2024

Employee Documents Package

A+ Gutter & Window Cleaning



Employee: _____



All sections must be filled out before you can be added to the payroll system and thus start working.

This package will be placed in your employee file and you can view its contents anytime you wish, just ask your supervisor.

Your wage will increase as your efficiency and effectiveness progress and you are eligible for our employee bonus program.

Please be advised that all employees are subject to a 3-month probationary period. During this time your employment can be terminated if we decide you are not a good fit.

Employee Signature:	Date:	
Manager Signature:	Date:	
Let's Get to Know You Better		
What is your favourite breakfast food?		
What is your favourite lunch food?		
What is your favourite dessert?		
What are your hobbies?		
Do you play any sports?		
Do you have a nickname you prefer?		
If you had \$20 to order something from Amazon	what would it he?	

We're excited to have you on the team, welcome aboard!

Employee Details Card

First Name:		Last Name:	
Address:			
Postal Code:		Phone Number:	
Email Address:		Birthdate:	
SIN #:		BCDL #:	
Start Date:		Start Wage:	
Allergies:		Medical Concerns:	
Emergency Conta	•	n.	aona #:
Name:	Relationship:	Pr	none #:

Payroll Information

For the hours you worked from the 1st to the 15th of the month, you will be paid on **the 23rd** of that month. For the hours you worked from the 16th till the end of the month, you will be paid on **the 7th** of the next month. Bonuses are paid out with the payroll on the 7th and include what you earned the month prior.

You must provide your direct deposit information in order to be paid.

***Please provide a bank-generated void cheque or direct deposit form. This can be obtained via your personal online banking portal.

Office Use Only	Banking Info Received	Yes	/	No	
	Tax Forms Complete	Yes	/	No	
	APlusU trainings are complete	Yes	/	No	
	Employee Entered in BonusUp	Yes	/	No	
	Drivers Abstract Received	Yes	/	No	





2024 British Columbia Personal Tax Credits Return

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of provincial tax deductions. Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)		Date of birth (Y	(YYY/MM/DD) Employee nur		nber					
Address	P	ostal	code	For non-resid	dents only				rance r	numbe	er
		1 1	111	Country of pe	ountry of permanent residence		۱,	ıТ	1 1	Lι	ı
Basic personal amount – Every person employed in British Columbia and every pensioner residing in British Columbia can claim this amount. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2.						_	12,	580			
2. Age amount – If you will be 65 or older on December 31, 2024 and your net income will be \$41,993 or less, enter \$5,641. You may enter a partial amount if your net income for the year will be between \$41,993 and \$79,600. To calculate a partial amount, fill out the line 2 section of Form TD1BC-WS, Worksheet for the 2024 British Columbia Personal Tax Credits Return.											
 Pension income amount – If you will receive regule Pension Plan, Quebec Pension Plan, old age security, \$1,000 or your estimated annual pension. 											
4. Tuition (full-time and part-time) – Fill out this secticertified by Employment and Social Development Cantotal tuition fees that you will pay less your Canada Tra	ada, and yo	ou will	pay more	than \$100 per in	stitution in tuitio		our				
Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,435.	mount on y	our in	come tax a	and benefit return	n by using Form	T2201, Disabili	ity				
Spouse or common-law partner amount – Enter the following conditions apply:	\$10,772 if y	you are	e supportir	ng your spouse o	r common-law p	partner and bot	n of				
 Your spouse or common-law partner lives with you 											
 Your spouse or common-law partner has a net inc 	ome of \$1,	078 or	r less for th	ne year							
You may enter a partial amount if your spouse's or cor \$11,850. To calculate a partial amount, fill out the line					will be between	\$1,078 and					
 Amount for an eligible dependant – Enter \$10,772 conditions apply. 	2 if you are	suppo	orting an e	ligible dependan	t and all of the f	following					
 You do not have a spouse or common-law partner who you are not supporting or being supported by 		ave a s	spouse or	common-law par	tner who does r	not live with you	and				
 The dependant is related to you and lives with you 	I										
 The dependant has a net income of \$1,078 or less 	for the year	ar									
	You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,078 and \$11,850. To calculate a partial amount, fill out the line 7 section of Form TD1BC-WS.										
8. British Columbia caregiver amount – You may claim this amount if you are supporting your infirm spouse or common-law partner, or an infirm eligible dependant (age 18 or older) who is your or your spouse's or common-law partner's:											
 child or grandchild (including those of your spouse 											
parent, grandparent, brother, sister, uncle, aunt, ni of your appure or common law portner)	ece or nep	hew w	vho reside:	s in Canada at a	ny time in the ye	ar (including th	ose				
	of your spouse or common-law partner) This person's net income for the year must be less than \$24,134. To calculate this amount, fill out the line 8 section of Form										
Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.											
benefit return, enter the unused amount. If your or you	10. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.										
11. TOTAL CLAIM AMOUNT – Add lines 1 to 10. Your employer or payer will use this amount to determ	ine the amo	ount o	f your prov	rincial tax deduct	ions.						



