



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
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.):				
		<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					
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.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
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Employer's Business or Organization Name Ivy Lane Corporation	Employer's Business or Organization Address, City or Town, State, ZIP Code 1001 Grand Ave., West Des Moines, IA 50265
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For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

UNIFORM ORDERING FORM

Employee Name _____ GR _____

Shirt Size _____ **shirts will be ordered in a long length unless noted**

Sleeve Length: _____ short sleeve _____ long sleeve

FT employees receive total of 11

PT employees receive total of 7

Jacket Size _____ (please note if the jacket needs to be a long)

Pants Size- _____ Waist _____ Length

Shorts Size _____ Waist (*weather permitting*)

Employee Signature _____

AM Signature _____

Please fax completed form to Rebecca at 515-329-9565 or Jacque at 773-326-1660

SAFETY MEETS COMFORT

SHOES FOR CREWS
PROUD PARTNERS IN SAFETY



PISTON LOW
Soft Toe

69202 Unisex | Black
Medium 4.5-12,13,14,15,16
Wide 4.5-12,13,14,15,16
Women's sizing: Place order using men's sizes.
Order 1/2 sizes smaller than your normal shoe size.

Your Price
\$55.98
RETAIL \$79.98



PISTON MID
Soft Toe

67301 Unisex | Black
Medium 4.5-12,13,14,15,16
Wide 4.5-12,13,14,15,16
Women's sizing: Place order using men's sizes.
Order 1/2 sizes smaller than your normal shoe size.

YOUR PRICE
\$60.98
RETAIL \$84.98



ROWAN
Soft Toe

60435 Men's | Black
Medium 7-12,13,14,15,16
Wide 8-12,13,14,15,16

Your Price
\$51.98
RETAIL \$74.98



OLD SCHOOL LOW-RIDER IV
Soft Toe

36111 Unisex | Black
Medium 3.5-12,13
Wide 5-11,12,13,14
Women's sizing: Place order using men's sizes.
Order 1/2 sizes smaller than your normal shoe size.

Your Price
\$44.98
RETAIL \$59.98



CATER II
Soft Toe

41526 Men's | Black
Medium 7-12,13,14

Your Price
\$47.68
RETAIL \$62.98



GEO
Soft Toe

22123 Men's | Black
Medium 7-12,13,14

Your Price
\$67.48
RETAIL \$84.98



EVOLUTION II
Soft Toe

21211 Men's | Black
Medium 7-12,13,14,15,16
Wide 8-12,13,14,15,16
Sizing: Order 1/2 size smaller than normal size.

Your Price
\$52.18
RETAIL \$72.98



RAE
Soft Toe

67730 Women's | Black
Medium 5-10,11

Your Price
\$51.98
RETAIL \$69.98



REVOLUTION II
Soft Toe

29167 Women's | Black
Medium 4.5-10,11
Wide 6.5-10,11
Sizing: Order 1/2 size smaller than normal size.

YOUR PRICE
\$52.18
RETAIL \$72.98



CADE
Soft Toe

67718 Men's | Black
Medium 7-12,13,14,15,16
Wide 8-12,13,14,15,16

Your Price
\$51.98
RETAIL \$69.98



CATER II
Soft Toe

49781 Women's | Black
Medium 5-10,11

Your Price
\$47.68
RETAIL \$62.98



PISTON MID AT
Aluminum Toe

71063 Men's | Black
Medium 7-12,13,14
Wide 7-12,13,14,15,16

Your Price
\$70.98
RETAIL \$89.98



SEE YOUR MANAGER TO PLACE AN ORDER TODAY!
60-DAY SATISFACTION GUARANTEE/FAST FREE EXCHANGES

**IVY LANE CORPORATION
VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION
Shoes for Crews Purchase Program**

Choice 1- Style # _____ Size and Width _____

Choice 2- Style # _____ Size and Width _____

Employee Name _____ Store # _____

Shoe Cost \$ _____

Shipping \$ 7.98

\$25 credit for new hires **only** \$ _____

TOTAL DUE \$ _____

I, _____, authorize Ivy Lane Corporation to deduct from my net pay in two equal payments up to a minimum of \$ _____ (total from above).

