



Step 1: Login

- Enter in your username and password
- If needed, you can select 'SHOW' to see what you are entering
 - to confirm information is the same
- Click 'SIGN IN'

The screenshot shows the Arcoro login interface. At the top, there is a vertical blue bar and the 'ARCORO' logo. Below the logo, there are two input fields: 'Username' and 'Password'. The 'Password' field has a blue 'SHOW' button to its right. Below the input fields is a blue 'SIGN IN' button with a white '1' in a dark circle to its left. Underneath the 'SIGN IN' button is a 'Remember Me' checkbox. To the right of the 'Remember Me' checkbox, there are two blue links: 'Forgot your password?' and 'Forgot your username?'. The 'Forgot your password?' link is highlighted with an orange border.

- Select 'Forgot your password?' to receive a new password

Forgot Password

Enter your username below and we'll send an email with instructions for resetting your password.

Username

Username

Send Password Reset

- o Select 'Forgot your username?' to receive your username

Forgot Username

Enter your email address below and we'll send your username.

Email Address

[Send Username](#)

Step 2: Click 'Go to Paperwork'

- o Note: you can google translate all of onboarding, if needed

The screenshot shows the ARCORO onboarding interface. At the top left is the ARCORO logo. At the top right is a 'Testing' button with a user icon. A blue horizontal bar spans the width of the page. Below this bar, there are several elements:

- A 'Select Language' dropdown menu is highlighted with a red box and a purple arrow pointing to a 'GOOGLE TRANSLATE' callout box.
- A 'Welcome to The Berg Group, Testing!' message is displayed above a video player showing construction workers in safety gear.
- A 'Go to Paperwork' button is highlighted with a red box and a circled '2'.
- A 'Documents' section contains a link to 'Berg COVID-19 Preparedness Plan- 6.1.2021.pdf', which is highlighted with a blue oval and a purple arrow pointing to a 'COVID-19 Preparedness Plan' callout box.
- A 'BERG GROUP SAFETY VIDEO' link is highlighted with a blue oval and a purple arrow pointing to a 'SAFETY VIDEO' callout box.
- A 'Watch on YouTube' link is visible at the bottom left of the video player.

Step 3: Personal

- Complete your personal information
 - Blue '(required)' sections are required
- Once completed click 'Next'

Select Language ▾

Do you have a Social Security Number? (required)

Yes No

Legal First Name (required) Middle Name Last Name (required) Suffix

Training [] Training [] Nothing selected ▾

Preferred Name Date of Birth (required) Marital Status

[] [] Nothing selected ▾

Is your Social Security card accurate? (required)

I have verified that this is my correct SSN and name as they appear on my Social Security Card.

My name differs from what is shown on my Social Security Card.

Next

Step 4: Contact

- Complete contact section
- Note: The task bar at the top of the screen will turn blue once completed
 - You must click 'Next' to complete a section
- You can 'save and finish later' if needed
- Once completed click 'Next'

Select Language ▾

Street Address 1 (required) Street Address 2 City (required) State (required)

123 main [] naples [] Florida ▾

Zip/Postal Code (required) Country Country

55555 [] United States ▾ []

Home Phone # (required) Mobile Phone # State (Working) Primary State (Living) (required)

(555) 555-5555 [] California [] California ▾

Save and Finish Later Back Next

State inputted here will be the state tax form you will receive to complete

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Step 5: VSI

- Complete the Voluntary Affirmative Action Questionnaire
- Complete the Voluntary Veteran Self-Identification Form
- Complete the Voluntary Self-Identification of Disability
- Once completed click 'Next'

Step 6: I9

- o Complete USCIS Form I-9
 - If needed, you can view the instruction in English or Spanish
- o Once completed click 'Next'

Personal Contact VSI I9 Federal W-4 State W-4 Direct Deposit Policies Review Sign Complete

Select Language

USCIS Form I-9

[Preview Instructions](#)
[English I-9 PDF](#) | [Spanish I-9 PDF](#)

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation

(Employees must complete and sign Section 1 of Form I-9 no later than the first day employment, but not before accepting a job offer.)

