

**International Longshoremen's Association
Local # 2078**



ILA Local #2078 Employee Information Form

All dates must be in... "mm/dd/yyyy" format.

First Name _____ Last Name _____ Middle Initial _____

DOB _____ SSN _____ Phone _____

Address _____ Apt _____

City _____ State _____ Zip _____

Gender: _____ Male _____ Female _____ Married _____ Single _____ Dependents _____

Race: _____ White _____ Black _____ Hispanic _____ Asian _____ Indian _____ Other _____

Email: _____

Driver's License#: _____ Exp. Date _____

Emergency Contact Name _____

Emergency Contact Number: _____

Signature: _____ Date: _____

By signing this form, I certify the above information to be accurate and complete.

PLEASE NOTE: This form must be completed, legibly, and signed by the worker before any Worker number can be created and distributed by ILA Local # 2078

SERVICE CHARGE AUTHORIZATION

I hereby authorize and direct my employer to deduct 5% from my gross wages each week as a service charge to IIA LOCAL # 2078 remit such amount to such local union.

The Service charges authorized herein are irrespective of my membership or non-membership in the Manatee local union 2078.

This authorization shall be irrevocable for a period of one year from the date hereof or until the expiration of the current collective bargaining agreement. Whichever occurs first, at which time it may be revoked by written notice given by me at any time during a period often days prior to the expiration of the one – year period or the current agreement. Whichever occurs first. If no such notice is given, this Authorization shall be irrevocable for successive periods of one year thereafter, with the privilege of revocation at the end of each such period.

Dated _____

Signature _____

SSN: _____

Print Name _____

SERVICE CHARGE AUTHORIZATION

I hereby authorize and direct my employer to deduct from my wages each week the sum of NINE TENTHS OF ONE PERCENT (9/10 OF 1%) OF MY STRAIGHT TIME HOURLY RATE FOR EACH PAID SERVICE as a service charge to IIA LOCAL # 2078 remit such amount to such local union.

The Service charges authorized herein are irrespective of my membership or non-membership in the Manatee local union 2078.

This authorization shall be irrevocable for a period of one year from the date hereon or until the expiration of the current collective bargaining agreement. Whichever occurs first, at which time it may be revoked by written notice given by me at any time during a period often days prior to the expiration of the one – year period or the current agreement. Whichever occurs first. If no such notice is given, this Authorization shall be irrevocable for successive periods of one year thereafter with the privilege of revocation at the end of each such period.

Dated _____

Signature _____

SSN: _____

Print Name _____

Gulf Stevedoring Services, LLC

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize Gulf Stevedoring Services, LLC - Manatee to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below at the depository named below (referred to as "Depository"), to credit and/or debit the same to such account:

Depository Name and Acct # :
Check One : <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop
City :
Bank Transit Number :
Type : Checking Saving

Depository Name and Acct # :
Check One : <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop
City :
Bank Transit Number :
Type : Checking Saving

This authorization is to remain in full force and effect until West Gulf Maritime Association receives written notification from me on its termination in such time and in such manner as to afford WGMA and the Depository a reasonable time to act on it.

Signature: _____ Date: _____

NOTE: You must attach a voided check (for checking accounts) or a savings account deposit slip (for savings accounts) to validate account information.

To return by facsimile; Send to (855) 715-1717



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>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<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 (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____						
If you check Item Number 4. , enter one of these:						
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			Driver's License		Social Security Card
Issuing Authority			State of Florida		Social Security Administration
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)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					

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.		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative Roundtree, Howard - President / Business Agent ILA Local # 2078		Signature of Employer or Authorized Representative <i>x Howard Roundtree</i>
		Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name Gulf Stevedoring Services		Employer's Business or Organization Address, City or Town, State, ZIP Code 200 DelMonte Way Palmetto, FL 34221	
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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.

2024

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 Gulf Stevedoring Services 200 DelMonte Way Palmetto, FL 34221	First date of employment	Employer identification number (EIN)
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Del Monte Fresh Produce Food Safety Policy

To better serve our customers, DMFP Port Manatee has implemented a number of Food Safety Policies and Procedures. All visitors, including drivers, must read and agree to the following policies.