I acknowledge that this deduction is for purchase of safety work shoes from the Shoes for Crews program.

Should I leave the employment of Ivy Lane Corporation before the full amount had been paid in full I authorize Ivy Lane Corporation to deduct the remaining balance due from my final pay check. If there remains an outstanding balance after payroll deduction I authorize and guarantee that I will make full payment to Ivy Lane Corporation within 21 days of my final day of employment.

(Signature of Employee)

(Date)

My signature is authorization by me for Ivy Lane Corporation to deduct the amount listed above as payroll deduction to reimburse Ivy Lane Corp. for this purchase.

(Signature of Supervisor)

(Date)

My signature is authorization by me for Ivy Lane Corporation to deduct the amount listed above as payroll deduction to reimburse Ivy Lane Corp. for this purchase.

Send this completed form to rpappalardo@ivylanecorp.com

Store Manager should allow the employee to complete their signature line personally. No other person should electronically sign this document. You must verify by entering your name on the Supervisor signature line.

Direct Deposit Authorization

Account Information

A voided check and/or a letter from your financial institution, which includes the ACH Routing Number and your Bank Account Number, should be included with your request for each account to be set up.

I authorize ADP to electronically deposit to the accounts below:

Account #1

Add Change Checking Savings

Pay allocation for this account: Fixed Amount \$ Percentage of Pay:

Bank Name:

ACH Routing Number:

Bank Account Number:

Account #2

Add Change Checking Savings

Pay allocation for this account: Fixed Amount \$ Percentage of Pay:

Bank Name:

ACH Routing Number:

Bank Account Number:

Please ensure that percentages of pay add up to 100%

Payroll Debit Card Enrollment

If you elect this option you will be enrolled in the Payroll Debit Card program. You will receive your card in about 10 business days. You will receive instructions with the card on how to activate it. Once activated, your paycheck will be deposited to this card in the increments that you chose.

Sign me up for a Payroll Debit Card

Changes in banks or banking account information will require immediate notification to the Human Resource Dept. and will result in a live check being received. I agree that in the event that ADP erroneously deposits money into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous deposit. Should the funds no longer be in my account and these funds were not rightfully mine, I agree to return the amount of the erroneous deposit in full, upon demand. By signing this form, I agree to all the conditions and fees imposed by the bank for all actions and exceptions noted above.

Employee Signature

Date

Print Name

Social Security Number

Summary of Benefits for Full-Time Employees

Plan Year

1/1/2024 to 12/31/2024

Welcome! This information will help you become familiar with the excellent benefit package we offer to full-time employee.

Group Insurance Benefits: Regular full-time employees working thirty hours per week or more become eligible to participate in our health and welfare benefit plans on the first of the month following sixty (60) days of employment.

MEDICAL INSURANCE: We offer various medical plan options through Wellmark Blue Cross Blue Shield. All rates shown below are bi-weekly. Benefit deductions are taken on the first two pay checks of each month.

Plan 1. Wellmark - \$2,000 Single Deductible, \$4,000 Family Deductible

\$25 Copayment

Single	\$160.64
Employee/Spouse	\$417.65
Employee/Child(ren)	\$367.69
Family	\$666.76

Plan 2. Wellmark HMO- \$2,000 Single Deductible, \$4,000 Family Deductible

\$25 Copayment – IOWA EMPLOYEES ONLY

Single	\$126.69
Employee/Spouse	\$348.11
Employee/Child(ren)	\$303.42
Family	\$562.56

Plan 3. Wellmark PPO - \$5,000 Single Deductible with Copays, \$10,000 Family

\$25 Copayment

Single	\$34.02
Employee/Spouse	\$309.17
Employee/Child(ren)	\$280.14
Family	\$434.14

Plan 4. Wellmark HMO - \$5,000 Single Deductible with Copays, \$10,000 Family

\$25 Copayment – IOWA EMPLOYEES ONLY

Single	\$29.62
Employee/Spouse	\$264.45
Employee/Child(ren)	\$224.99
Family	\$382.62

Plan 5. Wellmark High Deductible Plan (HDHP Plan) - \$5,000 Single Deductible, \$10,000 Family Deductible

Single	\$50.83
Employee/Spouse	\$295.45
Employee/Child(ren)	\$257.35
Family	\$407.94

DENTAL INSURANCE: Dental insurance is offered through **MetLife**. The plan pays 100% of covered preventive charges and cleanings, one visit every 6 months. After a deductible of \$100, the plans pay 80% of simple basic services and 50% of restorative and orthodontic services, subject to plan annual limits. All rates shown below are bi-weekly.

