



## **AT-WILL EMPLOYMENT ACKNOWLEDGEMENT**

**I acknowledge and agree that my employment with SYRUSA ("company") is "at-will," meaning that either the company or I may terminate my employment with or without cause, and with or without any prior notice to me. Neither pay raises, favorable performance reviews, bonus, granting of stock options or any other conduct of the company shall in any way change the at-will employment relationship. I understand that only the Chairman of the Board of the company has the authority to modify the at-will relationship, which may only be done in writing and signed by the Chairman of the Board.**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**SYRUSA  
EMERGENCY NOTIFICATION FORM**

<b>EMPLOYEE:</b>	
<b>LOCATION:</b>	<b>JOB TITLE:</b>

**PERSONS TO NOTIFY IN CASE OF AN EMERGENCY**

<b>NAME</b>	<b>RELATIONSHIP</b>
<b>HOME STREET ADDRESS</b>	<b>HOME PHONE NUMBER</b>
<b>CITY, STATE, ZIP CODE</b>	<b>CELL PHONE NUMBER</b>
<b>BUSINESS NAME</b>	<b>BUSINESS PHONE NUMBER</b>
<b>NAME</b>	<b>RELATIONSHIP</b>
<b>HOME STREET ADDRESS</b>	<b>HOME PHONE NUMBER</b>
<b>CITY, STATE, ZIP CODE</b>	<b>CELL PHONE NUMBER</b>
<b>BUSINESS NAME</b>	<b>BUSINESS PHONE NUMBER</b>

**SPECIAL ASSISTANCE IN AN EMERGENCY**

**DO YOU NEED SPECIAL ASSISTANCE DURING AN EMERGENCY  YES  NO**  
**IF YES, PLEASE DESCRIBE ASSISTANCE REQUIRED**

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**ADDITIONAL MEDICAL INFORMATION**


\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

# **SEXUAL HARASSEMENT POLICY ACKNOWLEDGMENT**

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**I Hereby acknowledge receipt of the company's policy on Sexual Harassment as well as a copy of the State of California's brochure; Sexual harassment is forbidden by law and Sexual Harassment hurts everyone. I understand as an employee of SYRUSA Engineering, Inc. I am responsible for the following the guidelines of this policy.**

\_\_\_\_\_  
**Employee Name**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**SYRUSA**  
**Voluntary Affirmative Action Information**

**TO THE APPLICANT:** As an employer subject to government regulations, the Company is required to keep affirmative action records. This form is used to provide each applicant an opportunity to voluntarily furnish such information it will be kept separate from the employment application and the employee's personnel file. Such information is considered confidential and will be not be used in any hiring decision or for discriminatory purposes.

<b>Name:</b>	<b>Date:</b>
<b>Position Applied For:</b>	

- Sex:**  Female  
 Male

**Ethnic Groups:**

- Native American or Alaskan Native  
 Asian or Pacific Islander  
 Black  
 Hispanic  
 White

**Native American or Alaskan Native:** All persons having origins in the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Asian or Pacific Islander:** All persons having origins in any of the original people of the Far East, Southeast Asia, the Pacific Islands, India or Pakistan.

**Black:** All persons having origins in the original people of the Black racial groups of Africa.

**Hispanic:** All persons Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.

**White:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

To be completed by applicant – Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Executive Order 11246.