

JPW Companies

JPW Riggers, Inc.
JPW Structural Contracting, Inc.
JPW Erectors
6376 Thompson Road
Syracuse, NY 13206
(315) 432-1111

APPLICATION FOR EMPLOYMENT

The JPW Companies (JPW) evaluates all applicants for all positions based solely on merit. JPW does not discriminate on the basis of race, gender, national origin, labor affiliation, marital status, age, disability or any other protected status.

It is JPW's policy to have all candidates who are offered employment drug tested before the start of work.

Instructions: Please print clearly. Answer all questions. Provide only the information requested. Any additional information not requested will disqualify your employment application. Failure to answer all questions will disqualify your application.

Today's date: _____

Name: _____
Last First Middle Initial

Address: _____
Street City State ZIP

Social Security Number: _____ Date of Birth _____

Home Phone: _____ Personal Cell Phone: _____

Email Address: _____

Employment Position Desired: _____

Date you are available to work: _____

Answer all of the following questions:

Are you at least 18 years old?	Yes	No
Are you legally allowed to work in the U.S.?	Yes	No
Have you ever applied for employment with us before?	Yes	No
If "Yes", when: _____		
Have you ever been employed with us before?	Yes	No
If "Yes", when: _____		
Are you employed now?	Yes	No
If "Yes", may we contact your present employer?	Yes	No
Are you able to work at heights?	Yes	No
If hired, do you intend to work simultaneously for another entity?	Yes	No

Are you currently on "layoff status" and subject to recall?	Yes	No
Are you willing to work on non-prevailing rate jobs as well as prevailing rate jobs?	Yes	No
Have you ever supervised men in the field?	Yes	No
If "Yes", maximum number supervised _____		
Are you able to lift at least 50 lbs? Any restrictions?	Yes	No

Are you available to work:

Full time	Yes	No
Saturdays	Yes	No
Sundays	Yes	No
Holidays	Yes	No
Overtime	Yes	No
Evenings	Yes	No
Nights	Yes	No
Out of Town (100 miles or more)	Yes	No

Educational Background

	Name of School	Location	Course of Study	Did You Graduate	
High School:	_____	_____	_____	Yes	No
College:	_____	_____	_____	Yes	No
Trade/Vocational:	_____	_____	_____	Yes	No

Former/Current Employers: (List three most recent employers. List the most recent first)

1. Employer Name: _____
Employer Address: _____
Position: _____
Wage: _____ Reason for Leaving: _____
Dates of Service: _____

2. Employer Name: _____
Employer Address: _____
Position: _____
Wage: _____ Reason for Leaving: _____
Dates of Service: _____

3. Employer Name: _____
Employer Address: _____
Position: _____
Wage: _____ Reason for Leaving: _____
Dates of Service: _____

Section-1 Experience with Trade Equipment/Tools:

On a scale of 1-10 (10 being highest) rate your skill level on the equipment listed.

Indicate the number of years of experience:

<u>Equipment Type</u>	<u>Skill Level (1-10)</u>	<u>Years Experience</u>	<u>Licenses/Certifications</u>
Flat bed trucks			
Tractor-trailers			
Fork trucks			
Telescopic fork Lift			
Hydraulic Cranes			
Lattice Bm.Cranes			
Boom Trucks			
Overhead Cranes & Hoists			
Boom Lifts			
Scissors Lifts			
Press Brake			
Power Shear			
Plasma Cutter			
Plate Roller			
Drill Press			
Band Saw			
CNC Punch			
Angle master			
MIG Welder			
TIG Welder			
Oxy-Acetyl Torch			
Stick/Arc Welder			
Hand grinders			
Drills & screw guns			
Hilti Deck Guns-Shot			
TC-Bolting Guns/Impact Guns			
Magnetic Drills			
Rigging Equipment-Slings/Spreader Beams/Shoring/Gantry's			
Lasers/Transit Bazooka bob			
Gas powered Cut-Off/ Steel Deck Saws			
Chain Saws			
Jacks-Hydraulic & Track			
Chain Falls/Pullers			
Concrete Core Drill			
Concrete Hammer Drill			
Hand and Power Tools			
Spud Wrench-Bull Pin-Sleeve Bars			

