



Personal Information

Date _____ Social Security# _____ Phone Number _____

Last _____ First _____ Middle Int. _____

Present Address _____

Employment Desired

Position _____ Are you employed now? _____ Date you can start _____ Wages Desired _____

Education

	School Name & Location	Years Attended	Date Grad.
High School			
Trade School			
College			
Other			

Physical Record

List any Physical Limitation _____

Do you have any problems hearing? _____ Vision? _____ Have you ever been injured? _____

Give Details: _____

In case of emergency notify: Name _____
Number _____

Employment History

Dates Name & address of Employer Phone Position Wages Reason for Leaving

Dates	Name & address of Employer	Phone	Position	Wages	Reason for Leaving

Background History

Please list below any violations you have been convicted upon the court of law (minor violations are not necessary to list Example: traffic tickets)

<u>DATE</u>	<u>VIOLATION</u>	<u>OUTCOME</u>

Initials: _____

Equipment Operators:

Please list the type of equipment you are able to operate:

Equipment Years of Experience

****MUST HAVE THIS INFO REGARDLESS IF YOU HAVE A CDL****

License # _____ Expires: _____ Class? _____

CDL? _____

Specific Type Truck Experience: (Ex: Tractor Trailer) _____

Length of Experience? _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____ If yes, Why? _____

Have you ever had a license suspended or revoked? _____ If yes, Why? _____

References: Give the names of three persons not related to you, whom you have known at least one year of all statements contained in this application.

Name Relationship Phone E-mail

Name	Relationship	Phone	E-mail

I understand that misrepresentation or omission of the above facts is cause for dismissal. Further, I understand that my, employment is not guaranteed for any specific length of time, and regardless of when my wages or salary is to be paid, I can be terminated at any time.

Employee Signature _____ Date _____

Equal Employment Opportunity Data Application

The Federal Highway Administration (FHWA) requires the following information to be collected for statistical reporting of applicants as a part of the Affirmative Action Program requirements (FHWA-1273). This information is not used in the employment process nor released in a manner that identifies the individual This form will be removed prior to being forwarded to the hiring authority.

Initials: _____

Date: _____ Name: _____

Address: _____

Phone: _____ Position Applied For: _____

How did you hear about us: Friend ___ Walk-in ___ Relative ___ Other _____

Gender: Male ___ Female ___

Date of Birth: _____

Race: ___ Black/Non Hispanic ___ White/Non Hispanic ___ Hispanic ___ American Indian or Alaskan Native Asian or Pacific Islander

Military Status: ___ Veteran ___ Non Veteran ___ Enlisted

Acknowledgement Form

I hereby acknowledge receipt of Lindler's Construction of South Carolina, LLC. Drug-Free Workplace Policy regarding drugs and alcohol. I have read and understand the policy. I understand that refusal to submit any drug or alcohol test required by this policy or a positive test result is grounds for disciplinary action up to and including termination. Furthermore I authorize the release of the test results to my employer, Medical Review Officer, applicable state unemployment agencies, and/or, on post-accidents tests, the company's worker's compensation carrier and understand that refusal to release these results is grounds for disciplinary action up to and including termination. I understand that if I test positive for drugs or alcohol or refuse to submit to any drug and/or alcohol test required by this policy, I may be ineligible for workers' compensation and/or unemployment benefits.

I recognize that the Company's policy on drugs and alcohol does not constitute an expressed or implied contract of employment.

Initial _____

Safety Manual Acknowledgement

I acknowledge that I have received a copy of the Lindler's Construction of South Carolina, LLC. Safety Manual. I have read and understand the procedures described within. I accept the program as a working document which I will support and integrate into my daily work for Lindler's Construction of South Carolina, LLC.

Employee Signature _____ Date _____

Safety Director Signature _____ Date _____

EEO Policy Acknowledgement

I have read and understand the EEO/AA Policy for Lindler's Construction of South Carolina, LLC. Initial _____

Safety Policy Amendment #1

As an employee of Lindler's Construction of South Carolina, LLC, you are required to wear a hard hat, safety vest and steel-toed shoes when you are on any jobsite. When you step out of a company truck or piece of equipment you must have these on. If you fail to do so, you will receive ONE warning after that you will be written up and then terminated.

