Rolling Plains Construction, Inc. and Affiliates

Employment Application

Equal Opportunity Employer

PERSONAL INFORMATION

Name: _____
Last First MI

Address: _____
Number Street Apt#

_____
City State Zip Code

Email: _____

Social Security Number: _____

Home Phone Number: _____

Are you 18 or older? _____

Nationality (optional): _____

Do you have a valid Driver's License?

State Issued: Driver License #: _____

Do you have reliable transportation?

Are you interested in working out of town?

Are you a U.S. citizen or otherwise legally eligible for employment in the U.S.?
(If hired, you will be required to produce evidence)

Have you ever been convicted of a felony?

If yes, please explain:

POSITION YOU ARE APPLYING FOR

Company: _____ Position: _____

Date you can start: _____ Referred By: _____

Comments: _____

EDUCATIONAL BACKGROUND

Education: Highest grade completed

Do you have a high school diploma?

College/University/Other

Specify Field of Study

Specify Field of Study

SPECIAL QUALIFICATIONS AND/OR SKILLS

Do you have any speical training, skills, or experience that is relevant to the position for which you are applying?

If yes, please explain:

Signature of Applicant Date

FOR OFFICE USE ONLY	
Date of Hire:	
Rate of Pay:	☐ Hourly ☐ Salary
Supervisor Signature:	Date:

Form **W-4**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2020

Step 1:

Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
City or town, state, and ZIP code		

(c) ☐ **Single or Married filing separately**
☐ **Married filing jointly** (or Qualifying widow(er))
☐ **Head of household** (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* 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 **3**

Step 4 (optional):

Other Adjustments

(a) Other income (not from jobs). 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 . . . . . **4(a)**

(b) Deductions. 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 . . . . . **4(b)**

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . **4(c)**

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)

General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a ittle less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

CAUTION ***Multiple jobs.*** *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn’t include income from any jobs or self-employment. If you complete Step 4(a), you likely won’t have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 . . . . . **1** _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4**

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may 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 . . . . . **1** _____

2 Enter:
- $24,800 if you're married filing jointly or qualifying widow(er)
- $18,650 if you're head of household
- $12,400 if you're single or married filing separately

. . . . . **2** _____

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . **3** _____

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** _____

5 **Add lines** 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5**

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 with no other entries on the form; 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 are not required to provide the information requested on a form that is 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$220	$850	$900	$1,020	$1,020	$1,020	$1,020	$1,020	$1,210	$1,870	$1,870
$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$460	$940	$1,020	$1,020	$1,470	$1,870	$1,870	$1,870	$1,870	$2,040	$2,040	$2,040
$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
$150,000 - 174,999	2,360	4,950	7,540	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
$175,000 - 199,999	2,720	5,310	7,030	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$830	$930	$1,020	$1,020	$1,020	$1,480	$1,870	$1,870	$1,930	$2,040	$2,040
$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
$150,000 - 174,999	2,360	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
$250,000 - 399,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
$400,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

Rolling Plains Construction
2020

Emergency Contact Information

Employee Name _____

Street Address _____

City, State, Zip _____

Telephone #

In Emergency

Contact Name

Telephone # _____ Relationship _____

Nombre de empleado _____

Direccion _____

Ciudad, Estado, Codigo Postal _____

Numero de telephono

En caso de Emergencia

Nombre

Numero de telephono _____ Relacion _____

Roling Plains Construction, Inc.

Employment Agreement

I, _____ , agree to abide by the following during and after my employment with Rolling Plains Construction, Inc (the "Company").

1. I agree at all times to guard and protect the Company's proprietary Information, including, but not limited to, methods of operation, manuals, financial data, policies, cost and price information, contracts, bids, estimation, and training materials, I further agree-that I will riot disclose, release, or otherwise directly or indirectly disseminate the Company's proprietary information to people outside the Company of use, copy, or duplicate any Company proprietary information.

2. I represent that I have not entered into any agreement or made any commitment to, any prior employer or third party that limits my ability to carry out my duties with the Company, or if have, I reasonably believe that such agreement will not prohibit me from employment with the Company and I have given a copy of such agreement to the Company.

