

COMPANY NAME



Employee Data Packet

INSTRUCTIONS

Applicants

Complete sections A through I.
Make sure you sign sections H and I.

Newly Hired Employees

Complete and sign sections J, K and M, the Drug Testing Donor Form, the W-4 and the I-9 (Employment Verification Form).

Existing Employees

Complete all sections of the packet.

Employers

Complete sections L and N.
Complete bottom of the Drug Testing Donor Form after the drug test.
Complete section 2 of the I-9.
Review entire data packet for completeness.
Attach photocopy of documentation supporting the I-9.
Return to **Applied Underwriters at PO Box 3646, Omaha, NE 68103.**

This is a drug free work environment
A drug test may be required for employment

Do not write in this area

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Last Name

First Name

- Processing Entry _____
- Compliance Review _____

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C#

E#

Employment Application

This company is an equal opportunity employer dedicated to nondiscrimination in employment. The company selects the best qualified individual for the job based on job-related qualifications regardless of race, age, color, religion, sex, national origin, ancestry, marital status, sexual preference, disability, or any other basis protected by applicable law.

🖨️ Print clearly and complete ALL information requested.

A Name _____
First Middle Initial Last

Present Address _____
Street Number City State Zip

Permanent Address (if different) _____
Street Number City State Zip

Home Phone _____ Message Phone _____ SSN _____
Include Area Code Include Area Code



If you are hired, can you furnish proof that you are over 18 years of age? yes no

If you are hired, can you present evidence of your legal right to live and work in this country as required by law? yes no

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? yes no

B If yes, give the date(s) and details _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? yes no

If yes, give the date(s) and details _____

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations, and arrests or convictions which have been sealed or expunged in answering this question.)

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without a reasonable accommodation? yes no

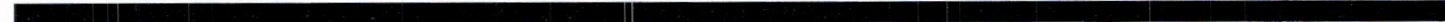


Position Desired _____ Date You Can Start _____ Salary Desired _____

C Which do you prefer? full-time part-time during the following days and hours _____

Are you employed now? yes no If so, may we contact your present employer? yes no

Have you ever applied to or worked for this Company before? yes no If yes, specify dates _____



| Education | Name of School | City and State | # of Years Completed | Did you Graduate? | Degree(s) Earned |
|-------------|----------------|----------------|----------------------|-------------------|------------------|
| High School | | | | | |
| College | | | | | |
| Graduate | | | | | |

D Have you served in the United States Armed Forces? yes no Branch _____ Final Rank _____

Additional training, skill, experience, and special achievements relevant to position _____

☞ List present and past employers beginning with the most recent. Attach additional sheets as needed.

| Month/ Year | Name & Address of Employer | Initial Position and Duties | Previous Supervisor | Starting Pay | Reason for Leaving |
|----------------|-------------------------------|-----------------------------|---------------------|--------------|-----------------------|
| | | Final Position and Duties | Telephone Number | Ending Pay | |
| From | | | | | |
| To | | | | | |
| From | | | | | |
| To | | | | | |
| From | | | | | |
| To | | | | | |

E

Have you ever been terminated or asked to resign from any job? yes no If yes, please explain circumstances _____

Please explain fully any gaps in your employment history _____

F

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

0 - 10 Days 10 - 30 Days 30 + Days

Do you have adequate transportation to and from work? yes no

Do you have any friends or relatives who work for the Company? yes no If yes, who? _____

☞ List three personal references who know you well but who are not previous employers or relatives.

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

G

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

H

X

SIGNATURE OF APPLICANT _____

DATE _____

Applicant's Statement & Agreement

In the event of my employment to a position in the Company, I will comply with all rules and regulations of the Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of drugs and/or alcohol in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality tests or honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that for insurance purposes bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted to the extent permitted by law. Felony and misdemeanor convictions will only be considered to the extent to which they relate to your suitability for employment in the position for which you have applied. 18 Pa. Cons. Stat. § 9125. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named by me as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview are true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I

am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if Company is not a corporation), has the authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and myself regarding the rights of the Company or myself to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of myself and the Company.

