

International Longshoremen's Association

ILA Local 2078 | 4921 Broadway Ave, Tampa, FL | (813) 807-7006

Employee Information Form

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

FIRST NAME

M.I.

LAST NAME

DATE OF BIRTH (mm/dd/yyyy)

SOCIAL SECURITY NUMBER

PHONE

STREET ADDRESS

APT

CITY

STATE

ZIP CODE

EMAIL

DRIVER'S LICENSE #

LICENSE EXP. DATE

Gender: ☐ Male ☐ Female

Status: ☐ Married ☐ Single ☐ Dependents

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

EMERGENCY CONTACT

NAME

PHONE NUMBER

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

DATE

SIGNATURE

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.

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Service Charge Authorization

AUTHORIZATION A - 5% of Gross Wages

I hereby authorize and direct my employer to deduct 5% from my gross wages each week as a service charge to ILA Local #2078 and 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 of ten 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

SSN

SIGNATURE

PRINT FIRST NAME

PRINT LAST NAME

AUTHORIZATION B - 2% of Straight Time Hourly Rate

I hereby authorize and direct my employer to deduct from my wages each week the sum of 2% of my straight time hourly rate for each paid service as a service charge to ILA Local #2078 and 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 of ten 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

SSN

SIGNATURE

PRINT FIRST NAME

PRINT LAST NAME

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Authorization Agreement for Automatic Deposits

Gulf Stevedoring Services, LLC

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:

PRIMARY ACCOUNT

DEPOSITORY NAME AND ACCOUNT #

Check one: ☐ New ☐ Change ☐ Stop

Type: ☐ Checking ☐ Savings

CITY

BANK TRANSIT (ROUTING) NUMBER

SECOND ACCOUNT (optional)

DEPOSITORY NAME AND ACCOUNT #

Check one: ☐ New ☐ Change ☐ Stop

Type: ☐ Checking ☐ Savings

CITY

BANK TRANSIT (ROUTING) NUMBER

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

DATE

SIGNATURE

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.

DIRECT DEPOSIT IS REQUIRED

Direct deposit is the only type of payroll supported by ILA Local 2078 and its employers.

Paper paychecks are not available. When you turn in your application, you must bring a VOIDED CHECK or a DIRECT DEPOSIT FORM FROM YOUR BANK showing your bank name, account number, and routing number.



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047

Expires 05/31/2027

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						
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.											
Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): ☐ 1. A citizen of the United States ☐ 2. A noncitizen national of the United States (See Instructions.) ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.) ☐ 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: <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			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)					
☐ 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					Signature of Employer or Authorized Representative
Michael Newton / Business Agent ILA Local # 2078					X Michael Newton
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		
Gulf Stevedoring Services			200 BelMonte Way Palmetto, FL 34221		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Form **W-4**Department of the Treasury
Internal Revenue Service**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

2026**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) ☐ Single or Married filing separately ☐ Married filing jointly or Qualifying surviving spouse ☐ 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
employmentEmployer identification
number (EIN)

Del Monte Fresh Produce Food Safety Policy

DMFP Port Manatee

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 vests 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 the 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, sores, open wounds, or exhibiting signs of food-borne illness must notify management.
- 9.** No pets allowed at any time.
- 10.** No urinating in the warehouse.
- 11.** Trucks must be pre-cooled prior to loading.

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

FIRST NAME

LAST NAME

DATE

SIGNATURE

Logistec Terminals

Port Manatee, Florida

On Boarding Form

Date:

Name:

Email Address