! 🙌

# STEP 3 : REGISTER FOR INET

INET INSTRUCTIONS

4

<

Recover password

We will send you a code that you can use once only, by email or SMS. You can choose where we send it:

☒ xxxxxxxxxxxxly@gmail.com

☐ xxxxxx315

*If your email address/phone number is not correct or does not appear, please update your personal information at Vantage in order to receive the password and visit INET within 3 days to continue the process.*

SAVE

[Contact email address](#)

5

<

Recover password

We have sent the activation code to your email address, with it you will be able to obtain your new password.

Activation code

SAVE

[Contact email address](#)

6

<

Recover password

Enter new password

Re-enter password

The password must meet the following conditions:



- Have 8 or more characters
- Lower case letters
- Capital letters
- Numbers


*It must not contain obvious terms: your name, Inditex chain, months, etc.*



SAVE

Remember that you can only change your password once every 24 hours.

[Contact email address](#)

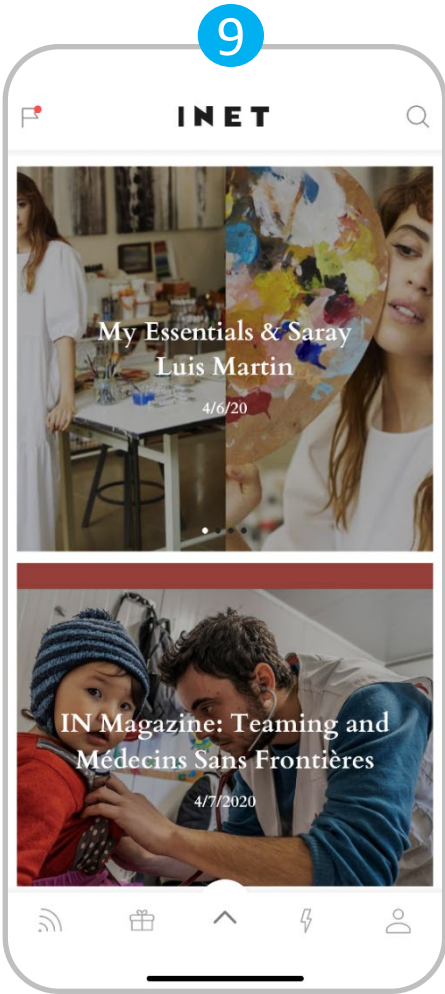
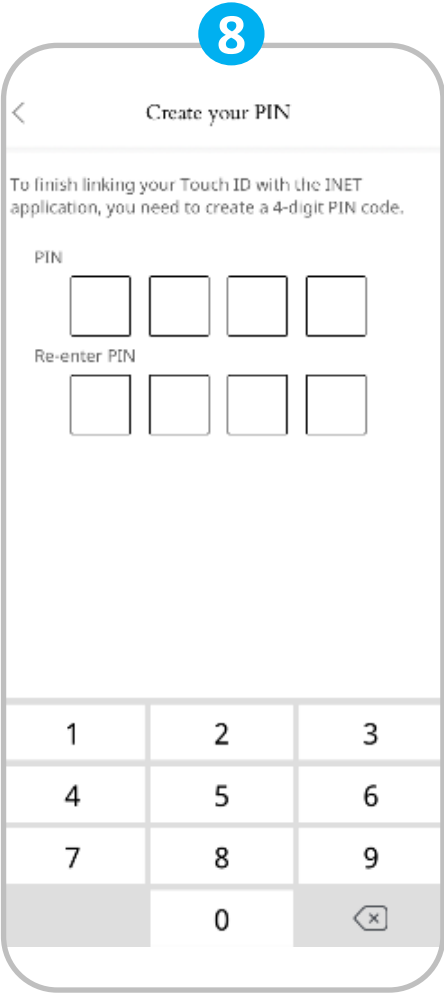
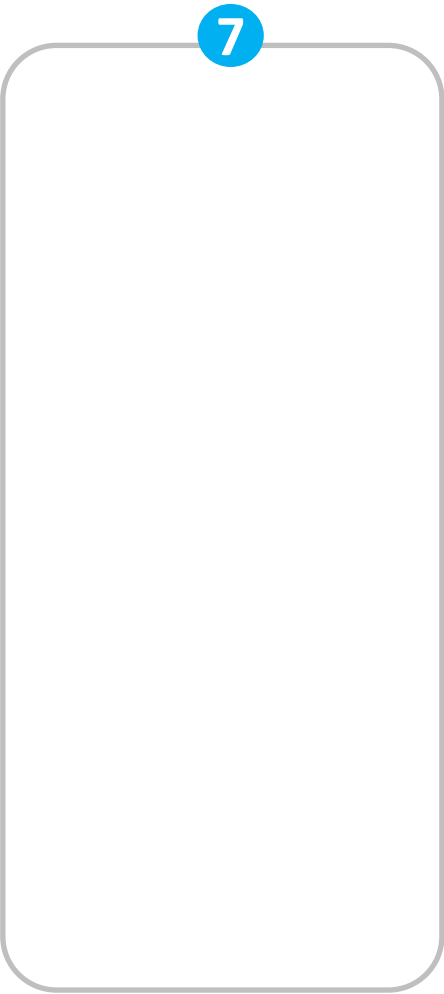
Select where you want to receive the activation code. To your email  or as a text message .