I have read and understood the Lindler's Construction of South Carolina, LLC. Safety Policy Amendment. Initial _____

Profanity Acknowledgement

Initials: _____

It is the policy of Lindler's Construction of South Carolina, LLC that all employees refrain from using foul, profane or otherwise offensive language while communicating on the company radio system. Violation of this policy could result in a formal disciplinary action.

I have read and understand the Lindler's Construction of South Carolina, LLC profanity policy. Initial

Lindler's Construction of South Carolina, LLC.

Employee agrees to reimburse Lindler's Construction of South Carolina, LLC. for any damages to anyone's personal property, company equipment, or company trucks caused by myself due to negligence on my part. I also understand that all monies except what equals to Federal minimum wage will be withheld from each paycheck until dept is paid in full (i.e. Work 45 hours and hourly rate is \$9.00/overtime rate \$13.50, Federal minimum wage is \$7.25/10.97,\$1.75 x 40= \$70.00 and \$2.63 x 5 =\$13.15 totalling \$83.15. That would be the total applied to your dept. You would get paid \$7.25 x 40 = \$290.00,\$10.87 x 5= \$5435/total pay would be \$344.35 before taxes)

Loans or charges to company accounts will be handled in the same way. If employment should end, the final paycheck/ paychecks will be applied to the balance due.

Cell phones are also given to employees from time to time and if it becomes lost, stolen or damaged I am responsible for the replacement or repair. Initial

Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Lindler's Construction of South Carolina, LLC. and its agents, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Initial

Salary Privacy Policy I Acknowledgment

It is a direct violation of company policy and grounds for IMMEDIATE termination for an employee of Lindler's Construction of South Carolina, LLC. to discuss their salary or the salary of another employee.

Any employee guilty of violating this policy will be released from Lindler's Construction of South Carolina, LLC. for without notice, verbal warning or written disciplinary action.

I have read and understand the Lindler's Construction of South Carolina, LLC. salary privacy policy. Initial

EXAMPLES OF PAYROLL DEDUCTIONS

I acknowledge that I have been given a copy of the Lindler's Construction of South Carolina, LLC. for Examples of Payroll Deductions. I have read and understand the procedures given within. Initial

Examples of Payroll Deductions

Certain deductions will be made from your paycheck by state and federal law. These include state and federal withholding, social security, Medicare and others:

1. For any employee receiving advances in wages, we will deduct an agreed amount from their wages. The agreed amount must be in writing. An overpayment is considered an advance, and can be deducted.

Initials: _____

2. Any employee separated from this company for any reason owing this company any indebtedness or having in your possession any company property, we will use your final paycheck/paychecks to cover this indebtedness. If company property is not returned within twenty-four (24) hours, we will use your final paycheck/paychecks to cover this.
3. Any employee leaving this company for any reason will not receive holiday or vacation benefits.
4. For any employee discharged for any reason, his/her final paychecks will be reduced to minimum wages.
5. Any employee who quits without offering and working a two (2) week notice (or what is required by management) his/her final paychecks will be reduced to minimum wages.
6. Employees who operate company vehicles and have a chargeable accident, we may deduct the deductible portion of insurance from your wages. This will not exceed actual cost if less than the deductible.
7. Any employee who incurs a personal debt against this company will be responsible for that debt; it may be deducted from your wages.
8. All employees who handle money will be held responsible for all shortages. It may be deducted from your wages.
9. Employees using cell phones who lose that cell phone will have to pay replacement cost. It may be deducted from your wages.
10. Any employee accepting credit cards or checks who fail to follow company policy will be held responsible for this debt if not paid. It may be deducted from your wages.