3. I acknowledge: that from time to time personnel of the Company may host social activities outside the business facilities; that these activities do not constitute part of my employment responsibilities; that my participation in these activities or lack thereof is purely voluntary; that I am solely responsible for my behavior and expressly absolve and hold the Company harmless from any and all responsibility for any negligence or damages incurred going to, during, and traveling from these activities.

4. I acknowledge that the Company has no responsibility or liability for any and all damages caused by any actions I take alter the close of business, Further, I acknowledge that the Company has no responsibility or liability for any and all damages caused by any actions I take away from a job site unless I leave a job site solely for a job-related task at the Instruction of the Company. I waive my right to claim or to seek workers’ compensation for any and all injury incurred after the close of business or away from a job site. I agree to indemnify and hold the Company harmless for any and all damages claimed due to my actions taken after close of business or away from a job site.

5. I acknowledge that this Agreement does not establish or confer any right or entitlement to employment. I am an at-will employee and either the Company or I may terminate my employment with or without cause or notice.

6. I acknowledge that any breach or threatened breach of this Agreement shall threaten the Company with irreparable injury for which no adequate remedy at law exists, and accordingly the Company will be entitled to injunctive or other equitable relief.

7. I acknowledge that the terms and condition of this agreement will survive the termination of my employment with the Company.

Rolling Plains Construction, Inc. and Affiliates

12331 N Peoria St
Henderson, CO 80640
(303) 659-7861

5136 Desert View Drive
Apache Junction, AZ 85120
(480) 895-8813

EMPLOYEE VOLUNTARY SAVINGS DEDUCTION AUTHORIZATION

The Company is offering an interest bearing savings account. Employees can have money deducted from their checks on a weekly basis during the year.

Funds in this account will be paid out ONCE PER YEAR - the last Friday in June.

This is a voluntary deduction and can be done in one of three ways (amount is your choice) % of gross (example - if gross check is $400.00 and you choose 1%, the amount that would be deducted would be $4.00 that week)
Flat Rate - the deduction is the same amount each week that you work $ per hour rate - (the deduction is the $ amount chosen times the number of hours worked each week)

IMPORTANT INFORMATION

You can discontinue this deduction at any time - written authorization must be turned into the Payroll dept. before monies can be received.
Monies will remain in the savings account until the yearly distribution sate - last Friday in June. Once the deduction is stopped, you will not be allowed to restart the deduction again until after the yearly distribution date.

IF YOU CHOSE TO PARTICIPATE PLEASE COMPLETE BELOW

I, _____ do hereby authorize the following voluntary deduction to be withheld from my weekly paychecks

_____ OPTION 1 _____ % OF MY GROSS CHECK EACH WEEK

_____ OPTION 2 _____ FLAT RATE EACH WEEK

_____ OPTION 3 _____ PER HOUR FOR EACH HOUR WORKED

Signed: _____ Date: _____

YOU MUST COMPLETE AND SIGN THIS FORM IN ORDER TO PARTICIPATE

U.S Office of Personnel Management Guide to Personnel Data Standards	**ETHNICITY AND RACE IDENTIFICATION** (Please read the Privacy Act Statement and Instructions before completing form.)

Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)

Agency Use Only

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

Question 1. Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ Yes ☐ No

Question 2. Please select the racial category or categories with which you most closely identify by checking the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
☐ American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
☐ Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and VIetnam.
☐ Black or African American	A person having origins in any of the black racial groups of Africa.
☐ Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Group Employee Benefits

Life Insurance
Beneficiary Designation and Change

Regular Mail:
AXA
Employee Benefits Group
P.O. Box 2107
Grapevine, TX 76099-2107

Express Mail:
AXA
Employee Benefits Group
8500 Freeport Pkwy 4th
Floor Irving, TX 75063

redefining / standards®

MONY Life Insurance Company of America

For Assistance Call (877) 854-5662

Instructions

Please complete the sections listed below if you are requesting a beneficiary designation or beneficiary change.

Primary and Contingent Beneficiaries - Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

1. Insured's Information

☐ Please check if this is an address change.