Last Name (Family Name) (required)	First Name (Given Name) (required)	Middle Initial	Other Last Names Used (if any)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Address (Street Number and Name) (required)	Apt. Number	City or Town (required)	State (required)	ZIP Code (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Nothing selected	<input type="text"/>

Date Of Birth (mm/dd/yyyy) (required)	U.S. Social Security Number (required)	Employee's E-mail Address	Employee's Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 boxes):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number):

Alien Registration Number/USCIS Number Nothing selected

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)

Alien Expiration Date

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number Nothing selected

OR

2. Form I-94 Admission Number

OR

3. Foreign Passport Number Country of Issuance Nothing selected

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>

Address (Street Number and Name)	City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	Nothing selected	<input type="text"/>

Back Next

Step 7: Federal W-4

- Complete the Federal W-4 form
- *Note: The Berg Group is not able to inform you on what you can input on this form. If you would like advise, we recommend you reach out to your tax adviser.*
- *You can view the form in Spanish, if needed*
- Required sections in Orange
- Optional sections in Blue
- Notes:
 - All signing happens at the end
 - No decimals
 - If 0, leave blank
 - If claiming exempt, 'exempt' is to be entered under 4C and must be spelt correctly.
- Once completed click 'Next'

Select Language ▼

Show Spanish Form

Complete Your Federal W-4 **7**

Form **W-4** Employee's Withholding Certificate OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► 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.

2022

Step 1: Personal Information

(a) First name and middle initial: Alejandro Last name: Garcia (b) Social security number: [Redacted]

Address: 2544 n estrella ave City or town, state, and ZIP code: [Redacted]

Single or Married filing separately
 Married filing jointly or Qualifying widower
 Head of household (Check only if you're unmarried and 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, when to use the estimator at www.irs.gov/W4App, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Children under age 17 by \$2,000 ▶ \$ 3 \$

Dependents by \$500 ▶ \$ 3 \$

Total ▶ \$ 3 \$

Step 4 (optional): Other Adjustments

If you want tax withheld for other income you have, such as dividends, interest, and retirement income, enter the amount of other income here. ▶ \$ 4(a) \$

Enter any additional tax you want withheld each pay period. ▶ \$ 4(b) \$

(c) Extra withholding. Enter any additional tax you want withheld each pay period. ▶ \$ 4(c) \$

Step 5: Sign Here

Under penalty 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: The Berg Group 22515 N 19th Avenue Phoenix, AZ 85027 First date of employment: 02/21/2022 Employee identification number (EIN): 04-3800537

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 1520202 Form W-4 (2022)

Back Next

Step 8: State W-4

- If applicable, complete your State W-4
- If the State W-4 is not the correct State go back to Step 4.
- Once completed click 'Next'



State W-4 Withholding

This state does not have a State Withholding Income Tax; no further information is required. Please click Next to continue.



Step 9: Direct Deposit

- If applicable, enter in your direct deposit information.
- Note: If you get a bank account or change banks later on, this information can be updated in The Berg Group's Field APP. *Ask your Supervisor.*
- Once completed click 'Next'



Direct Deposit Setup

Would you like to use direct deposit?

Yes No

Primary Deposit

Routing Number (required)

Financial Institution (required)

Account Number (required)

Account Type

Amount to Deposit

Entire pay

Optional

[Add Another Deposit](#)



Step 10: Policies

- o Click the policy titles (BLUE text) to review and acknowledge all policies.
 - An 'Acknowledge' button will appear at the end of each policy
- o Once completed click 'Next'

The screenshot displays a user interface for acknowledging corporate policies. At the top, there is a navigation bar with icons for Personal, Contact, VSI, I9, Federal W-4, State W-4, Direct Deposit, Policies (highlighted with a blue circle and the number 10), Review, Sign, and Complete. Below the navigation bar is a 'Select Language' dropdown menu.

Acknowledge Receipt of Corporate Policies

Click the hyperlink to view each Company policy listed below. Once opened it can be saved or printed as needed.