Terms of Employment Notice

In compliance with s41-10-30 of the S.C. Code of Laws, as amended, you are hereby notified of the terms of employment:

Full-Time Part-Time

1. Normal Hours of work: 20-40 hours More or Less depending on work circumstances. (i.e., number or range of hours) per week
2. Rate of pay: At least minimum wage
3. Payday is: Held one week and then paid weekly Work week is: Friday to Thursday

Place of payment: Lindler's Construction of South Carolina, LLC. Office Day of payment is: Friday by Noon

4. Deductions to be made from wages such as, but not limited to Insurance deductions, documented debts/offsets, etc, (excluding income taxes and RCA): & Equipment damage, Advances, and any personal expenses.

Any changes in these terms shall be made in writing and at least seven (7) days before they become effective.

Additional Terms

The following terms may be provided at the discretion of the employer in accordance with individual company policies.

1. Holidays: There are (5) paid holidays. New Years Day, Independence Day, Thanksgiving Day, Christmas Eve, Christmas Day.
2. Sick leave policy is: There is no paid sick leave.
3. Other: Any employee separated for any reason-any wages do after separation will be mailed to address of record to arrive by scheduled payday.

Employee Signature _____

Initials: _____

Employer Signature _____

Drug and Alcohol Policy

I understand that refusal to submit any drug or alcohol test required or a positive test result is grounds for disciplinary action up to and including termination. Furthermore I authorize the release of the test results to my employer, Medical Review Officer, applicable state unemployment agencies, and/or, on post-accidents tests, the company's worker's compensation carrier and understand that refusal to release these results is grounds for disciplinary action up to and including termination. I understand that if I test positive for drugs or alcohol or refuse to submit to any drug and/or alcohol test required by this policy, I may be ineligible for workers' compensation and/or unemployment benefits.

As part of Lindler's Construction of South Carolina, LLC., you will be asked to submit random drug screenings to ensure the safety of yourself, the employees, as well as the public. These screenings are done a few times a year at random draw. DOT requires testing for the following: Amphetamines, Marijuana, Cocaine, PCP and Opiates. You will be asked for a screening 1. When reasonable suspicion exists 2. Following an accident 3. Randomly 4. Pre-employment 5. Prior to promotion. Alcohol Testing will be done as well periodically and can result in termination or suspension.

Employee Signature _____ Date _____

EEO Policy

No one is allowed to verbally or physically abuse or intimidate anyone else while on the job site. Anyone doing so faces immediate removal from the site and is subject to disciplinary action up to and including termination. It is Lindler's Construction of South Carolina, LLC's policy to treat everyone professionally and to provide a safe workplace for all of our employees. As part of Lindler's, Construction of South Carolina, LLC. we do not discriminate against race, religion, sex, or any other origins. We are an equal opportunity employer and hold all of our staff to these same standards.

"It is the policy of this Company to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training."- Subject FHWA 1273.

Employees are to contact our EEO officer, Heather Lindler with any and all complaints. 803.276.6557.
If complaints reported to the above officer are unanswered, please use the resource listed below.
SCDOT External Equal Opportunity Program Coordinator
Office of Business Development & Special Programs
Post Office Box 191
Columbia, SC 29201
Phone: 803-737-1372

Employee Signature _____ Date _____

RELEASE

I give Lindler's Construction of SC, LLC permission to perform a SLED background check before employment if needed.

Employee Signature _____ Date _____

PAYCHECK PICKUP/ REPORT DROP OFF

Initials: _____

Time sheets and equipment/ truck reports are to be placed inside the box on the outside of the office door on Thursdays to receive your paycheck on Thursdays. Paychecks will be placed in separate box on the outside of the office door for pick up on Thursdays after work. Paychecks will no longer be advanced earlier in the week. Every Thursday paychecks will be made available.

Employee Signature _____ Date _____

Initials: _____

Form W-4 (2014)

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 2014 expires February 17, 2015. 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 cannot claim exemption from withholding if your income exceeds \$1,000 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 do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not 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 2014. 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.

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:
 { • 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 \$1,500 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 \$2,000 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then **less "1"** if you have three to six eligible children or **less "2"** if you have seven or more eligible children.
 • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child **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 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 W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate OMB No. 1545-0074 2014	
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 withheld 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)		6 \$	
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (This form is not valid unless you sign it.) ►		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)