Employer Name: _____ Group Number: _____ Policy Number(s): _____

Insured's Name: _____
First Middle/MI Last

Insured's Address: _____
Number and Street Apt. / Suite / Floor

_____
City State Zip

Insured's Date of Birth: _____ Insured's Last 4 Digits of SSN: _____

Insured's Phone Number: _____ Insured's Email Address: _____

2. Beneficiary Description

<u>Primary Beneficiary Designation:</u> (Total % share must equal 100%)

_____
First Middle/MI Last Relationship to Insured

_____
Address Number and Street

_____
Social Security Number Share % Date of Birth Phone Number

* "AXA" is the brand name of AXA Equitable Financial Services, LLC and its family of companies, including AXA Equitable Life Insurance Company (AXA Equitable) and MONY Life Insurance Company of America (MONY America). Insurance products are issued either by AXA Equitable or MONY America, which has sole responsibility for their respective Insurance and claims-paying obligations.

Notice of Direct Deposit and Pay Card

Rolling Plains Construction is a direct deposit employer. We have provided two options for your participation:

Option 1 -Traditional direct deposit to your bank account. Attached is a direct deposit authorization form that will need to be completed and signed, when returning the form to the payroll department please make sure that you attach a VOID check.

Option 2 - Visa Bank Card. This card works just like a debit card, you can use it to make purchases or withdraw money from an ATM. Once this card is issued it will be yours to keep, even if you leave the company. The only access Rolling Plains has to this account will be to deposit your monies.

If you are choosing the pay card option, please contact Sarah for directions.

Thank You,

Sarah Bakes
Payroll Administrator
303-659-7861, ext. 128

DIRECT DEPOSIT AUTHORIZATION FORM

I (we) hereby authorize Rolling Plains Construction, Inc., hereinafter called COMPANY, to initiate credit entries for payroll to my (our) account indicated below, and the financial named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____ _____

(Financial Institution Name) (Branch)

_____

(Address) (City/State/ZIP)

_____ _____ ____ Checking ____ Savings

(Routing Number) (Account Number)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____

(Print Employee Name) (Social Security Number)

_____ _____

Signature Date

Rolling Plains does not mail paper check stubs, please complete the following for delivery of your check:

Email Address: _____

Document Password: _____

(The document is password protected; I do not need your email account password)

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 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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (See instructions)

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 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. (See instructions)

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.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee: The resource of this report item is not reachable.	Today's Date *(mm/dd/yyyy):*

Prepaper and/or Translator Certification (check one):

☐ I did not use a preparer or a 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: The resource of this report item is not reachable.	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.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A	**OR**	**List B**	**AND**	**List C**
Identity and Employment Authorization		**Identity**		**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				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

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	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
The resource of this report item is not reachable.		

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

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
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Employee Info from Section 1:	Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
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)*

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 relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative
The resource of this report item is not reachable.		

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
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the Untied States provided it contains a photograph of information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**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		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**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. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (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.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canandian government authority		
		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		
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		**12.** Day-care or nursery school record		

Examples of many of these documents in Part 13 of the Handbook for Employers (M-274).
Refer to the instructions for more information about acceptable receipts.

Verificación de Elegibilidad de Empleo

Departamento de Seguridad Nacional

Servicio de Ciudadanía e Inmigración de Estados Unidos

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

▶ **EMPIECE AQUI: Lea cuidadosamente las instrucciones antes de completar este formulario. Las instrucciones deben estar disponibles, ya sea en papel o electrónicamente, mientras se completa este formulario. Los empleadores son responsables de los errores en al llenar este formulario.**

AVISO CONTRA LA DESCRIMINACIÓON: Es ilegal discriminar a las personas autorizadas a trabajar. Los empleadores **NO** pueden especificar qué documento(s) un empleado puede presentar para establecer la autorización de empleo e identidad. La negativa a contratar o seguir empleando a una persona porque la documentación presentada tiene una fecha de expiración futura, también puede constituir una discriminación ilegal.

