

## **EMPLOYMENT APPLICATION INSTRUCTIONS**

### **Review all enclosed information**

Please complete the employment application pages that are stapled together and return to Conway Construction Company.

Please provide a copy of your Driver License, and Social Security Card.

Complete the Drug Test Screening **before** you report to work. Instructions and locations for the drug screening are enclosed.

Contact Vanessa Torjusen, Office Assistant at (360) 887-3022 if you have questions.

Thank you.

**Conway Construction Company**  
**6620 NW Whitney Rd, Suite 100, Vancouver, WA 98665**  
**Phone: (360)887-3022 Fax: 360-326-7005**  
**Employment Application Form**

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**OFFICE USE ONLY:**  
**Date Received:** \_\_\_\_\_  
**Reviewed By:** \_\_\_\_\_

**PERSONAL INFORMATION**

**DATE OF APPLICATION:** \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle
Maiden

Mailing Address: \_\_\_\_\_  
Street
(Apt No.)
City
State
Zip

How long at current address \_\_\_\_\_ Social Security No. \_\_\_\_\_

Contact Information: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Telephone
Mobile
Email

Are you currently authorized to work in the United States? \*  Yes  No  
*\*Proof of eligibility will be required if hired.*

**POSITION SOUGHT:** \_\_\_\_\_ **Available Start Date:** \_\_\_\_\_

**Desired Pay Range:** \_\_\_\_\_ **How many hours can you work weekly** \_\_\_\_\_  
By Hour or Salary

Employment desired  Full-Time Only  Part-Time Only  Full or Part Time

Days/Hours Available to Work

No Preference \_\_\_\_\_ Tue \_\_\_\_\_ Thu \_\_\_\_\_ Sat \_\_\_\_\_  
Mon \_\_\_\_\_ Wed \_\_\_\_\_ Fri \_\_\_\_\_

**EDUCATION**

	Name and Location	Years Completed	Major / Degree
High School			
College or University			
Specialized Training, Trade School, etc...			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position. You may include hobbies, volunteer experience and any other activities you believe relevant.

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Do you have a driver's license?  Yes  No Type  Operator  Commercial (CDL)  Chauffeur

What is your means of transportation to work? \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying?\*  Yes  No

\*A Conviction record will not necessarily disqualify you from employment.

If yes, explain the number of conviction (s), nature of offense (s) leading to conviction (s) how recently such offense (s) was/were committed, sentence imposed and type(s) of rehabilitation.

**WORK EXPERIENCE**

Please list your work experience for the **past 10 years** beginning with your most recent job. If you were self-employed, give your firm name. **Attach additional sheets if necessary. Do not substitute a resume.**

Name of Employer Address City, State, Zip Code Phone Number	Supervisor's Name	Employment	Salary
		From: To:	Start: Final:
Position Held	May we contact employer?	Yes	No
Reason for leaving (Be specific)			
List duties performed, skills used and/or learned, advancements or promotions, number of people supervised while employed with this company.			
Name of Employer Address City, State, Zip Code Phone Number	Supervisor's Name	Employment	Salary
		From: To:	Start: Final:
Position Held	May we contact employer?	Yes	No
Reason for leaving (Be specific)			
List duties performed, skills used and/or learned, advancements or promotions, number of people supervised while employed with this company.			
Name of Employer Address City, State, Zip Code Phone Number	Supervisor's Name	Employment	Salary
		From: To:	Start: Final:
Position Held	May we contact employer?	Yes	No
List duties performed, skills used and/or learned, advancements or promotions, number of people supervised while employed with this company.			

**PLEASE READ CAREFULLY**

**As indicated that you have read and understood each sentence, please write you initials in the spaces provided below.**

Conway Construction Company is an equal employment opportunity employer and does not discriminate based on race, color, religion, gender, national origin, citizenship, age, disability or veteran status. \_\_\_\_\_

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment any misrepresentation or material omission which becomes known to Conway Construction Company will result in immediate termination of my employment. \_\_\_\_\_

I understand that if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with Conway Construction Company. \_\_\_\_\_

I understand that in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. \_\_\_\_\_

Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. \_\_\_\_\_

I understand that in connection with the routine processing of my employment application, the Company may request my driving record from the state. I authorize the relevant state agency to release my driving record to the Company. \_\_\_\_\_

I certify that I have received a copy of the Conway Construction Company's Drug and Alcohol Policy and Sick Leave Policy. I consent to pre-employment drug testing by a doctor of Conway Construction Company's choice. I understand that random drug and alcohol testing is a condition of my employment with Conway Construction Company. \_\_\_\_\_

I understand if hired, it is my sole responsibility to make arrangements for transportation to and from work. I also understand that Conway Construction Company has many different job site locations and that I may be transferred to or from any of these job sites without notice and if said transfer occurs I am still responsible for my own transportation to and from work. \_\_\_\_\_

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In consideration of my employment, I agree to conform to the instructions, rules and policies of Conway Construction Company. My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. \_\_\_\_\_

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Thank you for completing this application form and for your interest in our business.

# 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.**

**2020**

**Step 1:**  
**Enter Personal Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> <b>Single or Married filing separately</b>		
<input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er))		
<input type="checkbox"/> <b>Head of household</b> (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, when to use the online estimator, 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) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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 Dependents**

If your 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 and enter the total here . . . . .		<b>3</b> \$

**Step 4 (optional):**  
**Other Adjustments**

(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **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: _____          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 10/31/2022

**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.")*

<b>Employee Info from Section 1</b>	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.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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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## Driving Record Release of Interest

**Employers, prospective employers, volunteer organizations, or their agent** can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

**Sealed juvenile records.** Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

**Company** – To be completed by the company or the agent of the company

<b>PRINT or TYPE</b> Company name Conway Construction Company	
Agent company name (if applicable) N/A	
Company/Agent company address 6620 NW Whitney Rd, Suite 100 Vancouver, WA 98665	
Authorized representative name	Title
Answer the following	
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>	
_____ Date and place signed	<b>X</b> _____ Authorized representative signature

**Employee, prospective employee, or volunteer** – Complete this section and return the form to the company

<b>PRINT or TYPE</b> Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from <input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment <input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed <input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name Conway Construction Company		
Employer agent company name if acting on behalf of the company for employment purposes N/A		
Authorization <i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i>		
_____ Signature	_____ Date	