Acknowledged	COVID-19 Harassment Policy I have had an opportunity to read the Policy Against COVID-19-Related Discrimination, Harassment & Retaliation. I understand that I may ask my supervisor or management any questions I might have concerning this policy. I also understand and agree that it is my responsibility to comply with this policy and any revisions made to it.
Acknowledged	COVID-19 Policy I acknowledge that I have reviewed The Berg Group's COVID-19 Policy.
Acknowledged	Drug and Alcohol Testing Policy I have received a copy of the Company's Drug and Alcohol Testing Policy. I consent to the disclosure of the drug and alcohol test results to Employer. By electronically signing below, I acknowledge that I have been provided with an opportunity to read the above-mentioned policy and that I have been provided with an opportunity to ask questions under that policy. I hereby voluntarily consent to undergo drug and alcohol testing as required by the policy, which testing may involve a collection of blood, urine, or other samples. I also voluntarily consent that the designated testing facility or entities acting with them or for such facility may disclose to the Company the test result.
Acknowledged	Respirator Agreement I acknowledge that I have received, read and understood the Respirator Policy and/or that they have been explained to me. I also understand that I am wearing this respirator VOLUNTARILY and choose to by my on free will.
Acknowledged	Safety - Disciplinary Policy I acknowledge that I have viewed the complete Safety Video on the home page, along with The Berg Group's Safety - Disciplinary Policy. I understand that failure to comply with the Safety Policy may be grounds for disciplinary action, up to and including termination.
Acknowledged	Work Place Safety and Job Abandonment I acknowledge that I have received, read and understand Work Place Safety and Job Abandonment policy.
Acknowledged	I-9 List of Acceptable Documents Please review and bring acceptable documents on first day of work.
Acknowledged	Berg's Fleet Policy I have read the Berg's Fleet Policy and understand the provisions within.
Acknowledged	Employee Image and Social Media Authorization to Release Image I warrant that I am of full age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents.

At the bottom right, there are two buttons: 'Back' and 'Next' (highlighted with a red box). A callout box with a blue background and white text points to the 'Respirator Agreement' policy, stating: 'Will appear only when you acknowledge the policy'.

Step 11: Review

- o Review your information
 - Click on anything that needs to be change to go to the location to make the update.
- o Note: If all selections are not BLUE you will not be able to sign and compl
- o Once completed click 'Next'

Employee Data Verification - Review and Approve
Please review and verify that all information is correct.

Personal Information

New Hire Name:	Training Training
Social Security #:	123-45-6789
Date of Birth:	12/12/2000
Marital Status:	
Address:	123 main naples, FL 55555
Translator:	No
Citizenship Status:	A Citizen of the United States
Emergency Contact Name:	N/A
Emergency Phone #:	N/A
Direct Deposit:	Not Requested

W-4 Federal

Filing Status:	Single or Married filing separately
Two Jobs Total:	Yes
Dependent Withholding:	\$500.00
Other Income:	\$0.00
Deductions:	\$0.00
Extra Withholding:	\$0.00
Exemption:	No

W-4 State

# of Allowances:	2
Additional State Withholding:	\$0.00
Additional County Withholding:	\$0.00

Save and Finish Later Back **Next**

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Step 12: Sign

- o Check the agreement box
- o Enter in your Password
- o Once completed click 'Submit'

I agree to sign these electronic PDF documents using 'click' signature technology. I understand that a record of each document and my signing of it will be stored in electronic code. I intend both the signature I inscribe with the 'click' signature technology and the electronic record of it to be my legal signature to the document. I confirm that the document is 'written' or 'in writing' and that any accurate record of the document is an original of the document.

I agree to the above statement. (required)

User Name:
[Text Field]

Password: (required)
[Text Field]

Back **Submit**

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- o Click 'Click to Sign' on the top or the bottom to move forward

ARCORO

Sign Your Forms: I9

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9
OMB No. 1613-0047
Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

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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) SSN Initial Other Last Names Used (If any)
N/A

Address (Street Number and Name) Apt. Number City or Town State ZIP Code
N/A

Date of Birth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address Employee's Telephone Number

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 boxes):

1. A citizen of the United States
 2. A noncitizen national of the United States (See instructions)
 3. A lawful permanent resident (Alien Registration Number/USCIS Number) N/A N/A
 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) N/A
 Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number

1. Alien Registration Number/USCIS Number: N/A N/A
 OR
 2. Form I-94 Admission Number: N/A
 OR
 3. Foreign Passport Number: N/A
 Country of Issuance: N/A

Signature of Employee
 Electronically Signed By: [Signature]

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. I, preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator Today's Date (mm/dd/yyyy)
 Last Name (Family Name) First Name (Given Name)
 Address (Street Number and Name) City or Town State ZIP Code

Employer Completion Next Page

Back Click to Sign

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Step 13: Complete

- o Bring your ORIGINAL documentation to you Supervisor to complete your I-9.
 - This needs to be done within the first 3 days of employment to avoid termination per Federal law.

Personal Contact VSI I9 Federal W-4 State W-4 Direct Deposit Policies Review Sign Complete

Select Language

✓ Complete

Exit

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