Sección 1. Información del Empleado y Declaración *(Los empleados deben completar y firmar la Sección 1 del Formulario 1-9 antes del primer día de trabajo, pero no antes de aceptar una oferta de trabajo.)*

Apellido *(Nombre Familiar)*	Primer Nombre *(Nombre de Pila)*	I.S.N	Otros apellidos usados *(si alguno)*

Dirección *(Número y Nombre de la Calle)*	Número de Apt.	Ciudad o Pueblo	Estado	Zip Code

Fecha de Nacimiento *(mm/dd/aaaa)*	Número de Seguro Social de EE.UU	Dirección de correo electrónico del empleado	Número de Teléfono del Empleado
	☐☐☐ - ☐☐ - ☐☐☐☐		

Soy consciente de que la ley federal establece penas de prisión y/o multas por falsos testimonios o el uso de documentos falsos en al momento de llenar este formulario.

Doy fe, bajo pena de perjurio, que soy (marque una de las siguientes casillas):

☐ 1. Un ciudadano de los Estado Unidos

☐ 2. Un nacional no ciudadano de los Estados Unidos (Vea las instrucciones)

☐ 3. Un residente permanente legal (Número de Registro de Extranjero / Número de USCIS): _____

☐ 4. Un extranjero autorizado a trabajar hasta (fecha de expiración, si aplica, mm/dd/aaaa): _____

Algunos extranjeros pueden escribir "N/A" en el campo de fecha de expiración. *(Vea las instrucciones)*

Los extranjeros autorizados a trabajar deben proporcionar solamente uno de los siguientes números de documento para completar el Formulario I-9:Un Número de Registro Extranjero / Número de USCIS.

Número de Admisión del Formulario 1-94 o Número de Pasaporte Extranjero

1. Número de Registro Extranjero / Número de USCIS: _____

O

2. Número de Admisión del Formulario 1-94: _____

O

3. Número de Pasaporte Extranjero: _____

País de Emisión: _____

QR Code - Section 1
Do Not Write In This Space

Firma del Empleado	The resource of this report item is not reachable.	Fecha de Hoy *(mm/dd/aaaa):*

Certificación del Preparador y/o Traductor (marque uno):

☐ No utilicé un preparador o traductor ☐ Un preparador o preparadores y/o traductor(es) asistieron al empleado en completar la Sección 1

(Los campos a continuación deben ser completados y firmados cuando preparadores y/o traductores asistan a un empleado a completar la Sección 1.)

Doy fe, bajo pena de perjurio, que he asistido en completar la Sección 1 de este formulario, y que a mi mejor entender, la información es verdadera y correcta.

Firma del Preparador o Traductor	The resource of this report item is not reachable.	Fecha de Hoy *(mm/dd/aaaa):*

Apellido *(Nombre Familiar)*	Primer Nombre *(Nombre de pila)*

Dirección *(Número de Calle y Nombre)*	Ciudad o Pueblo	Estado	Código Postal

STOP ***El Empleador Completa la Siguiente Página*** STOP

Verificación de Elegibilidad de Empleo

Departamento de Seguridad Nacional

Servicio de Ciudadanía e Inmigración de Estados Unidos

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Sección 2. Revisión y Verificación del Empleador o Representante Autorizado

(Los empleadores o representantes autorizados deberán completar y firmar la Sección 2 dentro de 3 días hábiles después del primer día de trabajo del empleado. Usted examinar físicamente un documento de la Lista A o una combinación de un documento de la Lista B y un documento de la Lista C, como se indica en las "Listas de Documentos Aceptados".)

Información del Empleado de la Sección 1	Apellido *(Nombre Familiar)*	Primer Nombre *(Nombre de Pila)*	I.S.N	Estatus de Ciudadanía/Inmigración

Lista A	**O**	**Lista B**	**Y**	**Lista C**
Identidad y Autorización de Empleo		**Identidad**		**Autorización de Empleo**
Título del Documento		Título del Documento		Título del Documento
Autoridad Emisora		Autoridad Emisora		Autoridad Emisora
Número de Documento		Número de Documento		Número de Documento
Fecha de Expiración *(si alguna) (mm/dW/aaaa)*		Fecha de Expiración *(si alguna) (mm/dW/aaaa)*		Fecha de Expiración *(si alguna) (mm/dd/aaaa)*
Título del Documento				
Autoridad Emisora				
Número de Documento				
Fecha de Expiración *(si alguna) (mm/dW/aaaa)*				
Título del Documento				
Autoridad Emisora				
Número de Documento				
Fecha de Expiración *(si alguna) (mm/dW/aaaa)*				