Now you can type in the activation code exactly how it was sent to you. 

Almost there!  enter a password that meets the credentials 

# STEP 3 : REGISTER FOR INET

INET **INSTRUCTIONS**



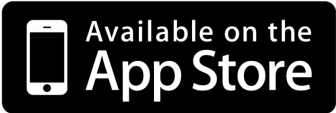
🎉 Congratulations! 🎊 you now have access to your INET account! 😊

Set up a 4 digit pin and you are all set! 🙌🙏🙇🙈🙉



# STEP 4: DOWNLOAD LEAPCO APPLICATION

Talent Management





# LEAPCO

## Talent management

1

### Welcome to Leap&Co

Inditex's Learning Tool

Here you'll find:



How to grow



How to improve

Learning Kit

All the support materials and videos to become an expert and develop your talent



2

Leap&Co is a development tool aimed at offering opportunities for development, and providing required training related to a position. Where used in relation to a desired change in your job position, it has no detrimental impact on your current role.

I have read and accept the [Terms and Conditions](#) and read and understood the information in the [Privacy Policy](#).

Log in with INET

Log in with email

[Recover INET password](#)

In order to log into LEAP, you will click in Log in with INET



LEAPCO

Talent management

3

< Log in with INET

Welcome to  
**INET**  
INDITEX

User

Password

☐ I have read and accept the [terms and conditions](#)

ACCEPT

I DON'T KNOW MY USERNAME | RECOVER PASSWORD



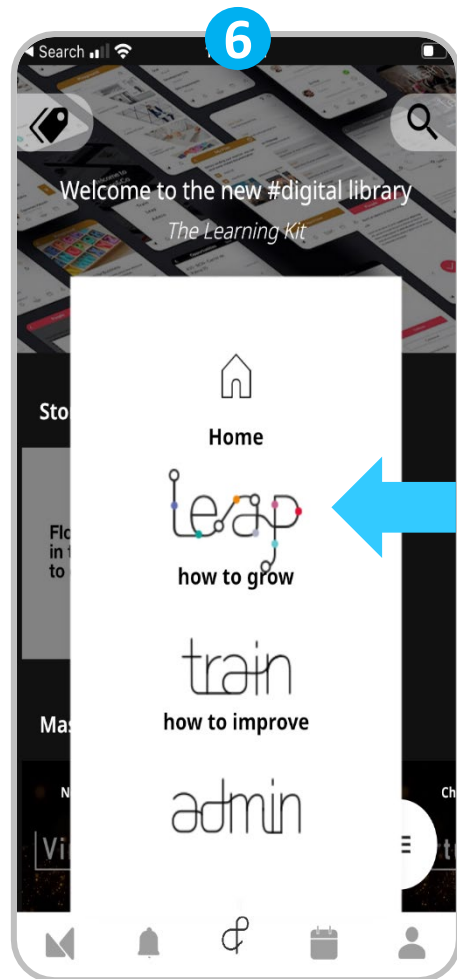
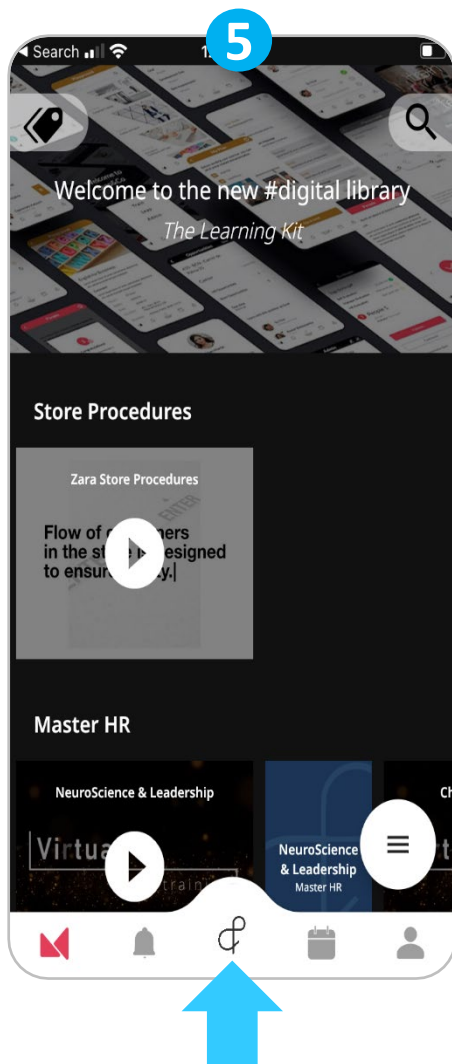
Use your INET credentials to log in and you're ready to LEAP!