I also acknowledge that the Company utilizes a system of alternative dispute resolution which involves binding arbitration to resolve all disputes which may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, both the Company and I agree that any claim, dispute, and/or controversy concerning any aspect of my employment (including, but not limited to, any claims of discrimination and harassment, whether they be based on Title VII of the Civil Rights Act of 1964, as amended, the Equality Act, the Americans with Disabilities Act, the Age Discrimination in Employment Act, the Family and Medical Leave Act, the Genetic Information Nondiscrimination Act as well as all other state or federal laws or regulations) that either I or the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) may have against each other which would otherwise require or allow resort to any court or other governmental dispute resolution forum arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under Workers' Compensation, and Unemployment Compensation claims filed with the state) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act in conformity with the procedures of the Uniform Arbitration Act and the Consolidated Pennsylvania Statutes, Chapter

42, Section 7301 et seq. as may be amended from time to time. However in addition to requirements imposed by law, any arbitrator herein shall be a retired Pennsylvania Commonwealth Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in United States District Courts, the following shall apply and be observed: all rules of pleading, discovery, and evidence (including the right to resolution of the dispute by means of motions for summary judgment, judgment on pleadings. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement, the arbitrator shall extend the times set for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the par-

ties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the Pennsylvania Court of Appeals of a civil judgment following court trial. I UNDERSTAND THAT BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY OF ANY CLAIM I OR THE COMPANY MAY HAVE AGAINST EACH OTHER.

I further understand that this voluntary alternative dispute resolution program covers claims of discrimination or harassment under Title VII of the Civil Rights Act of 1964, as amended. By marking the box to the right, I elect to waive the benefits of arbitrating Title VII claims.

The at-will employment and/or alternate dispute resolution process referred to above are inapplicable and superseded only to the extent they conflict with any union or collective bargaining agreement for which you are covered.

If any provision of this Agreement is construed or interpreted by a court of competent jurisdiction or a duly appointed arbitrator to be void, invalid, or unenforceable, such decision shall affect only those provisions so construed or interpreted and shall not affect the remaining provisions of the Agreement.

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements, understand them and agree to be bound thereby.

 DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT


1

X

SIGNATURE OF APPLICANT

DATE

COMPLETE THE FOLLOWING PAGES ONLY IF THE APPLICANT IS HIRED


 This section to be completed by the Employee.

J I also understand that the Company utilizes a system of alternative dispute resolution that involves binding arbitration to resolve all disputes that may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, both the Company and I agree that any claim, dispute, and/or controversy concerning any aspect of my employment (including, but not limited to, any claims of discrimination and harassment, whether they be based on Title VII of the Civil Rights Act of 1964, as amended, the Equality Act, the Americans with Disabilities Act, the Age Discrimination in Employment Act, the Family and Medical Leave Act, the Genetic Information Nondiscrimination Act as well as all other state or federal laws or regulations) that either I or the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) may have against each other which would otherwise require or allow resort to any court or other governmental dispute resolution forum arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under Workers' Compensation, and Unemployment Compensation claims filed with the state) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act in conformity with the procedures of the Uniform Arbitration Act and the Consolidated Pennsylvania Statutes, Chapter 42, Section 7301 et seq. as may be amended from time to time. However in addition to requirements imposed by law, any arbitrator herein shall be a retired Pennsylvania Commonwealth Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in United States District Courts, the following shall apply and be observed: all rules of pleading, discovery, and evidence (including the right to resolution of the dispute by means of motions for summary judgment, judgment on pleadings. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement, the arbitrator shall extend the times set for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the Pennsylvania Courts of Appeals of a civil judgment following court trial. I UNDERSTAND THAT BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY OF ANY CLAIM I OR THE COMPANY MAY HAVE AGAINST EACH OTHER. The alternative dispute resolution process referred to above is inapplicable and superseded only to the extent it conflicts with any union or collective bargaining agreement for which you are covered. If any provision of this Agreement is construed or interpreted by a court of competent jurisdiction or a duly appointed arbitrator to be void, invalid, or unenforceable, such decision shall affect only those provisions so construed or interpreted and shall not affect the remaining provisions of the Agreement.

X

SIGNATURE OF EMPLOYEE _____

DATE _____


 This section to be completed by the Employee.

K

Emergency Contact _____
Name Phone Number Relationship

Emergency Contact _____
Name Phone Number Relationship

Employee Birth date _____

 This section to be completed by the Employer.

Hire Date _____ Part-time Full-time Other SEASONAL _____

Job Title FLAGGER / LABORER

L

List job functions to identify workers' compensation class code CAPABLE AND WILLING TO LIFT OBJECTS UP TO 100 POUNDS

| Earning Type | Amount |
|--------------------|--------|
| Salary | |
| Hourly | |
| Piecework | |
| Shift Differential | |

Charles P. Alt Miller
 Authorized Signature

CHARLES P. ALTMILLER
 Print Name

_____ Date

Background Check Authorization

☞ Complete all items on this page unless otherwise directed.

M

☞ The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. Please provide addresses covering at least the last seven years.

