

New Hire Employee Packet – 2019

Employee Name: _____

All forms below MUST Be Completed and/or Attached --

- Substance Abuse / Disability Claims Acknowledgment and Consent Form _____
- Application for Employment (Approved Wage & Position Info. Included) _____
- Form W-4, Employee's Withholding Allowance Certificate _____
- Form I-9, Employment Eligibility Verification (Superintendent, Section 2) _____
- Payroll Direct Deposit Agreement (Mandatory) _____
- Safety Rules and Regulations _____
- A Copy of your Driver's License AND Social Security Card Attached _____
- A Summary of Benefits Available to Bud Mahas Construction employees is available on request from your supervisor.

See our benefits web page for other information on benefits available to Bud Mahas Construction employees

www.budmahas.com/careers/benefits

This packet must be completed and attached to your first time card.

Acknowledgment and Consent

I acknowledge receiving an explanation of the company's Substance Abuse Detection and Prevention Program and Disability Claims Management Policy. I understand copies of the complete policies are available upon request.

A summary of the policies are as follows:

Substance Abuse Detection and Prevention Program: Drug and alcohol test under these circumstances	Disability Claims Management
Investigate possible employee impairment	Report all injuries before end of shift
Post accident	Seek appropriate medical attention
Random testing	Complete report of injury
Within 30 days after job offer	Get medical return to work authorization
Return to duty following positive test	Cooperate with accident investigation

I understand that participation in and cooperation with these policies is a condition of continued employment with Bud Mahas Construction, Inc. I agree to cooperate with the policies and procedures, to do all that is possible to achieve the company's objective of a drug free work place and efficient and accurate claims management and to consent to testing according to the provisions of the policy.

I agree to hold the company and those who administer it's substance abuse detection and prevention program harmless of any liability that may result from the implementation or enforcement of this program. These policies do not imply a contract for employment or in any way alter the fact that employment with the company is at will.

In case of an emergency or upon my request, Bud Mahas Construction, Inc. has my permission to release my payroll check to the person listed here until further notice from me in writing: _____

Date: _____

Employee Signature

Print Name

Sign and Return to BMC

Approved By	
Wage	\$ _____ /hr
Position	

Application for Employment

Name: _____ Social Security # _____ - -
First - MI - Last

Telephone #: (____) _____ Date of Birth: _____

Mailing Address: _____
Street City State Zip

Email address (required to access paycheck stubs) _____

Position(s) Applied For: _____ Full or Part Time _____

Expected Pay Rate: \$ To Start _____ \$ in 6 months _____ \$ in 1 year _____

Have you worked for us before _____ If yes, when/where _____

List special skills you have for position applied for: _____

List most recent first 1. Company Name 2. City/State/Zip 3. Contact/Ph. #	Present/Previous Employer Data				
	Position	Date From	Date To	End Wage	Reason for Leaving
1.					
2.					
3.					
1.					
2.					
3.					
1.					
2.					
3.					

References - Name	Company	Phone
1.		
2.		
3.		

Applicant: Read & Sign Below

The information I have provided in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as possible cause for dismissal. You are hereby authorized to conduct any investigation of my personal history as noted above.

Signature of Applicant: _____ Date: _____

Circle all that apply (post hire only) Vietnam Era Vet Disabled Vet Person with disability

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 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 filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 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 08/31/2019

▶ **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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
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):

<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 (mm/dd/yyyy)
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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 (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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
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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		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)
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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
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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 Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Bud Mahas Construction
Salt Lake City, Utah

SAFETY RULES & REGULATIONS

The reason for setting forth Company Rules and Regulations is to provide a guide to employees so that their actions will be consistent with the needs of the Company and to maintain orderly and effective operations. Of greater importance is the protection of employees from injury.

Violations of rules shall subject an employee to either progressive discipline or discharge, depending upon the seriousness of the violation as determined by the Company. The employee will be informed of action taken by the Company as a result of a violation of these rules within five (5) working days after the violation is known by the Company.

Below are the General Safety Rules of the Company. Each foreman or supervisor has safety rules specific for their operations. These written rules do not relieve employees from the duty of using good judgement and working in a manner that will not endanger themselves or co-workers.

1. Immediately report all injuries, no matter how slight, to your supervisor.
2. Immediately report any unsafe practices or hazards that you become aware of.
3. Learn the safe way to perform your job before you start. If you are not certain that you thoroughly understand the job, ask your supervisor for further instructions.
4. Work at a safe speed. **DO NOT** endanger yourself or others by hurrying recklessly.
5. Horseplay and practical jokes are dangerous and **SHALL NOT** be tolerated. Anyone involved in these practices will be subject to **SEVERE DISCIPLINE OR DISCHARGE**.
6. Keep your work area clean at all times. Good housekeeping is the responsibility of every employee. Keep stairways, passageways, exits, and sidewalks clean and clear. This will help everyone avoid slips, trips and falls.
7. Be aware of fire extinguishers. Know how to use them. Know the location of emergency exits.
8. Be aware of the location of first aid kits at each jobsite and eye wash stations (as required). For chemical hazards, know the location of emergency showers or a dependable water/rinse supply.
9. Persons under the influence of restricted drugs or intoxicants **SHALL NOT** be permitted access to the jobsite. Restricted drugs or intoxicants **ARE NOT** permitted on or in RBD Construction property or jobsites.

BACK SAFETY TIPS

- Preplan lifts to minimize distances and incorporate a two-person rule if required...50 lbs. for males and 35 lbs. for females.
- Use mechanical lifting devices or aids (forklifts, dollies, etc.) whenever possible for heavy or bulky loads.
- When lifting:
 - Keep your legs apart for good balance.
 - Get a good grip.
 - Keep the load close.
 - Lift slowly with your arms and legs.
 - DON'T** jerk the load up quickly.
 - DON'T** twist your back as you lift ... turn with your feet.
- Prevent back injuries by staying in shape – back and abdomen muscles and use proper posture.

Know and promote your Company's safety rules!

ACKNOWLEDGMENT

I have received and read this safety policy. I understand that these safety standards and practices represent the policies of my company, and I agree to abide by them.

Employee Signature

Date

M E M O R A N D U M

To: ALL EMPLOYEES

From: Steve Mahas

Re: Company policy regarding personal cell phone use by BMC employees

Personal cell phones are not allowed to be used during normal working hours. Personal calls should take place before and after working hours or at lunch. This is a safety issue as well as one of fairness to other employees and to BMC. The superintendent shall enforce this policy. Two warnings will be given. After two warnings the employee may be suspended and/or dismissed for cause by the superintendent.

Employee Signature

Print Name

Sign and Return to BMC