Section-2 STEEL ERECTION			
<u>TRAINING/WORK TASKS</u>	<u>Training/Yes-No Date & Location</u>	<u>Years Experience Indicate-"None" If No Experience</u>	<u>Licenses/Certifications/Qualifications-Yes-No</u>
OSHA Subpart-R Training "Steel Erection"			
OSHA Construction 10 Hour Training			
OSHA Construction 30 Hour Training			
Fall Protection Training			
Fall Protection Equipment Training			
Rigging Training			
Signal Person Training			
Crane-Set-Up-Assembly/Disassembly			
Certified Escort			
Stick Welding			
Deck Welding			
Structural Steel Erection			
Steel-Connector			
Steel-Bolting			
Steel Deck Lay-Out & Installation			
Steel Stairs and Railing Installation			
Pre-Cast Concrete Panel Erection			
Field-Site Steel Fabrication			
Steel Lay-Out/Elevations/True/Plumb			
Structural Steel-Superintendent			
Structural Steel-Foreman			
Structural Steel Quality Training			
Ironworker-Apprenticeship Training			
Ironworker-Journeymen Training			
Construction Orientation			
Personal Protective Equipment			
Welding and Cutting			
Fire Extinguisher			
Lock-Out-Tag-Out			
First-Aid/CPR			
Ladder Safety			
Confined Space			
Electrical Safety/GFI			
Scaffolding Training			

Haz Com Training			
------------------	--	--	--

How many years of experience do you have with the following skills:

Architectural blue print reading_____

Structural blue print reading_____

Erecting structural steel_____

Installing metal deck_____

Rigging and machinery moving_____

Millwright work_____

Applicant Statement:

I hereby state that the information contained in this employment application is true and factual. I understand that any falsification of information will be cause for my disqualification or employment termination. I have read the job description for the position for which I am applying and further understand the hiring policies of JPW as posted for review. I authorize you to make such investigations and inquiries of my personal, employment, educational, and other matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

Applicant's Name:_____

Applicant's Signature: _____ Date: _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a** Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ► _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information	_____	Was offered job	_____	Was hired	_____	Started job	_____
---------------------	-------	--------------------	-------	--------------	-------	----------------	-------

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ►**Title****Date**

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.

**Learning about the law
or the form** 30 min.

**Preparing and sending this form
to the SWA** 37 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

**JPW COMPANIES
PERSONAL VEHICLE INFORMATION FORM**

*****Please Return This Form to HR As Soon As Possible*****

Name

Date

[] Check here if you do not drive

Vehicle(s) Driven:

Vehicle #1:

Year

Make

Model

Lic #

Color

Vehicle #2:

Year

Make

Model

Lic #

Color

Insurance Company Name: _____

Name of Policy Holder: _____

PLEASE ENCLOSE COPY OF CURRENT INSURANCE CERTIFICATE

[] Check here if you need the enclosed certificate returned to you.

Fleet Safety Acknowledgment Form

I hereby acknowledge that I have received and read a copy of the JPW Fleet Safety Program. I agree to comply with the policies and procedures contained in the program.

Driver's Signature

Date

Driver's Name (Print)

JPW Riggers & Erectors, Inc.

JPW Structural Contracting, Inc.