Información Adicional

QR Code - Sections 2 & 3
Do Not Write In This Space

Certificación: Doy fe, bajo pena de perjurio, que (1) He examinado el documento o documentos presentado(s) por el empleado mencionado anteriormente, (2) el documento o documentos antes indicado(s) parece(n) ser genuino(s) y se refiere al empleado mencionado y (3) a mi mejor entender el empleado está autorizado a trabajar en los Estados Unidos

Primer día de trabajo del empleado *(mm/dd/aaaa):* _____ ***(Vea las instrucciones para excepciones)***

Firma del Empleador o Representante Autorizado	Fecha de Hoy *(mm/dd/aaaa)*	Título del Empleador o Representante Autorizado
The resource of this report item is not reachable.		

Apellido del Empleador o Representante Autorizado	Primer Nombre del Empleador o Representante Autorizado	Nombre de la Empresa u Organización del Empleador

Dirección de la Empresa u Organización del Empleador *(Número y Nombre de la Calle)*	Ciudad o Pueblo	Estado	Código Postal

Verificación de Elegibilidad de Empleo

Departamento de Seguridad Nacional

Servicio de Ciudadanía e Inmigración de Estados Unidos

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Expires 10/31/2022

Employee Info from Section 1:	Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial

Sección 3. Re-Verificación y Recontrataciones *(Para ser completado y firmado por el empleador o representante).*

A. Nuevo nombre *(sí aplica)*			**B.** Fecha de recontratación *(sí aplica)*
Apellido *(Nombre Familiar)*	Primer Nombre *(Nombre de pila)*	I.S.N.	Fecha de Hoy *(mm/dd/aaaa)*

C. Si el otorgamiento anterior de autorización de empleo del empleado ha expirado, proporcione la información para el documento o recibo que establece la continuación de autorización de empleo en el espacio proporcionado debajo.

Título del Documento	Número de Documento	Fecha de Expiración *(si alguna) (mm/dd/aaaa)*

Doy fe, bajo pena de perjurio, que a mi mejor entender, este empleado está autorizado a trabajar en los Estados Unidos, y si el empleado presentó documento(s), el documento o los documentos que he examinado parecen ser genuino(s) y estar relacionado(s) con el individuo.

Firma del Empleador o Representante Autorizado	Fecha de Hoy *(mm/dd/aaaa)*	Nombre del Empleador o Representante Autorizado
The resource of this report item is not reachable.		

LISTAS DE DOCUMENTOS ACCEPTABLES

Todos los documentos deben estar vigentes (NO ESTAR VENCIDOS)

Los empleados pueden presentar una selección de la Lista A
o una combinación de una selección de la Lista B y uno de selección de la Lista C.