# LEAPCO

## Talent management

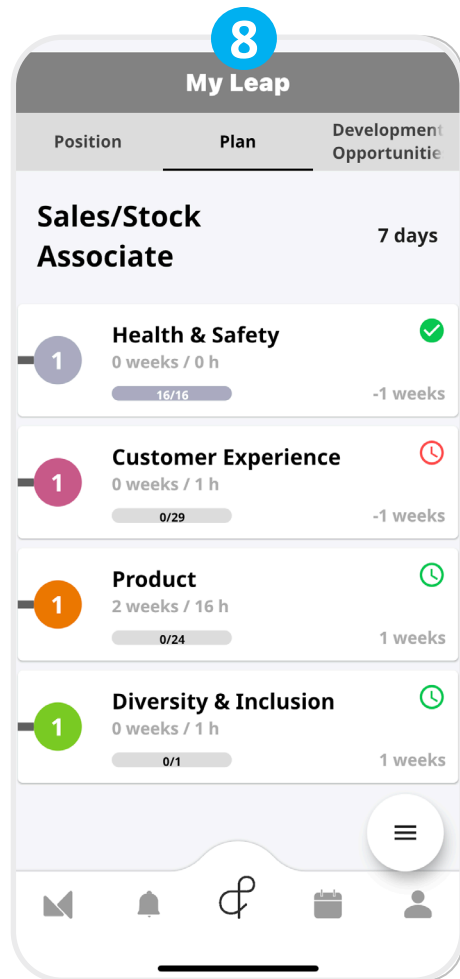
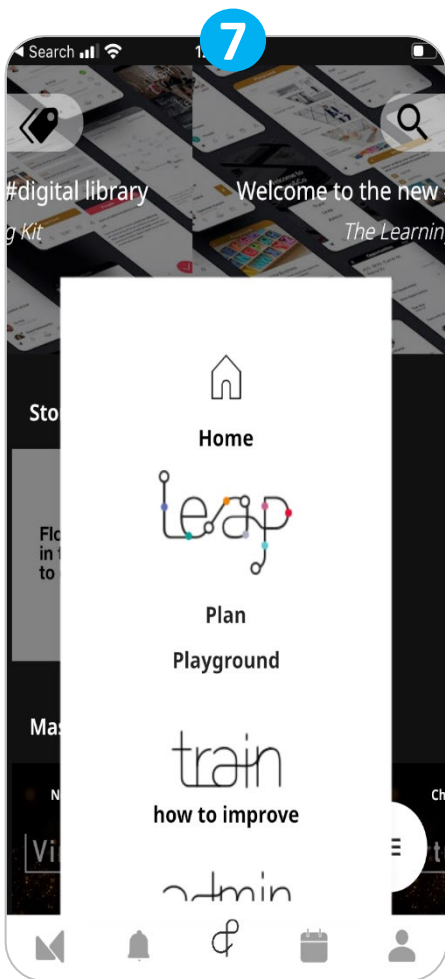
When you enter LEAP you will find yourself in the learning kit. This section includes materials you can use to learn more about store procedures, working with leap, development days, etc...



