



6461 Global Drive
 Cypress, CA 90630
 (714) 636-4542
 Fax (714) 455-7016
www.kgcinc.com

For Office Use Only	
Start Date	
Starting Rate of Pay	
Starting Job Title	

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Email: _____

Cell: () _____ Home: () _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you legally eligible to be employed in the United States? YES NO (Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO (If no, you may be required to provide authorization to work.)

Have you ever worked for this company? YES NO If so, when? _____

Were you referred to this company? _____

Are you willing to travel? YES NO If not, what are your restrictions? _____

Do you have appropriate transportation? YES NO How many years of experience do you have in commercial and industrial construction? _____

Do you have all of the tools on the attached Tool List, for the classification you are applying for? YES NO How many years of experience do you have with concrete specifically? _____

Previous Employment (7 year history preferred)

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

"At Will" Employment Statement

I acknowledge that my employment at Kindness General Contractors, LLC is "at will", meaning that the terms of my employment may be changed with or without notice, with or without cause, including, but not limited to, termination, demotion, promotion, transfer compensation, benefits, duties, and location of work. There is no agreement, expressed or implied, between Kindness General Contractors, LLC and for me continuing long-term employment. Accordingly, either I or Kindness General Contractors, LLC may terminate the employment relationship at any time, with or without notice, with or without cause. While foremen and managers have certain hiring authority, no foreman, manager, or representative of Kindness General Contractors, LLC has any authority to alter the "at will" relationship.

Disclaimer

I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application is grounds for dismissal.

I authorize investigation of all statements contained herein and, the references and employers listed within to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release the company from all liability for any damage that may result from use of said information.

I also understand and agree that no representative from the company has any authority to enter into any agreement for employment for any specified period, to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medically-related information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature: _____ Date: _____

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're 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.					
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 filing separately, check "Married, but withhold at higher Single rate."	
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 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, 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 ▶					
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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
Kindness General Contractors, LLC, 6461 Global Drive, Cypress, CA 90630				10 Employer identification number (EIN) 33-0941973	

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: {
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.} **D** _____
- E Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F Credit for other dependents.**
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" **F** _____
- G Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . **G** _____
- H** Add lines A through G and enter the total here **H** _____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

- Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.
- 1** Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details **1** \$ _____
 - 2** Enter: {
 - \$24,000 if you're married filing jointly or qualifying widow(er)
 - \$18,000 if you're head of household
 - \$12,000 if you're single or married filing separately} **2** \$ _____
 - 3 Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
 - 4** Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
 - 5 Add** lines 3 and 4 and enter the total **5** \$ _____
 - 6** Enter an estimate of your 2018 nonwage income (such as dividends or interest) **6** \$ _____
 - 7 Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . **7** \$ _____
 - 8 Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
 - 9** Enter the number from the **Personal Allowances Worksheet**, line H above **9** _____
 - 10 Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** **Subtract** line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. 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 aren't required to provide the information requested on a form that's 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 Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



6461 Global Drive
Cypress, CA 90630
Phone 714.636.4542
Fax 714.455.7016

CA Lic. #780044
NV Lic. #0058476
AZ Lic. #ROC220696

Emergency Contact Information

Employee's Name: _____

Employee Cell: _____

Employee Email: _____

In case of emergency, please notify:

Name / relation

Phone Number

Email address

And/or

Name / relation

Phone Number

Email address

Employee's signature: _____

Date: _____



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

**AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION**

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE OF EMPLOYEE
X

I, _____, of _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.

Pre-Employment MVR Request Authorization Form

It is understood that my job may require me to drive a company owned vehicle or my own car on company business. I understand that the insurance company writing your automobile insurance requires a copy of my current record to assess my insurability. I also understand that I have the right to see a copy of my Motor Vehicle Report.

It is required by law for perspective employees to grant permission for the employer's agent to obtain a copy of your current Motor Vehicle Report. By signing this form, you grant such permission.

I, _____, prospective employee of Kindness General Contractors, LLC, give the employer's agent authority to obtain my Motor Vehicle Report.

Name (as shown on Driver's License): _____

Drivers' License #: _____

Date of Birth: _____

State Licensed: _____

Expiration Date: _____

Prospective Employee Signature

Prospective Employer Signature

Date

Date

Kindness General Contractors, LLC

Fleet Safety Policy

Notice to Employees

Traffic related motor vehicle accidents are the leading cause of work-related fatalities. The environment in which these accidents occur involves numerous complex factors of which the majority is uncontrollable. The purpose of Kindness General Contractors, LLC Fleet Safety program is to provide the means to reduce such factors to eliminate unnecessary injuries and fatal circumstances. We value our employees not only as employees but also as human beings crucial to the success of their family, the local community, and Kindness General Contractors, LLC.

All employees are expected and required to actively participate in this program for their own health and well-being. Kindness General Contractors, LLC encourages its employees to take a proactive approach in identifying potential hazards by promptly reporting them to their supervisor. *** Use of seatbelts and other safety devices is mandatory. ***

MVRs will be requested periodically at a minimum of at least once per year. Management reserves the right to use its discretion in determining an unsatisfactory MVR. As a guideline, **two** violations in the past three years will be grounds for an unsatisfactory MVR and cause for termination and/or disciplinary actions.