EMERGENCY CONTACT SHEET

Employee Name:_____ **Employee #**_____

In Case of Emergency, Please Notify:

Name:_____ **Relationship**_____

Address:_____

Home Phone:_____ **Work Phone:**_____

Cell Phone:_____

If Primary Contact Not Available, Please Notify:

Name:_____ **Relationship**_____

Address:_____

Home Phone:_____ **Work Phone:**_____

Cell Phone:_____

******Please Alert This Office To Any Changes To Contact Information******

**DRUG-FREE/ALCOHOL-FREE WORKPLACE
AND
DRUG/ALCOHOL TESTING POLICY
ACKNOWLEDGMENT**

I hereby acknowledge that I have received a copy of the Drug-Free/Alcohol-Free Workplace and Drug/Alcohol Testing Policy. I further acknowledge that I will read the contents of the policy, and that the policy explains the drug and alcohol testing requirements. For my personal health and safety and for the benefit of my co-workers, Company, and the public, I agree to avoid the use of illegal drugs and avoid the abuse of legal drugs and alcohol.

I further certify that I have received the information explaining my employer's policies and procedures with respect to these testing requirements.

Print Employee Name

Date

Employee Signature

Date

Print Human Resources Name

Date

Human Resources Signature

Date

JPW COMPANIES EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

**TO ENROLL IN THE *JPW COMPANIES DIRECT DEPOSIT PROGRAM*,
SIMPLY FILL OUT THIS FORM AND FORWARD TO THE PAYROLL
DEPARTMENT.**

- **YOU WILL NEED TO ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT DIRECT DEPOSITS.**
- **IF DEPOSITING TO A SAVINGS ACCOUNT, ASK YOUR BANK TO PROVIDE YOU WITH THE ROUTING / TRANSIT NUMBERS FOR THAT ACCOUNT.**
- **DEPOSIT SLIPS DO NOT ALWAYS REFLECT THE ACCURATE ROUTING NUMBERS.**

IMPORTANT!!

PLEASE READ & SIGN BEFORE COMPLETING AND SUBMITTING:

I hereby authorize JPW Riggers, Inc. and/or JPW Structural Contracting, Inc. ("JPW Companies") to deposit any amounts owed me by initiating credit entries to my account at the financial institutions designated on the form below. Further, I authorize said institution to accept and to credit any credit entries indicated by JPW Companies to my account. In the event JPW Companies deposits funds erroneously into my account, I authorize JPW Companies to debit my account for an amount not to exceed original amount of erroneous credit.

This authorization will remain in full force and effect until such time JPW Companies and said financial institution have received written notice from me of its termination in a time and manner as to afford a reasonable opportunity to act.

Employee Name _____ Social Security # _____

Employee Signature _____ Date _____

Bank Name _____ Account Type: Checking _____ Savings _____

Bank Routing # _____ Account # _____
(note sample below)

The image shows a sample check from ANYPLACE BANK, Anyplace, VA 20000. The check is payable to the order of JEFFREY MAPLE and SUZANNE MAPLE, 123 Pear Lane, Anyplace, VA 20000. The check number is 1234. The routing number is 250250025 and the account number is 202020786. The check is for \$15,000.00. A note indicates that the routing and account numbers may be in different places on a check.

JEFFREY MAPLE
SUZANNE MAPLE
123 Pear Lane
Anyplace, VA 20000

PAY TO THE ORDER OF _____ \$ 15,000.00

ANYPLACE BANK
Anyplace, VA 20000

For _____

Routing number: 250250025
Account number: 202020786

Do not include the check number.

Note. The routing and account numbers may be in different places on your check.



Issued: May 2022

NYS Electronic Monitoring Law

JPW Employees,

Per NYS Electronic Monitoring Law, JPW must advise employees that any and all telephone conversations or transmissions, electronic mail or transmissions, or internet access or usage by an employee by any electronic device or system, ***including but not limited to the use of a computer, telephone, wire, radio or electromagnetic, photoelectronic or photo-optical systems*** may be subject to monitoring at any and all times by any lawful means.

By signing below, you acknowledge having read and understood what is outlined above.

Print Name

Signature

Date

JPW RIGGERS, INC.
JPW STRUCTURAL CONTRACTING, INC.