Filling out Form TD1BC	
Fill out this form if you have income in British Columbia and any of the following apply: you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefit remuneration	ts, or any other
 you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed) 	
you want to increase the amount of tax deducted at source	
Sign and date it, and give it to your employer or payer.	
If you do not fill out Form TD1BC, your employer or payer will deduct taxes after allowing the basic personal amount only.	
More than one employer or payer at the same time If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1BC for 2024, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1BC, check this box, enter "0" on line 11 and do not fill in lines 2 to 10	
Total income is less than the total claim amount Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 1 employer or payer will not deduct tax from your earnings.	I1. Your
Additional tax to be deducted	
If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.	
Reduction in tax deductions You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed or periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, ar amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if RRSP contributions from your salary.	nd tuition and education t Source, to get a letter of
Forms and publications	
To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.	
Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or per Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complet Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on and Information Holdings-at canada.ca/cra-information-about-programs.	, territorial, aboriginal or nalties, or in other actions. aint with the Privacy
Certification	
Gertification	
I certify that the information given on this form is correct and complete.	
Signature Date	

It is a serious offence to make a false return.

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Protected B when completed

Agence du revenu du Canada

2024 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name	First na	t name and initial(s) Date of birth (YYYY/MM/DD) Employee number										
Address		Pos	tal cod	de	_	For non-residents only Country of permanent resider	Social dence		al insura	ance	number	_
1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.							_			_		
2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child. 3. Age amount – If you will be 65 or older on December 31, 2024, and your net income for the year from all sources will be \$44,325								_				
or less, enter \$8,790. You may enter a partial amount calculate a partial amount, fill out the line 3 section of f	if your ne	et inc	ome fo									
 Pension income amount – If you will receive regul Pension Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income. 												
5. Tuition (full-time and part-time) – Fill in this section certified by Employment and Social Development Can total tuition fees that you will pay if you are a full-time of	ada, and	you	will pa	y more								_
 Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,872. 	mount or	n you	r incor	me tax	ar	nd benefit return by using Form	T2201, Disabili	ty				
 Spouse or common-law partner amount – Enter or common-law partner is infirm) and your spouse's or conditions apply: 												
 You are supporting your spouse or common-law p 	artner w	ho liv	es witl	h you								
 Your spouse or common-law partner's net income spouse or common-law partner is infirm) 	for the y	ear v	vill be l	less tha	an	n the amount on line 1 (line 1 plu	us \$2,616 if you	r				
In all cases, go to line 9 if your spouse or common-law	partner	is inf	firm ar	nd has	а	net income for the year of \$28,0	041 or less.					_
 Amount for an eligible dependant – Enter the diffidependant is infirm) and your eligible dependant's est You do not have a spouse or common-law partne 	imated n	et in	come f	for the y	ye	ear if all of the following condition	ons apply:	and				
who you are not supporting or being supported by You are supporting the dependant who is related to					C	ommon-iaw partner who does n	lot live with you	anu				
The dependant's net income for the year will be le you cannot claim the Canada caregiver amount	ss than t	he ar	nount	on line				and				
In all cases, go to line 9 if your dependant is 18 years	or olde	r, infi	irm, aı	nd has	a	net income for the year of \$28,	041 or less.					
year, you support an infirm eligible dependant (aged 1	9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section if, at any time in the year, you support an infirm eligible dependant (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.							_				
10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an infirm dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$18,321) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.						_						
11. Amounts transferred from your spouse or com their age amount, pension income amount, tuition amountsed amount.								f				_
12. Amounts transferred from a dependant – If your benefit return, enter the unused amount. If your or you all of their tuition amount on their income tax and bene	r spouse	's or	comm	on-law	p	artner's dependent child or grar						
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determ	ine the a	mour	nt of y	our tax	d	eductions.						



