



EMPLOYEE DATA FORM

Date Completed: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married

Emergency Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Relationship: _____

Additional information which you would like included in your employee file (alternate address, additional phone numbers, additional emergency contacts, home fax, etc.)

The data requested on this form will be kept in your personnel file. It consists of information required to establish your basic record of employment. Please be assured that all information will be treated confidentially. If this information changes, please contact Human Resources to update your employee record.



EMPLOYMENT APPLICATION

Date Completed: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

How long at current address: _____

Cell Phone: _____ Home Phone: _____

Referred By (Name): _____

Position Applied For: _____ Desired Pay Rate: _____

Date Available to Start Work: _____

Are you legally permitted to live and work in the U.S. (circle)? YES NO

Are you at least 18 years old (circle)? YES NO

Have you been convicted of any crimes within the last five (5) years (circle)? YES NO

If you answered yes, please provide more details:

EDUCATION

School Name	Graduate YLN	<u>Subject Major Degree/Diploma</u>
-------------	--------------	-------------------------------------

High School	_____	_____
-------------	-------	-------

College	_____	_____
---------	-------	-------

Other	_____	_____
-------	-------	-------

Professional Designations *I* Date completed _____

EMPLOYMENT (Please list beginning with your most recent employer)

Employer Name: _____

Address: _____

Phone Number: _____ Dates Employed: _____ to _____

Supervisors Name & Title: _____

Position: _____ Pay Rate: _____

Duties Performed:

Reason For Leaving: _____

May we contact them: _____ Yes _____ No

Employer Name: _____

Address: _____

Phone Number: _____ Dates Employed: _____ to _____

Supervisors Name & Title: _____

Position: _____ Pay Rate: _____

Duties Performed:

Reason For Leaving: _____

May we contact them: _____ Yes _____ No

I understand that the information I provide in this application must be complete and accurate to the best of my knowledge. I realize that falsification and/or omission of information may jeopardize my employment now or in the future at Horizon Land Management and affiliates. I understand that this application is not an employment contract between Horizon Land Management and me. I further understand that if I am hired, either Horizon Land Management or I can terminate my employment at any time, with or without cause.

Signature: _____ Date: _____

It is the continuing policy of Horizon Land Management to offer equal employment opportunity to qualified individuals regardless of race, color, religion, sex, national origin, age, marital status, sexual preference or physical or mental disability, and to confirm to applicable laws and regulations.

EQUAL OPPORTUNITY EMPLOYER
Horizon Land Management
8433 Enterprise Circle, Suite 100
Lakewood Ranch, FL 34202



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)										
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code								
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number									
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> <p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)</p> <p>If you check Item Number 4., enter one of these:</p> <table border="1"><tr><td>USCIS A-Number</td><td>OR</td><td>Form I-94 Admission Number</td><td>OR</td><td>Foreign Passport Number and Country of Issuance</td></tr></table>								USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance			
								USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance			
								Signature of Employee				Today's Date (mm/dd/yyyy)			
								If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.							
Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.															

List A		OR	List B	AND	List C	
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		Additional Information				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.						
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):	
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2023**Step 1:****Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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, other details, 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) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:**Claim
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3

\$

**Step 4
(optional):****Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a)

\$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b)

\$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(c)

\$

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)

Employee Direct Deposit Banking Authorization Form

RUN Powered by ADP®



A more human resource.

This form can be filled out online and printed.*
Please complete all fields.

Company Information

Company Name: _____ Date: _____

Employee Information Authorization

Important! Please read and sign before completing and submitting.

I hereby voluntarily authorize the Company named above (hereafter "Employer"), either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. To the extent permitted by law, in the event that Employer or its payroll service provider deposits funds erroneously into my account (s), I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

To the extent permitted by law, I understand that I have the right to refuse consent or revoke authorization of direct deposit at any time without fear of retaliation, and I have the right to receive any payment owed to me by other means. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and manner as to afford Employer and Bank reasonable opportunity to act on it.

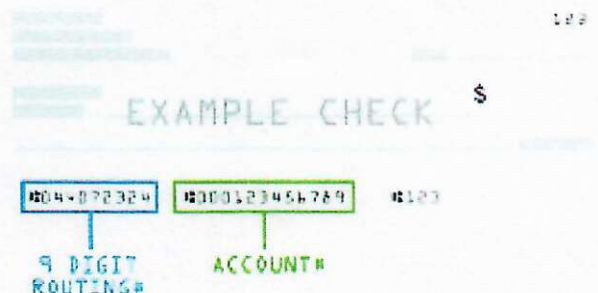
Legal Name: _____
(Last Name, First Name, Middle Initial)

Signature: _____ Date: _____

Deposit/Account Information

For a checking account, attach a voided check, not a deposit slip. If you don't have a check, ask your bank to give you the Routing Number (the nine-digit American Bankers Association (ABA) number that identifies both the Company's bank and the Federal Reserve Bank) for your account.

Note: If you have a paycard, set it up as a checking account, not a savings account. Contact the paycard issuer for the account number/routing number information.



Employee Direct Deposit Banking Authorization Form

RUN Powered by ADP®

1. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Full Net Amount

2. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Full Net Amount

3. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Full Net Amount

4. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Full Net Amount

Take advantage of Employee Access® in RUN Powered by ADP® to let your employees manage their own direct deposits.