DRIVER HISTORY FORM

Driver's Name (Print): _____

Home Address: _____

City: _____ State: _____ Zip: _____

1. Do you have a valid Driver's License? Y N
2. In which state are you a licensed driver: _____
3. If you have held a license in any other state during the past 36 months, please provide the following information:

Dates

State

From: _____ to _____

From: _____ to _____

From: _____ to _____

4. Have you been convicted of driving while impaired or under the influence of alcohol and/or drugs within the past three years? Y N If yes, give explanation(s) and date(s):

5. Have you refused to submit to a Blood Alcohol Content (BAC) test within the past three years? Y N If yes, give explanation(s) and date(s):

6. Have you been convicted of reckless driving, leaving the scene of an accident, or committing a felony involving a vehicle within the past three years? Y N If yes, give explanation(s) and date(s):

JPW RIGGERS, INC.
JPW STRUCTURAL CONTRACTING, INC.

DRIVER HISTORY FORM

7. Have you had your operator's license suspended, revoked, or administratively restricted within the past three years? Y N
If yes, please provide explanation(s) and date(s)

8. Have you been convicted or found at fault for any non-fatal accidents involving a motor vehicle in the past three years? Y N If yes, list date(s)

9. Have you been convicted or found at fault for any fatal accidents involving a motor vehicle during the past three years? Y N If yes, list date(s)

10. Have you been convicted of any other moving vehicle violations during the past three years? Y N If yes, list type(s) and date(s)

**JPW RIGGERS, INC.
JPW STRUCTURAL CONTRACTING, INC.**

DRIVER HISTORY FORM

I certify that the answers provided to the questions on this form are true to the best my knowledge.

I authorize JPW Riggers & Erectors and JPW Structural Contracting or their designated representative(s) to obtain information regarding my driving record in any state at any time while I am employed by (or seeking employment with) the company.

I understand that any misstatement of the facts on this form may be grounds for termination of employment.

In the event that my MVR indicates that I am a "High Risk Driver" as identified in the glossary of the Fleet Safety Program, I understand that I may be subject to dismissal.

_____ Driver's Signature	_____ Date
____-____-____ Social Security No.	____Male ____Female Sex
	_____ Date of Birth
_____ Driver's License No.	_____ Expiration Date
	_____ State

COMMUNICATION POLICY

Cellular Telephone Usage

Safety must be a primary focus of every action on every job. When it is absolutely necessary for an employee to communicate with their Supervisor, all precautions must be taken to safely divert attention from job performance to the cell phone call.

No other use of a cellular telephone is allowed during the work day. When employees are temporarily idle or waiting for the next assignment, calls to other job sites are prohibited. Employees on other sites may not be idle at the same time, and an incoming call is a distraction from safe work performance.

Under no circumstances can an employee use a cell phone while operating equipment.

Employees can only make calls to their immediate Supervisor. Calls to others must be approved by their Supervisor. Under no circumstances can employees call members of management without permission, unless an extremely serious condition exists. Under no circumstances can employees call co-workers on other sites unless directed by their Supervisor. The Company monitors cellular telephone activity.

Employees who are supplied with cellular telephones must reasonably safeguard the equipment from loss, damage or theft. Upon separation from employment, employees must return the equipment in good working condition.

Driving with a cellular telephone should be avoided whenever possible. Safely operating a motor vehicle requires a driver's full attention. Employees must comply with all state and federal regulations regarding cellular telephone usage.

New York and many other states prohibit the use of hand held cellular telephones while operating motor vehicles. Employees operating motor vehicles cannot use a cellular telephone while driving unless they pull over and stop, or use a hands-free device. Employees who receive tickets or infractions are responsible for their payment.

Personal cellular telephones should not be used during the work day. Employees can make calls during break and lunch times. Employees cannot use a personal cellular telephone at all if it would cause a safety issue.