	Filling out Form TD1	
	Fill out this form only if any of the following apply:	_
	 you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefit or any other remuneration you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed) you want to claim the deduction for living in a prescribed zone you want to increase the amount of tax deducted at source Sign and date it, and give it to your employer or payer. 	5,
	More than one employer or payer at the same time If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on an you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on an this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.	
l	Total income is less than the total claim amount	
	Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 13 will not deduct tax from your earnings.	Your employer or payer
l	For non-resident only (Tick the box that applies to you.)	
	As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024 Yes (Fill out the previous page.)	.?
l	No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)	
l	Call the international tax and non-resident enquiries line at 1-800-959-8281 if you are unsure of your residency status.	
l	Provincial or territorial personal tax credits return	
	You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,705. Use the Form TD1 territory of employment if you are an employee. Use the Form TD1 for your province or territory of residence if you are a pensione will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.	r. Your employer or payer
	Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if yo personal amount only. Note: You may be able to claim the abild amount on Form TDASK 2024 Scalestabourge Demonstrate Pattern if you are	-
	Note: You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are only clain amount on this form.	
l	Deduction for living in a prescribed zone	
	You may claim any of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed northern months in a row beginning or ending in 2024: • \$11.00 for each day that you live in the prescribed northern zone • \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction	n zone for more than six
	Employees living in a prescribed intermediate zone may claim 50% of the total of the above amounts. For more information, go to canada.ca/taxes-northern-residents.	
l	Additional tax to be deducted	
	You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new	
l	Form TD1 to change this deduction later.	\$
l	Reduction in tax deductions	. H.i. f /f
	You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed or periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at a authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if y RRSP contributions from your salary.	d tuition and education Source, to get a letter of
l	Forms and publications	
l	To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.	
1	Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and administering tax, benefits, audit, compliance, and collection. The information collected may be-disclosed to other federal, provincial, foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or pen under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complain Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Programs and Information Holdings-at canada.ca/cra-information-about-programs.	territorial, aboriginal or alties, or in other actions. int with the Privacy
	Certification	
	I certify that the information given on this form is correct and complete.	
1	Signature Date	

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It is a serious offence to make a false return.

Bonus Program

The price to have a job: show up on time, clean, sober, dressed in your uniform, and ready to work safely and use our systems. Past that, we want to reward those employees who go above and beyond to kill it each day.

Productivity 5.0 - 5.9 2 \$1 per hour 6.0 - 6.9 2 \$3 per hour 7.0+ 2 \$5 per hour					
Reviews	\$15 per Facebook review; \$15 per Google review				
Referrals	\$20 per referral that books a job				
Upsells	\$5 per upsell less than \$100; \$20 per upsell more than \$100				

A+ Gutter & Window Cleaning management reserves the full right to add or deduct bonus amounts, modify rules and/or structure and apply strikes as needed.

- Call-Backs: Labour costs and expenses come out of your bonus at \$30-\$100 per call-back.
- Customer complaints and safety violations: Can have a negative impact on your bonus.
- Unnecessarily lost or broken equipment: Come out of your bonus before payouts.

In order to qualify, you need to be an employee at the end of the month unless you give 2 weeks' notice.