When you click on the LEAP logo (5) it will open up the menu. Click LEAP (6) to continue



LEAPCO  
Talent management



Select Plan (7) in order to access your Training Plan (8).

## STEP 5:

### New Hire Introduction Virtual Training



Your manager will be contacting you to discuss when you will join the New Hire Virtual Training Session. This paid training will be conducted virtually and will be four hours long.

After you and your manager confirm what date and time you will join the New Hire Virtual Training, you will download the Microsoft TEAMS app and join by clicking on the link via your smart device or scan the QR code:

[Click here to join the meeting](#)



1

First Time User? Then click on the “Register Here” button

Welcome to ADP Vantage HCM®

English (USA)

User Login Admin Login

Enter your user ID and password to Log In

adrianvfer \*\*\*\*\*

Log In

(Forgot Your User ID? If Forgot Your password?)

**First Time User?**  
Register Here Help Getting Started

Privacy Legal Requirements

Copyright © 2000-2015 ADP, LLC ALL RIGHTS RESERVED.

3

Enter the requested information:  
First and Last name, last 4 SSN , Birth month and day

ADP

Before you register, help us find you in our records.

Registration code\* inditexusa-zara1234 Start over

What is this?

ZARA INTERNATIONAL

First name\* ADRIAN

Last name\* VAZQUEZ TORRES

Last 4 Digits of SSN, EIN, or ITIN\* ●●●●

Type it again\* ●●●●

Birth month and day\* October / 10

Confirm

2

Enter registration code, inditexusa-zara1234 and click “Go”

ADP

Before you register, help us find you in our records.

Registration code\* inditexusa-zara1234 Go

What is this?

4

If the information is correct, you will get this pop up.  
Click on “Register Now”.

ADP

Before you register, help us find you in our records.

Registration code\* inditexusa-zara1234 Start over

What is this?

ZARA INTERNATIONAL

We found you!

We have found CARLOS VAZQUEZ TORRES in our records. If this is you, click Register Now to begin your registration. If this is not you, click Cancel and check your entries.

If your entries are correct, but your name is not being retrieved, close your browser. Contact your organization's administrator for assistance.

Cancel Register now

First name\* ADRIAN

Last name\* VAZQUEZ TO

Last 4 Digits of SSN, EIN, or ITIN\* ●●●●

Birth month and day\* October / 10

Confirm

5

Enter the information required in order to register in Vantage. The mandatory fields will show with an asterisk.

Register for ADP Services

Enter your contact information. \*Indicates fields that are mandatory.

Email address\*

Country code\*

Mobile phone number\*

☐ I authorize ADP to send me text messages regarding my account at the number I have provided, according to ADP's Text Messaging Terms and Conditions.

Create your user ID and password

First name\*

Last name\*

Country\*

What was the first foreign country you visited?

What is the first and last name of your father's father? (Your paternal grandfather)

Check availability

Password\*

Confirm password\*

By clicking on "I agree below and/or by accessing or using the site in any manner," you acknowledge that you have read and agree to be bound by these Terms and Conditions. If you do not agree to all of the terms, you are not authorized to use the site.

Read the Terms and Conditions shown below and then agree to the terms to complete your registration.

Question 1\*

6

Choose and answer the questions. If you ever lose your ID or password, the application will ask you to answer those questions in order to recover them.

In what city was your mother born? (Enter full name of city only)

Your answer\*

Question 2\*

Your answer\*

Question 3\*

Your answer\*

Terms and Conditions

Read the Terms and Conditions shown below and then agree to the terms to complete your registration.

TERMS AND CONDITIONS

BY CLICKING OR TAPPING ON I AGREE BELOW AND/OR BY ACCESSING OR USING THE SITE IN ANY MANNER, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO BE BOUND BY THESE TERMS AND CONDITIONS. If you do not agree to all of the terms, you are not authorized to use the site.