I have read and understand the JPW communication policy:

Signed_____

Name_____

Date_____



JPW RIGGERS, INC. / JPW STRUCTURAL CONTRACTING, INC. / JPW ERECTORS

6376 Thompson Road
Syracuse, New York 13206
315-432-1111

JPW Companies Safety and Security Programs

Employee Acknowledgement and Certification

Safety Program Manual Contents

Table of Contents-Section-I

Section-1—Introduction-Corporate Safety & Quality Policy

Section-2—General Health and Safety Plan

Section-3—Fire Safety-Evacuation-Fire Extinguisher Use

Section-4—First Aid / CPR / AED

Section-5—Drug and Alcohol Program

Section-6—Hazard Communication-Right-To-Know-MSDS

Section-7—Personal Protective Equipment

Section-8—Hand and Power Tools

Section-9—Machine Guarding Safety Program

Section-10—Welding and Cutting Program

Section-11—Lock-Out-Tag-Out Energy Source Control Program-Plant

Section-12—Confined Space Program/Permit-Site Plan

Section-13—Fall Protection Program-Facilities/Construction

Section-14—Overhead Cranes, Hoists / Mobile Cranes, Rigging and Equipment

Section-15—Powered Industrial Trucks / Material Handling

Table of Contents-Section-II

Section-1—Fleet Safety Program

Section-2—Housekeeping—Progressive Discipline Policy-Form

Section-3—Signature Sheets / Acknowledgements

Section-4—JPW Companies Employee Handbook

JPW Companies
Certification of Employee/Temporary Employee

I have received a copy, read and understand the above Section-I-1-15 and Section-II-1-4, JPW Riggers, Inc. / JPW Structural Contracting, Inc. / JPW Erectors, Safety and Security Program and General Health and Safety Plan that outlines Company policies and employee responsibilities concerning safety, including disciplinary policies for violation of safety rules and regulations.

I will familiarize myself further with JPW Companies Safety and Security Program-Employee Manual and General Health and Safety Plan. I will comply with all of its provisions. I understand and agree that the Company has the right to change, amend, modify, or withdraw any provision of the Safety and Security Program, General Health and Safety Plan without notifying me before the effective date of any amendment, modification, or withdrawal.

I understand that the Safety and Security Program and General Health and Safety Plan is not a contract of employment and the Company has the right to follow or deviate from the policies in the Safety and Security Program and General Health and Safety Plan in the Company's sole and exclusive discretion.

I also understand that the Safety and Security Program and General Health and Safety Plan does not change the nature of my "at-will" employment with the Company. "At-will" employment means that I can be terminated with or without cause, with or without notice, at any time, at the option of either me or the Company.

By my signature below, I agree to the terms of this Certification and also agree to follow the policies, procedures and programs / but not limited to: contained in JPW Riggers, Inc. / JPW Structural Contracting, Inc. / JPW Erectors Safety and Security Program, General Health and Safety Plans, Project and/or Site Specific Safety Plans and JPW Companies Training Programs and Requirements.

Employee Signature

Date

JPW Manager

Date

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.

2023**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, other details, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (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 ☐

TIP: If you have self-employment income, see page 2.

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 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>) <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> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
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)
----------------	-----------------	---------------------------------------

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
--	---------------------------	---



EMPLOYEE HANDBOOK Acknowledgment

I acknowledge I have received a copy of the Employee Handbook outlining the benefits and policies of the Company. I further acknowledge I will read the contents of the Employee Handbook and I will contact the Company with Questions. I will abide by all policies.

I understand the Company reserves the right to change any portion of the policies outlined in this Employee Handbook.

I understand the employee benefits, policies and rules in this Employee Handbook will remain in effect until I am notified of changes.

The Company follows a policy of "employment at will." Accordingly, this Employee Handbook is not intended to be a contract of employment or a warranty of benefits.

I understand the Company reserves the right to final interpretation of the terms and conditions of the policies.

I understand when I fail to follow any policy I may be terminated from employment. I understand that I may be suspended during any investigation which I am involved. I understand any questions I have should be directed to the Human Resources Department.

