

APPLICATION FOR EMPLOYMENT

Employee # _____

Last Name First Middle

Date

Street Address

Telephone #

City State Zip

Social Security #

Drivers License #

License Status

State Issued

Position applying for

Pay Expected

List any concrete construction experience you may have

How Long

Are you at least 18 years old or older ?

Do you have any physical conditions which might limit your ability to perform the job
for which you are applying ?

Have you ever been convicted of a felony ? (if yes, explain)

Are you on a work release program? _____

In case of an emergency, please notify

Name

Phone #

I certify that the facts contained in this applicaion are true and complete to the best of my knowledge and I undestand that if employed, falsified statements on this application will be grounds for dismissal.

I understand and agree that if hired, my employment is for no definite period and may be terminated at any time without prior notice regardless of the date payment of wages is made.

Signature

Date

Form W-4 (2001)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2001 expires February 18, 2002.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer (or zero) allowances.**

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line **E** below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See **Pub. 919, How Do I Adjust My Tax Withholding?** for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends,

consider making estimated tax payments using **Form 1040-ES, Estimated Tax for Individuals.** Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Check your withholding. After your Form W-4 takes effect, use **Pub. 919** to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get **Pub. 919** especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** _____

B Enter "1" if: } **B** _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit **F** _____

(Note: Do not include child support payments. See **Pub. 503, Child and Dependent Care Expenses**, for details.)

G Child Tax Credit (including additional child tax credit):

- If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.
- If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children. **G** _____

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) **H** _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single, have more than one job and your combined earnings from all jobs exceed \$35,000, or if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$60,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

..... Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.</p>	OMB No. 1545-0010 2001
1 Type or print your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2001, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		_____
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
LEWALLEN CONSTRUCTION CO 151 BELLS FERRY LN MARIETTA GA 30066-6150		10 Employer identification number 43 : 1085134

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

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

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

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

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

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

Signature of Employer or Authorized Representative	Print Name JACKIE BONEBRAKE	Title PAYROLL
Business or Organization Name LEWALLEN CONSTRUCTION CO, INC.	Address (Street Name and Number, City, State, Zip Code) 151 BELLS FERRY LANE MARIETTA, GA 30066	Date (month/day/year)

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

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

Name _____

Please answer each of the following questions by checking either "yes" or "no"
Explain all Yes answers in the space provided on page 2.

GENERAL MEDICAL HISTORY

	Yes	No
1. Do you have any health problems you think would interfere with your work?	_____	_____
2. Has it been necessary for you to change your type of work or request a change of job due to a physical condition?	_____	_____
3. Has it ever been necessary for you to change your job because of back problems?	_____	_____
4. Have you ever had a back injury or back weakness?	_____	_____
5. Have you ever had stiffness, pain or limited motion of the back?	_____	_____
6. Would it be a problem for you to frequently lift 50-100 pounds on a daily basis?	_____	_____
7. Have you ever had a "trick" shoulder, elbow or knee?	_____	_____
8. Have you ever had locking of knee joints?	_____	_____
9. Have you ever had limitation of joint movements?	_____	_____
10. Have you ever had a serious head injury?	_____	_____
11. Are you subject to fainting?	_____	_____
12. Have you every had a skin allergy or breaking our on previous jobs?	_____	_____
13. Is your skin sensitive to any chemicals or soaps?	_____	_____
14. Are you now or have you ever been allergic to bee stings?	_____	_____
15. Are you now or have you ever been treated for high blood pressure?	_____	_____
16. Have you had any operations?	_____	_____
17. Have you ever had any serious injuries?	_____	_____
18. Have you ever been treated for a fracture?	_____	_____
19. Have you ever filed a claim for worker's compensation or made application for a disability pension?	_____	_____
20. Have you ever received or applied for compensation or disability pension for injury or illness?	_____	_____
21. Have you ever been awarded benefits under worker's compensation claim?	_____	_____
22. Do you have any pre-existing conditions that we should be made aware of?	_____	_____

EMPLOYEE PERSONAL EXPENSES

Any and all expenses incurred by Lewallen Construction Company on behalf of any employee is the responsibility of each individual employee.

These expenses include but are not limited to:

1. Advances made to any employee.
2. Tools not supplied by Lewallen Construction, such as tapes and hammers that are purchased by the employee.
3. Uniform rental or replacement should you not return all uniforms at time of dismissal or resignation or upon cancellation of service.
4. Health Insurance premium
5. Accident Benefit Program
6. Contributions made for an IRA
7. Child Support or Court Order Garnishment
8. Tax Levy on wages
9. All expenses relating to gaining a Commercial Drivers License. Lewallen Construction will pay for all expenses involved in obtaining a CDL. These expenses include physical, drug screening, testing, etc. Lewallen Construction pays for these expenses under the condition that I remain as an employee of Lewallen Construction Company for a period of one year from the date I received my CDL. If I should leave the employ of Lewallen Construction Company prior to one year, I am responsible for the reimbursement of Lewallen Construction Company for all expenses incurred in the process.

In executing this document, I acknowledge that I fully understand and agree to the above.

Date

Employee Signature

INSURANCE COMPANIES

COMMERCIAL AUTO FLEET SAFETY POLICY

Operation of motor vehicles is a necessary part of our business operations. Operation of motor vehicles exposes our company to losses, financially through damaged property, and injury to employees or injury to members of the general public and to our company's reputation. As a result, the following policies are endorsed by management as part of our commitment to operate all aspects of our business in a safe and responsible manner.

Authorized drivers - only those specifically authorized by management to operate company vehicles for company business. This includes drivers of company owned vehicles, employees operating personal vehicles on company business and any authorized family members.

Motor Vehicles Records (MVRs) will be obtained and evaluated annually based on established criteria by management before any employee or designated person is allowed to operate a company vehicle or a private vehicle on company business.

The following MVR evaluation criteria (on or off the job violations) will disqualify all persons as authorized drivers:

- Three (3) or more moving violations within the preceding 36 months
- Driving under the influence of drugs or alcohol
- Hit and Run Accident
- Failure to report an accident
- Operating a vehicle under a suspended or revoked license
- Homicide, assault or a felony arising from the operation of a motor vehicle
- Reckless driving/speed contest/racing

Use of drugs or alcohol is strictly prohibited!

There will be no personal use of company owned vehicles without the express written authority by management.

Seat belt utilization is required of all drivers and passengers in company owned vehicles and in vehicles operated on company business.

All accidents must be reported to the police and to management immediately!

Failure to qualify or comply with the above requirement will disqualify you to operate company owned vehicles or your vehicle to company business.