If you do not provide 2 weeks' notice you will forfeit yo	ur bonus.
Employee Signature:	Date:
Manager Signature:	Date:
Employee Handbook and APlusU & Understand	ding
We have spent a great deal of time composing and comp	oiling your Employee Handbook and APlusU.
Many important topics are covered that you need to be fellow co-workers in danger.	aware of. Failure to do so could put you and your
Reading the entire handbook and completing all of the your first shift.	videos and quizzes on APlusU is required before
The Employee Handbook we provide you with is our pro	perty and must be returned upon separation.
"I have read the entire A+ Gutter & Window Cleaning	Employee Handbook and completed all of the

videos and quizzes on APlusU and I do not have any questions or uncertainties about the content."

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: ____

Work Vans & Driver's License Requirements

A+ Gutter & Window Cleaning provides work vans to every crew. Each van has a fuel card. This card is only to be used for A+ Gutter & Window Cleaning vehicles and/or equipment. Gas for personal vehicle use is not allowed and may result in termination.

You are required to provide A+ Gutter & Window Cleaning with a photocopy or scan of your current and valid driver's license on a regular basis. Management may also request an updated copy at any time.

If there are any changes to your driver's license status or restrictions, they must be brought to management's attention *within 24 hours* via email at admin@aplusclean.ca. Driving without a license is unacceptable and *will* result in your termination.

You are required to drive in a safe and law-abiding manner. Failure to do so will result in you losing your bonus eligibility for the month and may result in termination.

Ensure that you have included a scan of the front and back of your driver's license with this employee document package; you can also send the images via WhatsApp to the coordinator.

A+ Gutter & Window Cleaning requires a current copy of your driver's abstract before your first day of work. This information will not affect your employment, however it may determine if you will be eligible to drive a work van. There is no cost associated with obtaining your driver abstract.

Your driver abstract information is only available online at https://onlinebusiness.icbc.com/clio/ (you will want to select "Personal Driving Record). Your record will be emailed to you and you can forward it to: admin@aplusclean.ca

Employee Signature:	Date:
Manager Signature:	Date:
Uniform	
A+ Gutter & Window Cleaning uniforms we provide you upon separation.	with are our property and must be returned
Employee Signature:	Date:
Manager Signature:	Date:

Photograph Release

From time to time we may have photographs taken of our crews and operations for marketing purposes.

I grant to A+ Enterprises Ltd, its representatives and employees the right to take photographs of me and my property in connection with my employment.

I authorize A+ Enterprises Ltd., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that A+ Enterprises Ltd. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:	
Employee Name:	_
Signature:	
Date:	

Employee Confidentiality & Non-Competition Agreement

To protect our competitive advantage, all employees must agree to the terms listed below regarding business confidentiality. The conditions which are <u>explicitly prohibited</u> include but are not limited to:

- selling, stealing, storing, giving away, using or soliciting client contact information, pricing information, supply sources, techniques, or performance data in any way, shape or form that is not directly related with A+ Gutter & Window Cleaning operations;
- any practice that can be considered unethical to A+ Gutter & Window Cleaning which could result in the business' detriment.

In addition to agreeing <u>not</u> to perform any of the terms listed above I, _______, an employee of A+ Gutter & Window Cleaning, agree not to start or work for a business which will be in competition with A+ Gutter & Window Cleaning for a time of three (3) years from my last day worked. These types of work that compete with A+ Gutter & Window Cleaning, which are <u>explicitly prohibited</u>, include but are not limited to:

- Window Cleaning or Window Washing in any form,
- Gutter or Eavestrough Cleaning by any means,
- Installations of gutter guards, Rainflow, or protection mechanisms,
- Window tinting or window film installation of any kind,

which performs any of the	agree to always be confidential with the information I come across ter & Window Cleaning, and I agree not to start or work for any business impeting services listed above. I realize that failure to comply will result in law or equity. I also agree that I have received a copy of this contract."
Employee Name	Employer Signature
Employee Signature	 Date
 Date	-