Employee Name (print)

Employee Signature

Date_____

Human Resources (Print)

Human Resources (Signature)

Date_____

Copy of Acknowledgement given to the employee: No____ Yes____

GROUP TERM LIFE Enrollment Form

Companion Life Insurance Company

(providing Life Insurance Coverage)



Employer Section (To be completed by the employer. Required fields are marked with an asterisk(*).)				
*Employer Name: JPW Riggers, Inc.		Effective Date:		Group ID: G000BXGD
Sub Group ID:	Location Code:	Class:	Occupation:	
*Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Annually		*Date of Hire:		Hours Worked Per Week:
Employee Section (Please print clearly. Required fields are marked with an asterisk(*).)				
*Last Name:		*First Name:		MI:
*SSN/ID Number:	*Birth Date (MM/DD/YYYY):	*Gender:	*Marital Status:	
*Street Address:				
*City:	*State:	*Zip Code:		
Basic Life and AD&D Coverage Election				
Employee Coverage Only	Enroll	Decline	Benefit Amount	Premium Amount
Basic Life and AD&D - Employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	Paid by Employer
Voluntary Life Coverage Election				
Employee and Dependent Coverage	Benefit Amount - Select One Option			Premium Amount
Voluntary Life - Employee	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Decline			\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Voluntary Life - Spouse	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Decline			\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Voluntary Life - Child(ren)	<input type="checkbox"/> \$10,000 (per child) <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Decline			\$ _____ \$ _____
<p>You must complete and submit an Evidence of Insurability form if you or your spouse are enrolling for Voluntary Term Life coverage in excess of the Guaranteed Issue Amount (GIA). The form is available from your employer/benefits administrator, or is available online at http://www.mutualofomaha.com/eoi. The GIA is the lesser of 5 times your annual salary, or \$100,000. For your spouse, the GIA is the lesser of 100% of the amount you enroll for, or \$25,000. In no event shall your amount of insurance exceed 5 times your salary.</p> <ul style="list-style-type: none"> - You must elect coverage for yourself for your dependent(s) to be eligible. - The benefit amount elected for your child(ren) cannot be more than 100% of your elected benefit amount. - The benefit amount elected for your spouse cannot be more than 100% of your elected benefit amount. - You must be age 70 or less for your spouse to be eligible for coverage. Spouse coverage terminates when you reach the age of 70. - Your dependent child(ren) must be under age 26 to be eligible for insurance. 				

Beneficiary for Death Benefits (Right to change beneficiary is reserved to the insured.)

If naming more than one beneficiary, please attach a separate signed and dated sheet. Beneficiaries shall share benefits equally unless otherwise stated. Some states have laws regarding beneficiary designation. Please consult your employer/benefits administrator for additional information.

Primary Beneficiary Designation

Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)	SSN
Telephone:	Address of Beneficiary (Address, City, State, Zip):			

Secondary Beneficiary Designation

Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)	SSN
Telephone:	Address of Beneficiary (Address, City, State, Zip):			

Enrollment Information

Enrollment must occur within 31 days from the date the employee becomes eligible (or as otherwise stated in the applicable policy). If you are required to pay premiums for any coverage, the enrollment form **MUST** be signed and dated to authorize payroll deductions. The premium amounts indicated on this form are estimates, and are subject to change based on the final terms and conditions of the applicable policy as well as your age and/or salary on the effective date of the coverage.

Agreement and Signature

I represent that the information I have provided in this enrollment form is complete, true and accurate to the best of my knowledge. I understand that payment of premium does not guarantee eligibility for coverage. I understand and agree that I must satisfy all active work and/or active employment requirements that pertain to the policy to be eligible for coverage. I understand and agree that life insurance coverage for my eligible dependent(s) may be delayed if they are confined (at home, in a hospital, or in any other institution or facility) or disabled on the date insurance would otherwise begin, in accordance with the terms of the policy.