Single	\$14.86
Employee/Spouse	\$31.09
Employee/Child(ren)	\$34.95
Family	\$54.90

Deductible – Individual \$50, Individual Annual Maximum - \$2,000

Deductible – Family, \$150, Lifetime Orthodontic Maximum - \$1,000

VISION INSURANCE: Vision insurance is offered through Avesis. All rates shown below are bi-weekly.

Single	\$4.87
Employee/Spouse	\$9.55
Employee/Child(ren)	\$9.84
Family	\$13.89

VOLUNTARY LIFE INSURANCE: You may purchase up to five times your annual income in supplemental life insurance.

- Elect in 10,000 increments to a max of 5x salary or \$500,000
- Guarantee issue, at Original Eligibility date only is \$100,000
- For Spouse and Child: you may elect in 5,000 increments to a max of \$100,000 or 50% of employee election, Guarantee issue - \$25,000 for Spouse and \$10,000 for Child (ren).

VOLUNTARY SHORT-TERM DISABILITY INSURANCE: This plan provides a weekly benefit for up to 26 weeks in the case of a documented disability which prohibits you from working. You may purchase a benefit of 60% of normal weekly pay, subject to plan limits. Rates are tiered based on your age.

FLEXIBLE SPENDING ACCOUNT: You may set aside money on a pre-tax basis into a personal account to pay for out-of-pocket medical expenses and/or dependent care expenses.

Note: Maximum amount for Health Care is \$3,050. Maximum amount for Dependent Care is \$5,000 if married filing jointly and \$2,500 if single or married and filing single.

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT: You are provided with Basic Life and Accidental Death and Dismemberment coverage and the company pays the full cost of this benefit. Basic Life benefit amount is \$15,000 and reduced at Age 65 by 35% and 50% by Age 70.

LONG TERM DISABILITY INSURANCE: You are provided with Long Term Disability income benefits, and the company pays the full cost of this benefit. In the event you become disabled, disability income benefits are provided as a source of income. Benefit amount is 50% of your monthly earnings to a Maximum benefit of \$5,000 per month after a 180-day elimination period.

ACCIDENT INSURANCE: A valued compliment to existing medical insurance that can help narrow gaps caused by out-of-pocket expenses resulting from accidental injuries. You will be offered two coverage options (Low Plan and High Plan) and can select the plan that best fits your budget. The covered benefits are identical under each plan – the High Plan provides greater benefit payments.

CRITICAL ILLNESS: Valuable protection that provides a lump sum benefit payment that you can use as you choose when diagnosed with a critical illness – so you can focus on their recovery and less on finances. Benefit amounts of \$15,000 and \$30,000 are available.

IDENTITY THEFT: You can choose from the LifeLock Identity Protection and LifeLock Ultimate plans. Life Lock Identify Protection helps proactively safeguard your personal information and alerts you of potential threats. LifeLock Ultimate service is the most comprehensive identity the protection service ever created and even includes monitoring the new and existing checking and savings accounts. LifeLock is available to full time employees 18 years or older.

EMPLOYEE ASSISTANCE PROGRAM (EAP): You and any members of your household are eligible for our EAP program, which provides direct and confidential access to professional counselors at the EAP. **This benefit is provided to all employees at no cost.** Phone number is: 1-800-327-2255 or www.nexgeneap.com

401(K) Plan: You will become eligible for the 401(K) the first of the month after completing one year of employment. You must be 21 years of age or older and completed at least 1,000 hours of service. The company will match 100% of deferrals up to 3% of your compensation. The 401(K) plan is administered by Empower.

If you have any questions on the benefit offerings, please contact jbiel@ivyLANecorp.com