FOOD SAFETY POLICIES:

1. All visitors must wear ID badges and safety vest at all times while on the premises and inside the warehouse
2. No open toed shoes or sandals allowed in the warehouse.
3. Smoking and/or vaping is only allowed in designated areas.
4. Drivers must remain in designated areas while truck is loading.
5. No food or drinks are permitted in the warehouse including chewing gum or smoke-free tobacco.
6. Drivers are not allowed in warehouse storage rooms.
7. No glass containers are permitted inside the warehouse or loading areas.
8. All visitors / drivers with boils, sore, open wounds or exhibiting signs of foodborne illnesses must notify management.
9. No pets allowed at any time.
10. No urinating in the warehouse.
11. Trucks must be pre-cooled prior loading.

I have read, understand and agree to adhere to all of the above policies.

Name

Date

PAYROLL DEDUCTION AUTHORIZATION

In accordance with SeaPort Manatee's Tariff Item 267 (attached), I _____
authorize Gulf Stevedoring Services, LLC to automatically deduct the following amounts from
my paycheck in the event that I am ticketed for any of the following infractions, resulting in a
monetary penalty imposed by the SeaPort and paid by Gulf Stevedoring:

1. Traffic Violations – including speeding, running stop signs, passing in no passing zones,
driving privately owned vehicles on berths, and failure to properly top or secure a load.
2. Parking Violations – including parking in unauthorized areas, impeding the flow of traffic,
obstructing fire lanes, and parking on a berth without authorization.
3. TWIC Violations – including non-TWIC holders found unescorted in a secure area and
failure to produce a valid TWIC upon request.

_____ (initial here) \$50 for the first ticketed offense within a 12-month period

_____ (initial here) \$100 for the second ticketed offense within a 12-month period

_____ (initial here) \$150 for the third ticketed offense within a 12-month period

_____ (initial here) Double the above amounts for any violations that occur within designated
restricted areas

The above amounts correspond with the monetary penalties imposed by the SeaPort and paid
by Gulf Stevedoring as a result of individuals' violations. Deductions from your pay may be
spread out over more than one pay period to avoid bringing your pay in any pay period below
minimum wage. You will be notified in advance of any deductions related to a violation, and a
copy of the violation at issue will be provided to you by Gulf Stevedoring at your request.

Employee Name (print) _____

Employee ID or SS# _____

Employee Signature _____ Date _____

SECTION TWO

RULES AND REGULATIONS

ITEM	SUBJECT	APPLICATION
<p>267 ■</p>	<p>Safety and Security Violations</p>	<p>SeaPort Manatee is subject to the Maritime Transportation Security Act, Florida State Seaport Security Standards, and federal, state, and local safety regulations. SeaPort Manatee issues leases, licenses, and permits to private entities permitting them to conduct business on the Port in accordance with the provisions of the Port's U.S. Coast Guard approved Facility Security Plan and regulations published in Port Manatee Tariff No. 3. Tenant operators and license and permit holders are expected to ensure that all employees comply with the safety and security requirements outlined in the tariff, Facility Security Plan, and the associated federal, state, and local regulations. To ensure compliance with these requirements, Port tenants and license and permit holders will be assessed a penalty for employee infractions as follows:</p> <ol style="list-style-type: none"> 1. Traffic Violations - including speeding, running stop signs, passing in no passing zones, driving privately owned vehicles on berths, and failure to properly top or secure a load. 2. Parking Violations - including parking in unauthorized areas, impeding the flow of traffic, obstructing fire lanes, and parking on a berth without authorization. 3. TWIC Violations - including non-TWIC holders found unescorted in a secure area and failure to produce a valid TWIC upon request. <p>Violations of the above infractions will result in a monetary penalty of \$50 for the first offense, \$100 for the second offense, and \$150 for the third offense within a 12-month period. Subsequent violations may result in the suspension or revocation of the individual's Port driving privileges or port entry denial. Violations which occur within designated restricted areas will be doubled.</p> <p>Violations of Federal TWIC requirements may be subject to a civil penalty under U.S. Coast Guard regulations. Port tenants and license and permit holders will be responsible to repay the Port Authority all civil penalties resulting from violations of their employees or any individual they have assumed escort responsibility for. Assessment will be the actual amount of any civil penalty levied plus a 10% administration fee.</p> <p>A copy of each violation will be forwarded to the tenant employee or license and permit holder for each offense. Individuals who are not associated with a tenant or license and permit holder will be required to pay all assessed penalties prior to having credentials authorized for access.</p> <p>Anyone desiring to dispute or appeal a violation should request a meeting with the Director of Public Safety and Security within 30 days of the infraction to review the violation.</p>

Issued: 12/14/23

Effective: 01/01/24

■ Addition

Issued by: Manatee County Port Authority