Should I apply for waived coverage in the future, I understand that evidence of insurability may be required, acceptable to the underwriting company, **at my own expense**. I understand that if coverage is applied for in the future, it must be during an enrollment period approved by the underwriting company or due to a life change event as defined or allowed by the applicable policy, and that a waiting period may apply.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **The Fraud Warning does not apply to life insurance benefits.**

By signing below, I acknowledge that I understand and agree to the above statements, and that I have read and understand the benefit summary or outline of coverage provided to me for each type of coverage. The above requirements will apply unless otherwise stated in the applicable policy, or unless prohibited by any applicable state or federal law.

SIGNATURE OF EMPLOYEE _____ **DATE** ____/____/____

Applicable to Life Plans for Residents of New York

- Read your policy carefully.
- Your employer may include a Living Care (Accelerated Death) Benefit in your plan. If so, there is no additional premium charge associated with this benefit. Receipt of such benefits may affect your eligibility for public assistance programs, and the benefits received may be taxable as income.
- Certain war risks are not assumed. In case of any doubt contact the insurance company for further explanation.



must safeguard workers' personal information, and may not ask workers to obtain a printout from the Social Security Number

database or other written verification of their Social Security Number from SSA. Employers who do not follow the rules may be barred from using E-Verify and may violate the law in the process.



Employees — You Should Know Your Rights and Responsibilities Under E-Verify

Federal law requires that all employers verify the identity and employment eligibility of all new employees (including U.S. citizens) within three days of hire. Employers are required to complete a Form I-9, and employees must provide employers with documentation establishing both identity and eligibility to work in the United States.

The Department of Homeland Security (DHS) and the Social Security Administration (SSA) have established an electronic system called E-Verify to assist employers further in verifying the employment eligibility of all newly-hired employees. In short, through E-Verify, employers send information about you to SSA and DHS (only for non-citizens) to ensure that you are authorized to work in the United States and that your name, Social Security number, and date of birth match government records. If your employer uses E-Verify, you as an employee have certain rights and responsibilities.

Your Rights and Responsibilities When Your Employer Checks Your Information in E-Verify

After you have been hired and within three days after starting your new job and completing Section 1 of the Form I-9, you must show your employer valid documentation (as listed on the Form I-9) that establishes your identity and employment eligibility. It is your right to choose which documents to produce regardless of the fact that your employer participates in E-Verify, with one exception. If you present a List B document to an employer that participates in E-Verify, that document must include a photograph.

Your employer must post a notice to employees that it is participating in E-Verify.

Your employer may only check E-Verify after you have been offered and have accepted a job, and you have completed the Form I-9. Your employer may not use E-Verify on applicants (i.e., pre-screening you through E-Verify before hiring you), and your employer may not use E-Verify selectively to verify some employees and not others.

Your employer may only check your employment eligibility in E-Verify if you are hired for a new job and not if you are currently working for him/her.

Your employer must use E-Verify for all new employees at participating hiring sites, regardless of national origin or citizenship status.

Your employer may not use E-Verify to discriminate against you based upon your national origin or citizenship status or for other unlawful reasons, including retaliation for filing EEO complaints, membership in a union, etc.

Your Rights and Responsibilities When Your Information Does Not Match with SSA's or DHS' Data in E-Verify

If your employer runs your information through E-Verify and receives a mismatch, which is known as a tentative nonconfirmation, your employer must promptly give you written notification of the tentative nonconfirmation and ask you whether you want to contest the tentative nonconfirmation. If you choose to challenge the tentative nonconfirmation, you must indicate that on the notice of tentative nonconfirmation and return that notice to your employer. You and your employer must both sign the notice of tentative nonconfirmation. After you return the notice to your employer, your employer must then give you a