If an accident occurs and is deemed by our insurance carrier a preventable accident, the following consequences will occur:

1st Preventative Accident – Loss of company vehicle and company gas card for 3 months.

2nd Preventative Accident – Loss of company vehicle and company gas card for 6 months.

3rd Preventative Accident – Termination

If the employee's truck and gas privileges are taken away, the employee will need to be completely responsible to fulfill all daily job related duties.

We also encourage all employees to report any and all maintenance and malfunction issues immediately to their supervisor. Kindness General Contractors, LLC realizes a proper working vehicle is the first step to ensuring everyone's safety.

All vehicles will be supplied with accident claims kit, a pen, and a disposable camera. Drivers are required to document all details of the accident; traffic flow, speed limits, stop lights/signs, weather conditions, citations issued, etc. Pictures should be taken to document the extent of damage to all vehicles involved. **REPORT ALL ACCIDENTS IMMEDIATELY TO YOUR DISPATCHER OR SUPERVISOR!**

Personal use of company vehicles is prohibited without prior permission from management.

I read and understand Kindness General Contractors, LLC's Fleet Safety Policy, its requirements and expectations of me as an employee.

Employee Signature: _____ Date: _____

SAFE DRIVING POLICY

For the protection of our employees Kindness General Contractors, Inc has established the following safe driving rules designed to reduce vehicle accident and injury potential.

1. **Maintain a safe vehicle** by having it serviced per the manufacturer's recommended schedule. In addition check your tires, windshield wiper blades, lights, emergency flashers, etc on a frequent basis. Keep the windows clean and the mirrors adjusted.
2. **Always wear your seatbelt and be sure your passengers do too.** In a collision the seat belt will keep you from being ejected from the vehicle. It will also keep you and your passengers from being thrown against each other. Remember that half of all traffic deaths happen within 25 miles of home.
3. Concentrate on driving because **changes in the traffic environment can occur quickly.** Eating, sorting CD's, personal grooming, talking on the phone, taking notes, looking at the Thomas Guide, etc all take your mind off the traffic environment.
4. **Driving while under the influence of drugs or alcohol is prohibited.**
5. **Avoid tailgating.** Maintaining a safe distance from the vehicle in front is required to provide adequate room during emergency braking. To judge that distance use the 3-second rule. When the rear of the car in front passes a fixed point begin counting one-thousand-one, one-thousand-two, one-thousand-three. If the front of your car passes the fixed point before you finish counting you are following to close and need to back off. This method works at any speed.

A 5-7 second rule should be used for trucks due the increased stopping distances required.

6. **Preplan your route** and have an alternative exit in mind. If you miss your exit or it is closed then use the alternate. If you need to consult your Thomas Guide move to a safe place and stop before doing so.
7. **Drive ahead and establish a scanning pattern.** Look ahead a quarter mile on the freeway or a block ahead on city streets. Keep your eyes moving to take in the total picture. Scan your side and rearview mirrors to know where other vehicles are around you in case you need to make an emergency maneuver.
8. **Special conditions** exist at sunrise/sunset, during rainy or foggy weather and at night. At sunrise/sunset the sun is close to the horizon and often shines directly in your eyes. Wear sunglasses and adjust the sun visor to reduce the glare. Keep your windows clean because a dirty windshield causes additional glare.

Rain causes the roadway to become slick, which increases braking distance and also decreases visibility. Slow down and increase your following distance to the vehicle in front. Turn on your lights to increase your visibility for other drivers. Don't drive faster than the wipers can remove the water from your windshield.

Initials _____
Date _____

If it is foggy the best bet is to avoid driving. If you have to drive keep your lights on low beam, slow down and be prepared to stop within the space you can see in front of your vehicle. Avoid crossing lanes of traffic, or passing, unless absolutely necessary.

Driving at night increases the driving risk because you can't see as far ahead so adjust your speed accordingly. Remember to keep your lights on low beam when approaching other vehicles.

9. **Signal your intentions!** Develop the habit of using your turn signals whenever you are changing lanes or making a turn. After completing your move check that the turn signal has cancelled.
10. **Secure the load** to prevent material or equipment from falling off the truck. Major traffic accidents have occurred by inadequately secured materials falling off in traffic. Always double check the load to be sure it is adequately secured.

Initials _____
Date _____



6461 Global Drive, Cypress, CA 90630

Tel (714) 636-4542 Ext. 228 · Fax (714) 455-7016
Email kpenwarden@kgcinc.com

MEMORANDUM:

To: All Employees
From: Karen Penwarden
Re: Implementation of 100% Electronic Payment for Employee Payroll and all Per Diem, Reimbursements, etc.

Effective 04/06/12, Kindness General Contractors, LLC has implemented a 100% electronic payment policy for employee payroll and all per diem, reimbursements, etc.

