

# Ranger Land Systems, Inc.

*A Defense Services Company*

## Emergency Contact Information

Employee Name: (Last, First, MI) \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone No: (Work) \_\_\_\_\_

(Home) \_\_\_\_\_

(Alternate) \_\_\_\_\_

### **PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, INJURY, DEATH:**

Name: (Last, First, MI) \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone No: (Work) \_\_\_\_\_

(Home) \_\_\_\_\_

(Alternate) \_\_\_\_\_

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

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

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## Consent Form

### Outstanding Debts to Ranger

I hereby authorize Ranger to deduct from my final wages, any outstanding charges owed by me to Ranger, including but not limited to direct deposit reimbursements previously paid but not yet accrued, hotel/apartment leases, or damage to hotel/apartment rooms, hotel/motel, rental car, uniforms, and computer, loan, tuition reimbursement, signature loan.  
Initials: \_\_\_\_\_

### New Hire, Injury and Random Drug Testing Consent Form

As a condition for my application being considered for employment with Ranger Land Systems, Inc., in the event of a work related injury and/or as a result of random testing, I understand and agree to undergo substance screening. I understand that if my test results are not negative, I shall not be considered for further employment by Ranger Land Systems, Inc. I hereby authorize any physician, laboratory, hospital or medical professional retained by Ranger Land Systems, Inc. for screening and testing to conduct such screening and to provide the results to Ranger. I release any person affiliated with Ranger and any such institution or person conducting, reviewing or storing the screening, from liability thereof.  
Initials: \_\_\_\_\_

### Employee Manual Acknowledgement

I hereby acknowledge that I have received a copy of the Ranger Land Systems, Inc. Policies, and Procedures Manual. I further acknowledge that I have read the contents of the manual and will contact my department head if I have any questions. If for any reason, my employment with Ranger Land Systems, Inc. is terminated, this Employee Manual will be returned to Ranger Land Systems, Inc. (or deleted if stored electronically). I understand that Ranger Land Systems, Inc. reserves the right to interpret, change, modify, or rescind any portion of this handbook with or without notice. I understand that the employee benefits, personnel policies, and rules in this manual will remain in effect until changes become necessary. Employment at Ranger Land Systems, Inc. is "employment-at will." Accordingly, this Manual is not intended to be a contract of employment, a warranty of benefits or a limitation on Ranger Land Systems, Inc.'s ability to terminate employees. I agree to abide by the policies and procedures in the Ranger Land Systems, Inc. employee handbook. I further certify that I will comply with Ranger's Code of Ethics and time sheet reporting requirements in accordance with Ranger Policies and Procedures. Initials: \_\_\_\_\_

### Benefit Election

As an employee of Ranger Land Systems, Inc. your benefits include a company paid health and dental package from BlueCross BlueShield of Alabama and Life, Accidental Death & Dismemberment (AD&D), Long and Short term disability from American General Life Insurance. Information will be sent to you upon your acceptance of this offer and your application submissions. If you decline this offer, you will not be able to enroll in our company medical and dental benefits until our next open enrollment month of February of each year. Life, AD&D, and Long and Short Term disability will not be available without Evidence of Insurability after the decline of this offer. Your benefits will begin on the first day of the month following your hire date. Initials: \_\_\_\_\_

### ***BENEFIT AUTHORIZATION AND ACKNOWLEDGEMENT***

#### **HEALTH & DENTAL**

**BlueCross Blue Shield of Alabama**

#### **LIFE, AD&D, LONG AND SHORT TERM DISABILITY**

**American General**

1. Accept Benefits No Cost Initials: \_\_\_\_\_ Decline **No Cost** Benefits Initials: \_\_\_\_\_

2. Add Family Coverage \$310.37/ **Per Pay Period** (bi weekly) (**Medical and Dental only**)

Initials: \_\_\_\_\_ I hereby certify that I have read the above statements and understand them completely.

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

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## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Ranger Land Systems, Incorporated, herein after called "Ranger," to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my (our) account indicated at the financial institution named below, hereinafter called the DEPOSITORY, to credit and/or debit the same to such account. You may have money divided between up to three accounts.

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Employee Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_

### Account One:

Checking \_\_\_\_\_ Percent     Savings \_\_\_\_\_ Percent     Use this Account for Travel/Per Diem

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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### Account Two:

Checking \_\_\_\_\_ Percent     Savings \_\_\_\_\_ Percent     Use this Account for Travel/Per Diem

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until RANGER has received written confirmation from me (or either of us) of its termination in such time and in such manner as to afford RANGER and the DEPOSITORY a reasonable opportunity to act on it.

NOTE: Authorizations may be terminated or changed only upon written notification received by Ranger Land Systems, Inc. no later than thirty (30) days prior to such change taking effect.

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

**PROVIDE VOIDED CHECK OR DEPOSIT SLIP**

# Ranger Land Systems, Inc.

**SUBJECT:** New Hire Forms

**DATE:** 12 December 2010

**REFERENCE:** Affirmative Action Voluntary Self Identification Form

**REVISION DATE:**

**NEW HIRE FORM NUMBER:** 08

**PAGE:** 3 of 4

## Affirmative Action: Voluntary Self Identification Form

Ranger Land Systems, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. (Refer to page 2 for Identification Category Descriptions.) Thank you for your cooperation.

**Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check all that apply**

### Race or Ethnic Identity

Hispanic or Latino

White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

Native Hawaiian or Pacific Islander (not Hispanic or Latino)

Asian (not Hispanic or Latino)

American Indian or Alaskan Native (not Hispanic or Latino)

Two or More Races (not Hispanic or Latino)

### Gender

Male

Female

### Veteran Status

Vietnam Era Veteran

Other Protected Veteran

Recently Separated Veteran

Armed Forces Service Medal Veterans

**I do not wish to Self-Identify**

**Signature:**

\_\_\_\_\_

**How did you hear of our opening?** Current Employee   Ranger Land Systems Website   Internet Job Site   Other -

Explain Below:

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**PAGE:** 4 of 4

## EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

### **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 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.

### **Two or More Races (Not Hispanic or Latino)**

All persons who identify with more than one of the above five races.

### **Veteran of the Vietnam-Era**

Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

### **Other Protected Veteran**

Includes any veteran who served on active duty in the U.S. military, ground, navel or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

### **Recently Separated Veteran**

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

### **Armed Forces Service Medal Veteran**

Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.