

Employment Application

(please print clearly: please be sure to use ballpoint pen)

APPLICATION DATE:

Primary Trade: _____ Years: _____ Last Hourly Wage: _____

YOU MUST FURNISH PROOF THAT YOU ARE A U.S. CITIZEN OR LEGALLY PERMITTED TO WORK IN THE U.S.

First Name: _____ Last Name: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____

Education	Course of Study	# Years	Degree	Year Graduated
College				
Tech/Trade				
High School				

	YES	NO
Do you have a driver's license? (if yes # _____).....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have your own transportation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been denied a Security Clearance or had on revoked?	<input type="checkbox"/>	<input type="checkbox"/>

Record of conviction is not an automatic bar to employment

Have you ever been convicted of a Felony? YES NO

If "YES" to either question, please explain: _____

Referred by: Newspaper Internet Walk-In Friend Other

for office use only

Ref: Notes

Checked by: _____ Database: _____ Quickbooks: _____ Bio: _____

EMPLOYMENT HISTORY

EMPLOYMENT DATES	_____		SALARY:	_____	
	From	To		Starting	Ending
Employer's Name	_____				
City	_____	Telephone #	_____	Supervisor's Name	_____
Work you performed	_____				
Reason for leaving	_____				

EMPLOYMENT DATES	_____		SALARY:	_____	
	From	To		Starting	Ending
Employer's Name	_____				
City	_____	Telephone #	_____	Supervisor's Name	_____
Work you performed	_____				
Reason for leaving	_____				

EMPLOYMENT DATES	_____		SALARY:	_____	
	From	To		Starting	Ending
Employer's Name	_____				
City	_____	Telephone #	_____	Supervisor's Name	_____
Work you performed	_____				
Reason for leaving	_____				

PLEASE LIST TYPES OF PROJECTS (Hospitals, Schools, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

SKILLS/EXPERIENCE

<p><u>FRAMING</u> <u>Yrs. Experience</u></p> <p>Do layout _____</p> <p>Rough framing _____</p> <p>Set trusses _____</p> <p>Install sheathing _____</p> <p>Read prints _____</p> <p>Doors _____</p> <p><u>Windows</u> Install _____ Repair _____</p> <p><u>ELECTRICAL</u> INDUSTR. _____ COMM'L _____ RES _____</p> <p>Do layout _____</p> <p>Bend conduit _____ up to _____"</p> <p>Pull wire _____</p> <p>Install switch gear _____</p> <p>Install sub panels _____</p> <p>Finish electrical _____</p> <p>Read prints _____</p> <p><u>VOICE DATA VIDEO</u></p> <p>Install Copper & fiber optic cables _____</p> <p> Install racks _____</p> <p> Install cabinets _____</p> <p> Patch panes _____</p> <p>Install data network equipment _____</p> <p>Terminate copper _____</p> <p><u>DRYWALL</u></p> <p>Estimate usage _____</p> <p>Cut and hang ceiling _____</p> <p>Cut and hang walls _____</p> <p>Tape and mud _____</p> <p>Finish _____</p> <p><u>FINISH CARPENTRY</u></p> <p>Hang doors _____</p> <p>Hang windows _____</p> <p>Form formica _____</p> <p>Install counter tops _____</p> <p>Install trim _____</p> <p>Baseboard _____ Crown Moulding _____</p> <p><u>Cabinetry</u> Install _____ Build _____</p>	<p><u>PLUMBING</u> <u>Yrs. Experience</u></p> <p>Trenching _____</p> <p>Prefab trees _____</p> <p>Prefab rough _____</p> <p>Install rough _____</p> <p>Install fixtures _____</p> <p>Other _____</p> <p><u>FLOORING</u></p> <p>Carpet _____</p> <p>Hardwood _____</p> <p>Tile _____</p> <p>Vinyl _____</p> <p><u>HVAC</u></p> <p>Install _____</p> <p>Repair _____</p> <p><u>MASONRY</u></p> <p>Lay Block _____</p> <p>Lay Brick _____</p> <p>Finish Concrete _____</p> <p>Plaster _____</p> <p>Set Forms _____</p> <p>Read Prints _____</p> <p><u>Painting</u></p> <p>Commercial _____</p> <p>Residential _____</p> <p>Interior _____</p> <p>Exterior _____</p> <p><u>TILE</u></p> <p>Installation _____</p> <p>Repair _____</p> <p><u>PLASTER</u></p> <p>Texture _____</p> <p>Smooth _____</p> <p>Acoustical _____</p>
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ROOFING Wood Shingles _____ Tiles _____ Hot Mop _____ Torch-down _____ Re-sheating _____

SQUARES PER HOUR? _____

Please circle if you have: Steel Toe Boots - Hard hat - Tools - Safety Glasses - Back Brace

Three co-worker or other references that can verify your work and/or character (Exclude relatives).

