

Convergence Marketing™

There are four basic steps to becoming a Convergence Marketing employee merchandiser:

1. **Completely fill out the On-line Application at www.convergencemktg.com**
 - The application will ask you for contact information, previous work experience, skill sets, availability, whether you are seeking part time or full time opportunities, etc.
2. **Have a successful employee interview with a Convergence Marketing Management member and/or a representative in our Recruiting Department**
 - You will be contacted for a personal interview after you complete your on-line application.
 - If you are offered employment as a merchandiser with us, you will be given an employee/merchandiser identification number (MCID) and sent an employee paperwork packet.
3. **If you are offered employment, complete and return the following new employee documentation:**
 1. Application and copy of government issued ID (such as.: driver's license, passport, etc)
 2. I-9 Form (Employment Eligibility)
 3. W-4 Form (Tax withholding)

You also will be required to successfully complete a background check and drug testing as a condition of employment. If you meet this requirement and submit these 3 completed documents are sent in, you will be activated in our system, invited to attend a new employee orientation call, and will be eligible to accept and perform assignments.

- a) Scan and email to: payrollfaxes@convergencemktg.com
- b) Fax to: (443) 688-5083
- c) Mail to: Attn: New Employee
Convergence Marketing
7361 Coca Cola Drive Suite A
Hanover, MD 21076

4. **Attend new hire orientation teleconference**

Once the new hire packet has been received, you will be invited via phone or email to attend a new employee orientation teleconference. During this teleconference we will provide instruction on how you learn and accept assignments in your web portal at www.convergencemktg.com, report your completed work in the portal, where to mail your recap and payment forms (timesheets) and review policies and procedures such as dress code, attendance, business conduct, etc. If you have any questions or need assistance, simply email us at payrollfaxes@convergencemktg.com

5. **Begin Accepting Assignments**

Once you have completed these four steps, you are eligible to begin working for Convergence Marketing. As a Convergence Marketing Merchandiser, you will be able to access your personal web portal with your merchandiser identification number (MCID) and password. The web portal provides information about your scheduled assignments and available work, download necessary paperwork for assigned jobs, and report completed assignments.

To learn about available assignments in your area, log into your Merchandiser Web Portal at a minimum of 2-3 times per week and contact your area manager by phone or email at least once each week. When contacting your area manager, please include your name and MCID.

Thank you in advance for completing this process and we look forward to having you work as an important part of our organization.

Best Regards,

Dawn Black
Director of Human Resources
Convergence Marketing, Inc

An Equal Opportunity Employer

This application shall be valid for only 30 days from the date completed. After that, you will need to reapply to be considered for employment.)

Convergence Marketing is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, disability, sexual orientation, or other classification protected by applicable law.

Applicant Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell _____

Email Address _____

Social Security _____

Are you eligible to work in the United States? Yes No _____

Have you ever been convicted of a crime or received a disposition other than “not guilty” in any criminal investigation or proceeding? Yes _____ No _____

If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation. (Do not list any arrests not resulting in conviction or criminal charges for which the records have been expunged. A criminal offense will not necessarily bar employment.):

Work Availability

Are you able to work during the weekday? Yes No

How many hours are you available each week? Part Time Full Time

What type of work are you available to complete? Short Term Long Term

(Mark All that Apply)

Resets

Installations

Business References

Name _____

Company _____ Telephone _____

Name _____

Company _____ Telephone _____

Education Information

High School Diploma/GED

College/Trade School _____

Prior Employment (use additional sheets if necessary)

Name of employer	Name of last	Employment	Pay or salary

Address	supervisor	dates	
City, State, Zip Code		From	Start
Phone number		To	Final
Your last job title			
Reason for leaving (be specific)			
Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address			
City, State, Zip Code		From	Start
Phone number		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Maryland Residents: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Date

Signature of Applicant

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
 - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	
1. U.S. Passport or U.S. Passport Card		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. 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	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

**PLEASE RETURN TO CONVERGENCE **

Name _____

Merchandiser ID Number _____

Employment Eligibility Verification

SEE I9 FOR COMPLIANT DOCUMENTS TO DEMONSTRATE IDENTIFICATION

Compliant I9 Document

FORM 1

PLACE HERE

Compliant I9 Document

FORM 2

PLACE HERE

Direct Deposit Information (Optional)

I hereby authorize **Convergence Marketing** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Convergence Marketing** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Convergence Marketing** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Convergence Marketing** receives a written notice of cancellation of direct deposit for this account. If a new account is to be opened or an existing account reopened, I will submit new direct deposit documentation.