You will either need to complete the attached Direct Deposit Authorization form or the Global Cash Paycard Authorization Form on the reverse. If you do not complete one of the forms, you will automatically be assigned a paycard.

Contact Michelle Rangel (mrangel@kgcinc.com) for more information about direct deposit, the paycard program, or contribution/dues repayment.

DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____ EFFECTIVE DATE: _____

SOCIAL SECURITY NUMBER: _____

DIRECT DEPOSIT #1

BANK NAME: _____ BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____ ACCOUNT TYPE: CHECKING

SELECT ONE METHOD: SAVINGS

1. Percent of Net Pay: _____ %
2. Fixed Amount per Check: _____
3. Balance of Net Pay with Minimum Check of: _____

YEARLY LIMIT: _____

DIRECT DEPOSIT #2

BANK NAME: _____ BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____ ACCOUNT TYPE: CHECKING

SELECT ONE METHOD: SAVINGS

1. Percent of Net Pay: _____ %
2. Fixed Amount per Check: _____
3. Balance of Net Pay with Minimum Check of: _____

YEARLY LIMIT: _____

DIRECT DEPOSIT #3

BANK NAME: _____ BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____ ACCOUNT TYPE: CHECKING

SELECT ONE METHOD: SAVINGS

1. Percent of Net Pay: _____ %
2. Fixed Amount per Check: _____
3. Balance of Net Pay with Minimum Check of: _____

YEARLY LIMIT: _____

I authorize Kindness General Contractors to initiate accounting transactions to deposit my employee pay directly into the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until Kindness General Contractors receives written notice from me to cancel or change this authorization.

Employee Signature

Date

Global Cash Card

Cash Card Enrollment

Kindness General Contractors, LLC

NEW

REPLACEMENT

Global Cash Card - Account Owner Information (Please Print Legibly)			
First Name:	Middle Initial:	Last Name:	
Street:		Apartment #:	
City:	State:	Zip Code	
Home Telephone: ()		Date of Birth (MM/DD/YYYY): / /	
** Cell Number: (Optional) () For text messaging confirmations/balances		** Email Address (Optional): For e-mail notifications	
Social Security # : - -		EMPLID #:	
Date: _____ Employee Signature: _____			

BRANCH INFORMATION (All fields must be completed by a company representative)	
Branch Name:	Branch Dept #:
Form Completed by:	Telephone #:

*** FAX COMPLETED FORM TO YOUR PAYROLL CENTER:***



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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Tool List

Laborer:

PPE: Hard Hat, Safety Glasses (if prescription, must have side shields), Reflective Vest, Ear Plugs, Leather Work Boots, and **never short pants or tank tops.**

Once issued, company-issued shirts are to be worn at all times.

Tools:

Mud Boots	Wire Wheel
Stripping Hammer	Utility knife
2' Stripping Crow Bar	Ratchet Set (20-25 pc. minimum)
25' Tape Measure (good quality; metal)	Pick (optional)
Leather Belt with Pouches	Gloves (optional)
Shovel	Rain coat (optional)
Tie Wire Pliers	
Singe Jack (Sledge Hammer; 8 lb. minimum)	

Carpenter:

In addition to the Laborer tools (above), you must also have the following tools with you each day.

Tools:

Claw Hammer	Multi-tip Screwdriver
100' Tape Measure (good quality; metal)	Torpedo Level
Carpenters' Pencil	Chalk Box
Keel	Plumb Bob
Speed or Tri-Square	2' and 4' Levels (good quality)
Cats' Paw	Calculator
8" – 12" Adjustable Wrench	

Lista de Herramientas

Obrero/“Laborer”:

Equipo de Protección Personal (“PPE”): Casco, Lentes de Seguridad (si son de prescripción, debe tener escudos laterales), chaleco reflectante, enchufes de oído, y botas de trabajo *de cuero*. Pantalones cortos o camisetas cortas no se permiten.

Cuando tiene, las camisas de la compañía ser llevadas puestas siempre.

Herramientas requeridas:

Botas para el lodo	Gato Solo (Sledge Hammer, mínimo de 8 libras)
Martillo de desmontaje	Rueda de Alambre
Barra de Striping	Cuchillo de utilidad
25' Cinta Métrica (buena calidad, metal)	Juego de Dados (mínimo 20-25 piezas)
Cinturón de Cuero con Bolsas	Pick (opcional)
Pala	Guantes (opcional)
Tenazas para marrar barrilla	Capa impermeable (opcional)

Carpintero:

En adición al equipo de herramienta (arriba), también tienes que tener las siguientes herramientas contigo cada día.

Herramientas requeridas:

Martillo de Garra	Destornillador de multipunta
100' Cinta Métrica (buena calidad, metal)	Nivel de torpedo
Lápiz de Carpintero	Caja de creta
Quilla	Caja rechoncha
Tri-cuadrado	Plomo
Pata de Gatos	2 'y 4' niveles (buena calidad)
8" – 12" Tirón ajustable	Calculadora