7

Scroll down to accept the Terms and Conditions.

Terms and Conditions

Read the Terms and Conditions shown below and then agree to the terms to complete your registration.

THE LAWS OF THE STATE OF NEW JERSEY, EXCLUDING ITS CONFLICTS OF LAWS RULES, REGARDLESS OF WHERE ANY ACTION MAY BE BROUGHT, YOU AGREE TO SUBMIT TO THE EXCLUSIVE JURISDICTION OF THE STATE AND FEDERAL COURTS OF THE STATE OF NEW JERSEY. NOTWITHSTANDING ANYTHING TO THE CONTRARY ABOVE, IF YOU AND YOUR EMPLOYER ARE LOCATED IN CANADA, THESE TERMS SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE PROVINCE OF ONTARIO, AND THE FEDERAL LAWS OF CANADA, APPLICABLE THEREIN, EXCLUDING ANY CONFLICTS OF LAWS RULES, REGARDLESS OF WHERE ANY ACTION MAY BE BROUGHT. YOU AGREE TO SUBMIT TO THE EXCLUSIVE JURISDICTION OF THE COURTS OF THE PROVINCE OF ONTARIO.

22. **THIRD PARTY BENEFICIARIES.** ADP's licensors and vendors shall be considered third party beneficiaries of these terms for purposes of Sections 13 and 14.

Revised July 1, 2014

☒ I have read and agree to the Terms and Conditions displayed above.

[Register now](#)

8

If everything is correct, you will get this screen with your User ID.

ADP

Your registration for ADP services is complete!

Things to do for your account

➔ **Add ADP Services**  
One or more ADP services require some information before you can use them. Click here now to provide your information.

➔ **Activate your email** [What is this?](#)  
ADP has sent you a confirmation message to [adrianvf@inditex.com](mailto:adrianvf@inditex.com). Respond to this message within 24 hours so we can activate your email address. Did not receive a confirmation message? Contact your organization's administrator for assistance.

✓ **Your user ID: adrianvf**

✓ **Your available ADP services**  
ADP Vantage HCM

9

You will be sent a link to activate your account

10

You will be sent a link to activate your account

From: SecurityServices\_NoReply@adp.com

To: Adrian Vazquez Fernandez

Cc: ADP Generated Message: Welcome to ADP services!

Subject: ADRIAN VAZQUEZ TORRES

Thank you for setting up your account with ADP. We look forward to providing you with the best service.

Your User ID: **adrianvfer**

To access an ADP service, click on a link below:  
ADP Vantage HCM: <https://testadpvantage.adp.com/public/index.htm>

To manage your account information, log in to your ADP service, and go to Preferences.

Need help or have questions about your account? Contact your organization's administrator for assistance.

This email has been sent from an automated system. DO NOT REPLY TO THIS EMAIL.

Message ID: UT-Z39-914-3HRHG1

From: SecurityServices\_NoReply@adp.com

To: Adrian Vazquez Torres

Cc: ADP Generated Message: Activate Your Email Address

Subject: ADRIAN VAZQUEZ TORRES

Click on this link to activate your email to receive notifications from ADP:  
<https://actadpvantage.adp.com/pages/first/login/activate?theme=base&activationCode=39716C3171D41D3C8AC379871948511>

As part of the services ADP provides to you, ADP will contact you by email when important changes occur to your account. If you forget your login information, ADP can even send your user ID and password to this email address if you activate. You have requested this notification service as part of your registration with ADP.

Need help or have questions about your account? Contact your organization's administrator for assistance.

This email has been sent from an automated system. DO NOT REPLY TO THIS EMAIL.

Message ID: UT-Z39-914-3HRHG1

11

Now you're registered in ADPVantage. To log in to the application, select User Login and enter your credentials.

ADP

Welcome to ADP Vantage HCM®

English (USA)

User LoginAdmin Login

Enter your user ID and password to Log In

adrianvfer

.....

Log In

(Forgot your User ID?)(Forgot your password?)

First Time User?

Register HereHelp Getting Started

PrivacyLegalRequirements

Copyright © 2000–2015 ADP, LLC. ALL RIGHTS RESERVED.

Once you have logged into the ADPVantage System, please review your information, including address, date of birth, Social Security number and taxation.