Print Full Legal Name _____ Male Female

Print Other Names You Have Used _____

SSN: _____ - - Drivers License # _____ Issuing State _____

Birthdate (mm/dd/yyyy) ____/____/____ Place of Birth (City and State) _____

Current Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

I authorize the Company and/or its agents to request a consumer report, or investigative consumer report, about me for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee. I understand that background reports will be requested on me, including: credit reports, criminal convictions, employment history, education, professional references, personal references, civil court filings, driving records, and insurance records. These reports will include information as to my character, general reputation, personal characteristics, mode of living, work habits, salary history, performance, education, experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further I understand that requests for information will be made of various private and government agencies which maintain records concerning my past activities.

I release the Company and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

This Background Check Authorization is inapplicable and superseded only to the extent it conflicts with any union and/or collective bargaining agreement for which you are covered.

X

SIGNATURE OF APPLICANT

DATE

☞ This section to be completed by management and determines which background checks will be conducted. Allow five business days for processing.

N

Company Name _____

Client Number -

Position _____

Criminal Background Check: All New Hires.

Driving Record Check: Will the employee drive company vehicles of any kind, or drive their personal vehicle during work hours or on company errands? yes no

Credit Record Check: Will the employee have access to company funds or financial records, be able to make purchases using company credit, or have managerial decision-making authority? yes no

Wayne Poncher
Authorized Signature

Wayne Poncher
Print Name

DO NOT WRITE BELOW THIS LINE

SSN DMV Criminal Credit

Drug Testing Donor Form

This section to be completed by the Donor

Instructions: Read and Complete this entire page before providing sample.

Company Policy: Impairment related to drug or alcohol use is not tolerated in any way. Employees who are in a condition which could impair their ability to perform their job, endanger the safety of themselves or others, cause equipment or property damage, or otherwise expose the company to potential liability will not be allowed to continue working, or to remain in the workplace. This rule applies to anyone who is ill, fatigued, or otherwise incapable of performing his or her job.

For these reasons, 'impairment' is defined to include, but not limited to the inability to perform one's job in the manner prescribed for that function or in accordance with established practice. Such impairment may include but is not limited to the inability to use or operate equipment or tools properly, to communicate clearly, to exercise reasonable judgment in making decisions, to interact with other employees or business contacts in an appropriate manner, or to engage in other appropriate personal behavior. Such impairment, when caused by drug or alcohol abuse, is a violation of this company's policy.

Notice of Testing: I hereby acknowledge that it is the policy of this company, that all candidates for employment or continued employment, must submit a sample of their saliva for chemical or other analysis. I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited controlled substances in my saliva. I hereby freely and voluntarily consent to this request for a saliva specimen and agree to participate in the testing program.

Donor Name: _____ **SSN:** _____ - _____ - _____

Donor Address: _____

Medication Disclosure: Please list below all drugs and/or medications (including prescription and non-prescription) that you have taken in the last 30 days. If you have taken none, please write "none" on the lines below.

| Type Description | Date of Use | Prescribing Physician |
|------------------|-------------|-----------------------|
| | | |
| | | |

I certify that the following is true and correct: The specimen of saliva I have provided, is mine. The saliva was provided by me at the time requested for purposes of this test. This test I have taken has NOT been adulterated in any manner. The test device with my saliva, was inserted into the test collection device by me, or in my presence. The completed test was returned to the collector by me, and to my knowledge is in good order.

This Drug Testing Donor Form is inapplicable and superseded only to the extent it conflicts with any union and/or collective bargaining agreement for which you are covered.

X

SIGNATURE OF DONOR

DATE

Donor Instructions to provide Saliva Specimen

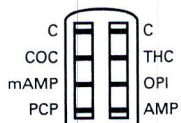
Should you have any questions, please ask the collector.

- 1 Remove the swab/sponge from the sealed pouch and remove the cap from the collector kit.** Insert swab into your mouth and actively swab the inside of your mouth, cheeks and the top of your tongue until the sponge becomes moist.
- 2 Collect for a total of about one and a half (1-1/2) to three (3) minutes.** The time will depend on how soon the swab/sponge becomes completely saturated. There should be no hard spots on the sponge when full.
- 3 Remove the swab/sponge and place it in the collector test device by pushing down into the chamber and turning clockwise to lock into place.**
- 4 Watch for the saliva to be absorbed by the test strips (the test strips will have a slight color change as the saliva is absorbed).** If there is not enough fluid to process the test completely, remove the swab/sponge. A new swab/sponge can be used to collect additional saliva.
- 5 Return the collection device with the swab/sponge intact to the test administrator.** Please review the instructions above to make sure nothing was missed. The results of the test will be available within the next 24 hours. You may be subject to further clinical analysis pending these results.