Financial Institution _____
Routing Transit Number _____
Account Number _____

Type of Account
[] Checking
[] Savings

Authorized Signature (Primary) _____

Date _____

Please Attach Voided Check or Bank Document Here

Direct Deposits will not be complete without a Voided Check or Bank Letter reflecting both the routing and account number.

Note: DEPOSIT SLIPS ARE NOT ACCEPTED

**PLEASE RETURN TO CONVERGENCE **

Employment Inquiry Release for Background Check and Consumer Reports

IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT (INCLUDING CONTRACT SERVICES) WITH YOU, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRIES ARE TO BE MADE CONCERNING BUT NOT LIMITED TO MY CHARACTER, WORK HABITS, PERFORMANCE, AND EXPERIENCE.

I ALSO UNDERSTAND THAT YOU WILL BE REQUESTING THIS INFORMATION FROM FEDERAL, STATE, LOCAL AND PRIVATE AGENCIES. I UNDERSTAND THAT THE INFORMATION REQUESTED WILL INCLUDE BUT NOT BE LIMITED TO MY CRIMINAL HISTORY, DRUG SCREENING, CIVIL COURT HISTORY, MOTOR VEHICLE RECORDS, PROFESSIONAL LICENSE CHECK, EDUCATIONAL HISTORY, PREVIOUS EMPLOYMENT, WORKERS COMPENSATION HISTORY, AS WELL AS OTHER REPORTS AND/OR REFERENCES. (BOTH PUBLIC AND PRIVATE).

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY, AGENCY OR AGENCY REPRESENTATIVE CONTACTED BY THE BELOW NAMED EMPLOYER TO OBTAIN THE ABOVE INFORMATION AND REPORTS.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY, AGENCY OR AGENCY REPRESENTATIVE CONTACTED BY THE BELOW NAMED EMPLOYER, HIS AGENT OR AGENCY REPRESENTATIVE TO FURNISH THE ABOVE MENTIONED INFORMATION AND REPORTS.

I HEREBY CONSENT TO YOUR OBTAINING THE ABOVE MENTIONED INFORMATION AND REPORTS THROUGH YOUR AGENT, ACCURATE INFORMATION SYSTEMS, INC. AND AGREE TO INDEMNIFY AND HOLD HARMLESS, YOU OR YOUR AGENT, ACCURATE INFORMATION SYSTEMS, INC., THEIR AGENT OR THEIR AGENCY REPRESENTATIVE FOR RECORD CONTACT, ERRORS OR OMISSIONS

[FOR CALIFORNIA EMPLOYEES OR APPLICANTS ONLY: (1) YOUR EMPLOYER SHALL PROVIDE YOU WITH A WRITTEN NOTICE OF THE NATURE AND SCOPE OF ANY INVESTIGATIVE CONSUMER REPORT SOUGHT AND A COPY OF CALIFORNIA CIVIL CODE 1786.22; AND (2) IF YOU WOULD LIKE TO RECEIVE A COPY OF ANY REPORT, IF ONE IS OBTAINED, PLEASE CHECK THE BOX AND THE C.R.A. OR YOUR EMPLOYER, WHERE REQUIRED BY STATE LAW, WILL PROVIDE YOU WITH A COPY OF THE REPORT] [FOR MINNESOTA OR OKLAHOMA APPLICANTS OR EMPLOYEES ONLY, IF YOU WOULD LIKE TO RECEIVE A COPY OF ANY REPORT, IF ONE IS OBTAINED, PLEASE CHECK THIS BOX]

Name _____

Other/Former Names _____

Current Address _____ How Long? _____ Years/Months

City _____ State _____ Zip Code _____

Previous Address _____ How Long? _____ Years

City _____ State _____ Zip Code _____

Telephone _____

Social Security _____ Date of Birth _____

Drivers License: Province or State _____ Number _____

Prospective Employer **Convergence Marketing** _____

Applicant's Signature _____ Date _____

Person Requesting Reports (Print) _____ Sign _____ Date _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I have been informed and understand that Convergence Marketing conduct random background checks for new employees. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

AT WILL EMPLOYMENT CLAUSE: Employment contract provision indicating that employer or employee may terminate the employment relationship at any time with or without cause.

In consideration of employer entering into this agreement, employee agrees to conform to the policies and rules of employer in effect from time to time. Each party to this agreement also agrees that employee's employment and compensation can be terminated, with or without cause, and without prior notice, at any time, at the option of either employee or employer.

Signature _____ Date _____