



# Advanced American Construction, Inc.

Post Office Box 83599 • Portland, Oregon 97283  
Phone: (503) 445-9000 • Fax: (503) 546-3031  
Website: www.callaac.com • CCB# 167886

## New Employee Check List

### Employee Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Pre-Hire Documents

- Complete, Sign and Return: eVerifile Background Check Form
- Complete, Sign and Return: Drug Test
  - Take lab form to drug testing facility and return drug test receipt to AAC office.

### New Hire Documents

- Complete, Sign and Return: Employee Information Form
- Complete, Sign and Return: W-4
- Complete, Sign and Return: I9 (along with two forms of identification)  
Acceptable forms of identification would include two of the following:
  - A copy of a valid driver's license
  - A copy of social security card
  - And/or valid Passport
- Copy of Union UBC card and number
- Sign and Return: Safety Notice and Acceptance
- Tear out, Sign and Return: Last Page of AAC Safety Book
- Check Applicable Boxes, Sign and Return: Voluntary Survey
- Sign and Return: Direct Deposit Form (along with a voided check)
- Call appropriate Union for a: Dispatch



**DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned, hereby consent and authorize \_\_\_\_\_, its affiliated companies, and/or its agents (collectively, herein after referred to as " the Company") to obtain information about me from a consumer reporting agency for employment purposes. I understand that this means that a "consumer report" and/or an "investigative consumer report" may be requested which may include information regarding my character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information relating to my criminal history, credit history, motor vehicle records such as driving records, social security verification, verification of education or employment history or other background checks. This may involve personal interviews with sources such as neighbors, friends or associates. These reports may be obtained at any time after receipt of my authorization, and if I am hired, throughout my employment. I understand I have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to e-Verifile, 900 Circle 75 Parkway, Suite 1550, Atlanta, GA 30339 – 770-859-9899. For information about e-Verifile's privacy practices see [www.e-verifile.com](http://www.e-verifile.com). The scope of this notice and authorization is not limited to the present and, if hired, will continue and allow the Company to conduct future screenings for retention, promotion or reassignment unless revoked by me in writing. The Company also reserves the right to share background investigation results with any third-party companies for whom I will be placed to work with as a representative of the Company. My information will only be used and/or disclosed as permitted by law and as required for creation of any report(s).

**I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF AND I AUTHORIZE E-VERIFILE TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON ME, AS APPLICABLE I acknowledge that the Company has provided with a copy of A Summary of Your Rights Under the Fair Credit Reporting Act.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Print:**

Name: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender\* (check one): \_\_\_\_\_  
Male Female

Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Number and Name City State Zip Dates

**New York applicants or employees only**

You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting e-Verifile directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing above.

**CA, MN, OK applicants or employees only**

I understand that if the Company requests a copy of my consumer report for employment purposes, I have the right under California, Minnesota and Oklahoma law to receive a copy of that consumer report from the Company free of charge. I understand that by checking "yes" below, a copy will be provided to me at the address I provide above.

**I would like to receive a copy of my consumer report (background check) (CA, MN, OK only)  Yes  No**

\* Note: Date of Birth and Gender information are required for identification purposes only, and are in no manner used as qualifying for joining the Company.

**Advanced American Construction, Inc.**  
**Employee Information**

*To ensure we have the most current contact information on our employees, please fill out the information requested and return it as soon as possible to your supervisor or to  
Advanced American Construction, Inc.,  
PO Box 83599, Portland, OR 97283.*

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_
- SSN# \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ (city), \_\_\_\_\_ (state)
- Phone Number(s):  
1<sup>st</sup>) \_\_\_\_\_ Home Cell Other (circle one)  
2<sup>nd</sup>) \_\_\_\_\_ Home Cell Other (circle one)
- Union: \_\_\_\_\_
- Craft: \_\_\_\_\_ Apprentices? : \_\_Y \_\_N  
Apprentice No: \_\_\_\_\_  
*(If Applicable)*
- Have you worked for AAC before? \_\_Y \_\_N
- Known Allergies: \_\_\_\_\_
- Emergency Contacts: (Name, phone #, and relationship)  
1) \_\_\_\_\_  
2) \_\_\_\_\_

Hire date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**\*NOTE:** *If and when this information changes, it is your responsibility to notify us.*

Date: \_\_\_\_\_

Thank you.

FOR AAC USE ONLY
NEW HIRE REPORT? _____ ENTERED IN VIEWPOINT: _____

# Form W-4 (2017)

**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.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**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. 505 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. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or 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. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____

For accuracy, complete all worksheets that apply.   

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="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 <span style="font-size: 2em; font-weight: bold;">2017</span>
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, 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)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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.) ▶		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**  
**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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____</p> <p>Country of Issuance: _____</p>	
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*



**\*\*\*VOLUNTARY SURVEY\*\*\***  
**EEO SELF-IDENTIFICATION FORM**  
**(Supplement to employment application)**

The Advanced American Construction, Inc. (AAC) is an equal employment opportunity / affirmative action employer. Certain laws and regulations regarding equal employment / affirmative action require us to compile annual statistical reports on applicants for employment. In order to comply with these laws and regulations, we are requesting your cooperation in completing the EEO Self-Identification Form.

The information on this EEO Self-Identification Form is being requested and will be used solely for equal employment opportunity / affirmative action record-keeping purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. The information and this form will be processed and maintained separate from your application for employment and, in the event that you are hired by the Company, your personnel file.

**SEX IDENTIFICATION**

- Male       Female

**VETERAN STATUS IDENTIFICATION**

- Non-Veteran  
 Special Disabled Veteran  
 Vietnam Era Veteran  
 Veteran

**MINORITY STATUS IDENTIFICATION**

- White (Not of Hispanic Origin)  
 Black (Not of Hispanic Origin)  
 Hispanic  
 Asian or Pacific Islander  
 American Indian or Alaskan Native

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employee Name \_\_\_\_\_

SS # \_\_\_\_\_

I hereby authorize Advanced American Construction, Inc. to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my

\_\_\_ checking \_\_\_ savings account (SELECT ONE) in the depository named below.

DEPOSITORY (Commercial Bank, Savings Bank, Credit Union, etc.)

NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

This agreement is to remain in effect until AAC has received written notification from me of its termination in such time to afford AAC and above named depository a reasonable opportunity to act on it.

Employee  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please attach a voided check below\*\***

For Office Use Only:

Account Number \_\_\_\_\_

ABA Number \_\_\_\_\_



## SAFETY NOTICE AND ACCEPTANCE

Each employee, regardless of his or her position with the company, is expected to familiarize themselves with and cooperate in all aspects of the Company's safety and health program. Failure to follow the company safety policies and to work safely may result in discipline, including termination.

Some major points of our company safety and health program require that:

- You familiarize yourself with the Company's Safety Manual. The Company Safety Policy, Table of Contents, and Section 34 - Drug and Alcohol Awareness Program are attached. All project managers and owners have a full copy of the Safety Manual on the job site.
- Required personal protection equipment be worn by all employees. There are no exceptions.
- Hazardous conditions or other safety and health concerns be reported to your supervisor immediately.
- Accidents be reported immediately to your supervisor. Check before signing your timesheet.
- A drug test be taken by all employees involved in an accident within 24 hours.
- Employees support and participate in safety committee activities.

No job is so important that we cannot take the time to do it safely. If everyone does his or her part by doing what is necessary to ensure workplace safety and health, we all benefit.

\_\_\_\_\_  
Dee Burch, President

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date