Employer Instructions Regarding Test Results

Upon receipt of the drug kit from the donor, confirm that the test and this form have been completed. Excuse and advise the donor that he or she will be contacted with the test results within 24 hours.

Reading Test Results



Drug Test Passed -
all lines present indicates no drugs were detected

Drug Test Failed -
ANY line missing on the test means drug(s) were detected. Call (877) 234-4420 for further instructions and confirmation procedures.

Collector Name /Title

Date

X

Collector Signature

Employee's Withholding Certificate

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.

2024

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|---|---|-----------|---|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay 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, and when to use the estimator at www.irs.gov/W4App.

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). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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 Dependent and Other Credits | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| | Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ | | |
| | Multiply the number of other dependents by \$500 \$ _____ | | |
| | Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 3 | \$ _____ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ _____ |

Step 5: Sign Here

Under penalties 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 | First date of employment | Employer identification number (EIN) |
| | | | |



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

USCIS
Form I-9
 OMB No. 1615-0047
 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.**

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 of employment, but not before accepting a job offer.)*

| | | | | | | |
|---|---|--------------------------------|---------------------------|----------------|---------------------------------------|-------------------|
| Last Name <i>(Family Name)</i> | | First Name <i>(Given Name)</i> | | Middle Initial | Other Last Names Used <i>(if any)</i> | |
| Address <i>(Street Number and Name)</i> | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth <i>(mm/dd/yyyy)</i> | 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):

| | |
|--|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 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. <i>(See instructions)</i> | |
| <p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| QR Code - Section 1 Do Not Write In This Space | |

| | |
|-----------------------|----------------------------------|
| Signature of Employee | Today's Date <i>(mm/dd/yyyy)</i> |
|-----------------------|----------------------------------|

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.

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

STOP *Employer Completes Next Page* **STOP**



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|---------------------------------------|-----|--|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) |
| Document Title | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

| | | | | |
|---|---|--|--|----------|
| Signature of Employer or Authorized Representative <i>Alan P. Atherton</i> | | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | Employer's Business or Organization Name | | |
| Employer's Business or Organization Address (Street Number and Name) | | City or Town | State | ZIP Code |

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

| | | | | |
|------------------------------------|-------------------------|----------------|--|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

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 | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

| 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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 alien's nonimmigrant status 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 |

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

Refer to the instructions for more information about acceptable receipts.



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change. Use the Address Search Application at www.newPA.com/Act32 to determine PSD codes, EIT rates and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION

| | | | | | | |
|--|--|--|---|-------------------------|--|--|
| NAME (Last Name, First Name, Middle Initial) | | | SOCIAL SECURITY NUMBER | | | |
| | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| STREET ADDRESS (No PO Box, RD or RR) | | | | | | |
| ADDRESS LINE 2 | | | | | | |
| CITY | | STATE | ZIP CODE | DAYTIME PHONE NUMBER | | |
| MUNICIPALITY (City, Borough or Township) | | | | | | |
| COUNTY | | RESIDENT PSD CODE | | TOTAL RESIDENT EIT RATE | | |
| | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | |

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

| | | | | | | |
|---|--|--|---|-------------------------------------|--|--|
| EMPLOYER BUSINESS NAME (Use Federal ID Name) | | | EMPLOYER FEIN | | | |
| | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) | | | | | | |
| ADDRESS LINE 2 | | | | | | |
| CITY | | STATE | ZIP CODE | PHONE NUMBER | | |
| MUNICIPALITY (City, Borough or Township) | | | | | | |
| COUNTY | | WORK LOCATION PSD CODE | | WORK LOCATION NON-RESIDENT EIT RATE | | |
| | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | |

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

| | | | | | | |
|-----------------------|--|---------------|-------------------|--|--|--|
| SIGNATURE OF EMPLOYEE | | | DATE (MM/DD/YYYY) | | | |
| | | | | | | |
| PHONE NUMBER | | EMAIL ADDRESS | | | | |
| | | | | | | |

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com/Act32

Abbey Road Control Inc.

dba

Traffic Control

853 Saint John's Road
Drums PA 18222

Phone: (570) 788-3096
Fax: (570) 788-2937

abbeyroadcontrol.com



OUR RESPONSIBILITY IS TO KEEP THE ROADS SAFE FOR THE CONSTRUCTION COMPANIES. IF WE ARE NOT ON TIME, IN UNIFORM, AND READY TO WORK, THEN WE ARE HELD LIABLE BY THE CONSTRUCTION COMPANIES.

Attached are a set of rules and regulations. All must be followed to the fullest extent.
Any misconduct will result in a write up and disciplinary action.