<u>Name</u>	<u>Occupation</u>	<u>Telephone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

AGREEMENT, ACKNOWLEDGEMENT AND AUTHORIZATION

I HEREBY GRANT PERMISSION TO ANY COMPANY, OR INDIVIDUAL, TO FURNISH SIERRA CONSTRUCTION LABOR WITH INFORMATION REGARDING MY PRIOR EMPLOYMENT INCLUDING BUT NOT LIMITED TO PERIOD OF EMPLOYMENT, CLASSIFICATIONS, SALARY AND ELIGIBILITY FOR RE-HIRE. I HEREBY RELEASE ANY COMPANY OR INDIVIDUAL FROM ANY LIABILITY CONNECTED WITH FURNISHING OF SUCH INFORMATION.

I UNDERSTAND THAT SIERRA CONSTRUCTION LABOR IS MY EMPLOYER OF RECORD AND THAT THE COMPANIES THAT I PERFORM WORK FOR ARE UNDER A WRITTEN AGREEMENT NOT TO HIRE ME DIRECTLY.

I ALSO UNDERSTAND THE IMPORTANCE OF REPORTING TO A JOB AS SCHEDULED AND FAILURE TO DO SO WITHOUT NOTICE TO SIERRA CONSTRUCTION LABOR WILL AUTOMATICALLY TERMINATE MY ASSIGNMENT AS WELL AS OTHER POSSIBLE FUTURE ASSIGNMENTS.

- NO ALCOHOL OR DRUGS WILL BE USED BY ME OR BE IN MY POSSESSION**
- PROTECTIVE CLOTHING/DEVICES REQUIRED BY THE JOB MUST BE WORN/USED AT ALL TIMES**
- ALL INJURIES MUST BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR AND SIERRA CONSTRUCTION LABOR.**

PLEASE INDICATE ANY PHYSICAL CONDITIONS THAT COULD AFFECT YOUR ABILITY TO PERFORM YOUR WORK:

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE AND THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS FULLY.

Applicant's Signature _____ **Date** _____

Form W-4 (2007)

Purpose. Complete Form W-4 so that 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 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) 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/multiple job situations. Complete all worksheets that apply. 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.

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. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/Multiple 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.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

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 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: <ul style="list-style-type: none"> • 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. 	B _____
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 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child. • If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 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 have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the **Two-Earners/Multiple Jobs 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="font-size: small; margin: 0;">▶ Whether you are 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2007</div>
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 shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<div style="border: 1px solid black; padding: 2px;">5</div>
6 Additional amount, if any, you want withheld from each paycheck		<div style="border: 1px solid black; padding: 2px;">6 \$</div>
7 I claim exemption from withholding for 2007, 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 ▶		<div style="border: 1px solid black; padding: 2px;">7</div>
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 (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)
		10 Employer identification number (EIN)

Employment Eligibility Verification

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	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

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)



APPLICANT EMPLOYMENT VERIFICATION REQUEST

FROM: SIERRA CONSTRUCTION LABOR
MANHATTAN BEACH, CA.

New Phone Numbers:
Tel: 310-318-5900
Fax: 310-374-0942

TO: _____

THE PERSON IDENTIFIED IS BEING CONSIDERED FOR EMPLOYMENT AND HAS AUTHORIZED THE RELEASE OF THE FOLLOWING INFORMATION BY HIS SIGNATURE BELOW. THIS INFORMATION WILL REMAIN CONFIDENTIAL.

NAME OF APPLICANT _____ **SS#** _____

DATES OF EMPLOYMENT _____ **FROM** _____ **TO** _____

ELIGIBLE FOR REHIRE YES NO **FINAL RATE OF PAY** _____

POSITION LAST HELD _____

PLEASE CIRCLE ANY ITEM BELOW THAT MAY HAVE BEEN AN AREA OF WEAKNESS FOR THIS INDIVIDUAL.

ATTENDANCE DEPENDABILITY JOB KNOWLEDGE EFFORT
QUALITY OF WORK CONDUCT PRODUCTIVITY COOPERATIVE
REASON FOR SEPARATION? LAID-OFF _____ FIRED _____ RESIGNED _____

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APPLICANT'S SIGNATURE _____ **DATE** _____