***Attention Payroll Contact:** Employers must keep each original Employee Direct Deposit Banking Authorization form on file as long as the employee is using direct deposit, and for two years thereafter. Employers may be subject to certain federal and state direct deposit notice, authorization and record retention requirements. Please review your applicable federal, state and local laws. This form is provided for convenience only and is not meant and should not be construed as legal, HR, financial, insurance, tax or accounting advice. You should consult with your own legal counsel, human resource, accounting or other professional advisor for circumstances pertaining to your business.



6310 Capital Drive, Suite 130
Lakewood Ranch, Florida 34202

**Horizon Land Management Employee Handbook Amendment
RE: Weapons Policy**

Possession of Firearms on Company Property

Ensuring a safe work environment and the prevention of workplace violence is of paramount importance to our company. Weapons inside the workplace pose a potential threat to the safety and security of our employees, and firearms of any type are strictly prohibited at all times inside company facilities, or while you are engaged in the work or business of the company, whether on-site or off-site.

The carrying of a firearm of any kind while inside a company building or leased space, on company property, inside a company-owned vehicle, or while conducting company business, on or offsite, is strictly prohibited, is a violation of company policy, and will subject an employee to discipline, up to and including termination.

Reporting Weapons

Any employee who is aware of a weapon of any type or form within the building or that an employee has a weapon in their possession while engaging in company business off-site, has an obligation to report this information immediately to his/her supervisor, Human Resources, or the President of HLM.

Other Weapons

To further ensure a safe working environment, weapons of any type, including, but not limited to, knives with a 3 inch blade or longer, fighting weapons i.e. nunchuks, daggers, etc., brass knuckles and stun guns are strictly prohibited inside a company building or leased office space, on company property, inside a company-owned vehicle, or while conducting company business, on or offsite, is strictly prohibited and is considered an intolerable offense, subject to discipline, up to and including termination.

Accepted by:

Print Name

Signature

Date



8433 Enterprise Circle Suite 100
Lakewood Ranch, Florida 34202

Distracted Driving Policy

At Horizon Land Management, we deeply value the safety and wellbeing of all employees and are committed to ensuring a safe working environment. With the proliferation of electronic device and in-vehicle infotainment system use while driving, coupled with the myths surrounding a person's ability to multitask, we enforce the following distracted driving policy:

Hands-free is not risk free. The science is crystal clear on this fact and numerous studies have demonstrated that the use of handheld and hands-free devices while driving pose a significant safety risk to motorists, their passengers, and others on the road.

Horizon Land Management employees shall:

- Not use handheld or hands-free mobile electronic devices or voice features in vehicles while operating the motor vehicle
- Turn on the "Do Not Disturb" feature on smartphones and other mobile devices. If the feature is not available, turn off or silence mobile devices to prevent distractions.
- Pull over to a safe place out of traffic lanes and put the vehicle in "Park" if a call or text must be made.
- Inform clients, associates, and business partners of this company policy to explain why calls, texts or emails may not be returned immediately.
- Program any global positioning systems (GPS), music devices, or dashboard/voice infotainment system prior to departing. If adjustments are needed while driving, pull over to a safe place out of traffic lanes and put the vehicle in "Park" to make the appropriate adjustment.

Electronic distractions are only one type of distraction. Drivers should also refrain from eating, drinking, reading and other activities that may divert attention away from the task of driving.

Horizon Land Management is committed to keeping our workers safe and holding our employees to the highest standard of safety. This is so important that violations to this policy may result in disciplinary action, up to and including termination.

Your signature below certifies your agreement to comply with this policy.

Employee Signature

Date

Printed Name



8433 Enterprise Circle Suite 100
Lakewood Ranch, Florida 34202

EMPLOYEE ACKNOWLEDGEMENT FORM

The employee handbook describes important information about **HORIZON LAND MANAGEMENT**, and I understand that I should consult with the Owner regarding any questions I have about this handbook and/or any policies in it.

I have entered into my employment relationship with **HORIZON LAND MANAGEMENT** voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or **HORIZON LAND MANAGEMENT** can terminate the relationship at will, with or without cause or reason, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described herein are necessarily subject to change, I acknowledge that revisions to the manual may occur, except to **HORIZON LAND MANAGEMENT** policy of employment-at-will. I acknowledge that **HORIZON LAND MANAGEMENT** may revise, supplement, or rescind any policies, procedures or portions of the manual at any time as it deems appropriate in its sole and absolute discretion, without prior notice to employees.

In addition, I acknowledge that I have read and understand **HORIZON LAND MANAGEMENT'S** policy governing sexual and other forms of unlawful harassment and I am aware of the procedure for reporting and investigating any claims of harassment.

I acknowledge that this manual is not a contract of employment, is not a legal document, and does not in any way limit **HORIZON LAND MANAGEMENT'S** right to terminate my employment at any time for any or no reason, so long as there is no violation of applicable federal or state law. I have received the manual, and I understand that it is my responsibility to read and comply with the policies continued in this manual and any revisions made to it.

MEDIATION

Employee agrees to mediation for any issues related to their employment and **HORIZON LAND MANAGEMENT** and the employee agrees to work with the mediator to come to a mutually agreed upon resolution.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (Printed)