RULES AND REGULATIONS FOR YOUR SAFETY

- When on the job, ALWAYS be in Uniform. Helmet, Vest, Leggings, Black or Tan Pants.
- When operating company vehicles, ALWAYS wear your safety belt.
- Always stay alert on roadways. No talking to other flaggers or laborers.
- NO CELL PHONES No texting. No iPods or other music devices.
- The use of drugs or alcohol is STRICTLY prohibited at ALL TIMES. ANYONE suspected of being under the influence of alcohol or drugs will be immediately removed from the work site and drug tested in accordance to our drug and alcohol policy with grounds for immediate termination and the police will be notified.
- The use of a company vehicle is a PRIVILEGE not a right. These vehicles will only be used to get to and from work sites. There are absolutely no exceptions!
- If you are working away from Headquarters the vehicles are only to be used for transportation to and from the work site. Once you are off of the clock, the vehicle should remain parked at the hotel or motel that you are registered in until your next day of work.
- Any damage done to any company owned or rented equipment, (including rented motel or hotel rooms), will come at the expense of the employer and will be garnished from your wage.
- You must treat your co-workers, construction worker employees, and motorists with respect. Any complaints about your behavior or use of abusive language will be investigated and if you are found guilty of such behavior it is grounds for immediate termination.
- Report to work alert, rested and in good physical condition.
- Personal protective equipment (such as safety glasses, hearing protection, protective clothing, and footwear) must be worn when required for specific job tasks or work areas.



The Crash Scene Safety Team'

(09162019)

Abbey Road Control Inc.

dba

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853 Saint John's Road
Drums PA 18222

Phone: (570) 788-3096
Fax: (570) 788-2937

abbeyroadcontrol.com



- All accidents, incidents and injuries, regardless of how minor, shall be reported immediately to the supervisor in charge.
- All work is to be performed in a safe manner according to our written policies and procedures.
If you have a concern about the safety of a task, bring this to the attention of your immediate supervisor.
- Understand your work assignments and perform only the job functions in which you are fully trained.
Discuss any unfamiliar work assignments with your supervisor prior to beginning the task.
- Possession of firearms or other weapons is prohibited while operating Company Vehicles, on Company property, or while you are on Company business.
- Horseplay or practical jokes are strictly prohibited.
- No worker shall operate equipment unless trained and authorized for its proper use.
- No worker shall operate a machine unless the guarding mechanisms are in place and functioning properly.
- Always use the proper tool, equipment, or process for the job.
- Ignoring safe work practices, policies, procedures, rules or other safety instruction could be cause for disciplinary action up to and including termination of employment.
- All employees shall correct an unsafe condition or practice to the extent of their authority and / or report the hazard to their supervisor.
- All employees are forbidden to ride on forklifts, carriers, or other mobile equipment as passengers.
Drivers of such equipment are required to wear seatbelts when provided.

ANY VIOLATIONS OF THE ABOVE STATED RULES OR MISREPRESENTATION OF ABBEY ROAD CONTROL INCORPORATED ARE GROUNDS FOR IMMEDIATE TERMINATION.

Print Name

Sign Name

Date



'The Crash Scene Safety Team'

(09162019)



Abbey Road Control Inc.

DBA

TRAFFIC CONTROL

Drums, PA

The crash scene safety team

853 St. Johns Road

Drums, PA 18222

Phone • (570) 788-3096 Toll Free • (866) 477-2221

Flagger Superintendent • (570) 233-8038 Fax • (570) 788-293



Mandatory Equipment Price List

| | | | | |
|---------------------|----------|---|-------------------|--------------------|
| Helmet ----- | \$12.50 | X | Leggings ----- | \$ 15.00 |
| Vest ----- | \$ 20.00 | X | Raincoat ---- | \$ 23.00 / \$25.00 |
| Red Flag ----- | \$ 9.00 | X | Tee Shirts ----- | \$ 15.00 |
| Mesh Pants ----- | \$20.00 | | Hoodies ----- | \$ 25.00 |
| Stop/Slow Paddle – | \$110.00 | | Sweatshirts ----- | \$20.00 |
| Walkie-Talkie ----- | \$220.00 | | | |

All equipment is the responsibility of the employee. You must purchase all required equipment at the time of hire. Wages will begin to be garnished with your first paycheck until all equipment is paid off.

Any employee who leaves the company before their equipment is paid off must pay off the balance of the total upon their departure. Otherwise you will be taken to the District Magistrate.

If you are responsible for any company equipment and it gets lost, damaged or stolen, you will be charged accordingly from your final paycheck.

Print Name _____

Sign Name _____ Date _____