Know Your Rights – Quick List

- Employers must post a notice informing employees of their use of E-Verify.
- E-Verify must be used for new hires only. It cannot be used to verify the employment eligibility of current employees.
- E-Verify must be used for all new hires regardless of national origin or citizenship status. It may not be used selectively.
- E-Verify must be used only after hire and after completion of the Form I-9. Employers may not pre-screen applicants through E-Verify.
- If an employee receives a tentative nonconfirmation, the employer must promptly provide the employee with information about how to challenge the tentative nonconfirmation, including a written notice generated by E-Verify.
- If an employee decides to challenge a tentative nonconfirmation, the employer must provide the person with a referral letter issued by E-Verify that contains specific instructions and contact information.
- Employers may not take any adverse action against an employee because he/she contests a tentative nonconfirmation. This includes firing, suspending, withholding pay or training, or otherwise limiting his/her employment.
- The employee must be given eight federal government work days to contact the appropriate federal agency to contest the tentative nonconfirmation.
- Employers may not take any adverse action against any employee based upon the tentative nonconfirmation for the duration of the tentative nonconfirmation (even if it extends beyond ten federal government work days) as long as the employee contacted the appropriate federal agency within eight federal government work days.
- Employers may terminate workers based upon E-Verify only upon receipt of a final nonconfirmation or upon notice that an employee has chosen not to contest a tentative nonconfirmation.
- Employers may not use E-Verify to re-verify the employment eligibility of an existing employee. Re-verification must be conducted through the Form I-9.



referral letter providing you with details on how to contact SSA or DHS to resolve your case. You and your employer must both sign the referral letter.

Once you have received the referral letter, you must contact the appropriate federal agency within eight federal government work days to begin resolving your case. If your tentative nonconfirmation relates to SSA, it is important that you inform SSA that you are contesting a tentative nonconfirmation issued by E-Verify. Moreover, you should attempt to resolve the issue with SSA as soon as possible because the resolution of the tentative nonconfirmation could take some time. If possible, you should also bring documentation with you to SSA evidencing your name (and, if applicable, other legal names you have had), Social Security number, citizenship status, and date of naturalization (if applicable). If you contact DHS to contest a tentative nonconfirmation, it will assist your case if you can provide information about your immigration status, including dates that your status may have changed. Once you resolve your case, you should tell your employer about any changes that have been made to your SSA records (if any), and your employer should then attempt to verify your employment eligibility again through E-Verify.

With respect to your efforts to resolve a SSA tentative nonconfirmation, your employer may not ask you to obtain a printout from the SSA database or other written verification of your Social Security number from SSA.

Your Right to Work if You Timely Contest a Tentative Nonconfirmation

Your employer may not take any adverse action against you based upon the tentative nonconfirmation because you are working to resolve the tentative nonconfirmation with the appropriate federal agency. For example, your employer may

not fire you, suspend you, delay your first day on the job, withhold your pay or training, or limit your employment.

Your employer may fire you based upon E-Verify only if your employer receives a final nonconfirmation result from E-Verify or if you do not contest a tentative nonconfirmation.

Your Right to Legal Remedies if You Have Been Discriminated Against by Your Employer

Federal law prohibits employers from discriminating against applicants and employees based upon their national origin and citizenship (or immigration) status when verifying employment eligibility through completion of the Form I-9 and the use of E-Verify. For example, employers may not on the basis of national origin or citizenship status: terminate or suspend you based upon a tentative nonconfirmation issued by E-Verify; refuse to hire work-authorized non-citizens (unless required by law or government contract); treat applicants differently in the Form I-9 or E-Verify process; or limit the choice of documentation you present to establish employment eligibility when completing the Form I-9 (other than the requirement that a List B identity document contain a photograph). If you feel that you have been discriminated against by your employer, please call the Department of Justice, Civil Rights Division, Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Assistance Available to You if Your Employer Misuses E-Verify

Employers are required to follow certain procedures when using E-Verify that were designed to protect workers from unfair employment actions. For example, employers must notify workers that they use E-Verify, may not use E-Verify on applicants or existing employees, may not terminate workers or take other adverse action based upon a tentative nonconfirmation,