LISTA A Documentos que Establecen la Identidad y Autorización de Empleo	O	LISTA B Documentos que Establecen la Identidad	Y	LISTA C Documentos que Establecen la Autorizacion Y de Empleo
1. Pasaporte de EE.UU. o tarjeta de pasaporte de EE.UU.		**1.** Licencia de conducir o tarjeta de identificación emitida por un estado o posesión periférica de los Estados Unidos, siempre que contenga una fotografía o información, tal como nombre, fecha de nacimiento, género, estatura, color de ojos y dirección.		**1.** Una tarjeta con Numero de Seguro Social, a menos que la tarjeta incluya una de las siguientes restricciones: (1) NO VALIDO PARA EMPLEO (2) VALIDO PARA TRABAJAR SOLO CON AUTORIZACION DE INS (3) VALIDO PARA TRABAJAR SOLO CON AUTORIZACION DE DHS.
2. Tarjeta de Residente Permanente o Tarjeta de Recibo de Registro de Extranjero (Formulario |-551)		**2.** Tarjeta de identificación emitida por agencias o entidades gubernamentales federales, estatales o locales, siempre que contenga una fotografía o información tal como nombre, fecha de nacimiento, género, estatura, color de ojos y dirección.		**2.** Certificado de informe de nacimiento expedido por el Departamento de Estado (Formularios DS-1350, FS-545, FS-240).
3. Pasaporte extranjero con sello |-551 temporal o anotación impresa |-551 temporal en una visa de inmigrante legible por máquina		**3.** Tarjeta de identificación escolar con una fotografía		**3.** Original o copia certificada del Certificado de Nacimiento expedida por un estado, condado, autoridad municipal o territorio de los Estados Unidos con sello oficial.
4. Documento de Autorización de Empleo que contenga una fotografía (Formulario |-766)		**4.** Tarjeta de Registro de Votante		**4.** Documento tribal nativo americano
5. Para un extranjero no inmigrante autorizado a trabajar para un empleador específico debido a su estatus: **a.** Pasaporte extranjero; y **b.** Formulario |-94 o Formulario |-94A que tenga la siguiente: (1) El mismo nombre en el pasaporte y (2) Una ratificación del estatus de no inmigrante extranjero, siempre y cuando dicho período de ratificación aún no haya expirado y el empleo propuesto no esté en conflicto con las restricciones o limitaciones identificadas en el formulario.		**5.** Tarjeta Militar de EE.UU. o récord de selección		**5.** Tarjeta de Identificacion de Ciudadano de EE.UU. (Formulario |-197)
		6. Tarjeta de identificación de dependiente militar		**6.** Tarjeta de Identificacion para el Uso de Ciudadano Residente en los Estados Unidos (Formulario |-179)
		7. Tarjeta de Marino Mercante de Guardacostas de EE.UU.		**7.** Documento de Autorizacién de Empleo emitido por el Departamento de Seguridad Nacional
		8. Documento tribal nativo americano		
		9. Licencia de conducir emitida por una autoridad gubernamental canadiense		
		Para las personas menores de 18 años que no pueden presentar un documento mencionado anteriormente:		
		10. Registro escolar o tarjeta de calificaciones		
		11. Registro clínico, médico o de hospital		
6. Pasaporte de los Estados Federados de Micronesia (FSM por sus siglas en inglés) o la República de las Islas Marshall (RMI por sus siglas en inglés) con el Formulario 1-94 o Formulario |-94A que indique la admisión de no inmigrante bajo la Tratado de Libre Asociación entre los Estados Unidos y el FSM o RMI		**12.** Registro guardería o escuela infantil		

Ejemplos de muchos de estos documentos aparecen del Manual para Empleadores (M-274).

Consulte las instrucciones para mas informacion sobre recibos aceptables.

SHIPPY'S
Rolling Plains INC.
CONSTRUCTION

NEW EMPLOYEE SIGNATURE PAGES & FORMS

LA FIRMA PAGINA & FORMAS

12331 N. Peoira St.
Henderson, CO 80640
Phone: 303-659-7861

5136 S Desert View Rd
Apache Junction, AZ 85120
Phone: 480-895-8831

Rolling Plains Construction, Inc. and Affiliates

12331 N. Peoria St.
Henderson, CO 80640
(303) 659-7861

5136 S Desert View Rd
Apache Junction, AZ 85120
(480) 895-8813

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EMPLOYEE ACKNOWLEDGEMENT OF COMPANY POLICY MANUAL

051 —Employee Acknowledgement Form

Effective Date — 1/1/01
Revision Date — 5/30/13

EMPLOYEE ACKNOWLEDGEMENT FORM

The employee handbook describes important information about Rolling Plains Construction, Inc. and I understand that I should consult management regarding any questions not answered in the handbook. I have entered into my employment relationship with Rolling Plains Construction, Inc. voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or Rolling Plains Construction, Inc. can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only management of Rolling Plains Construction, Inc. has the ability to adopt any revisions to the policies in this handbook.

Only officers of Rolling Plains Construction, Inc. May modify the policy of employment- at-will. Any such modification must be in writing signed by an officer and the individual employee.

Revisions — Revised policy documents will be available upon request through out the calendar year. Printed updates will be provided to each employee at year-end.

_____
Employee's Name (print)

_____
Employee's Signature

_____
Date

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EMPLOYEE ACKNOWLEDGEMENT OF SAFETY PROGRAM

_____ _____

(Signature of Employee) (Date)

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EMPLOYEE DRUG TESTING
ACKNOWLEDGEMENT, CONSENT, AND RELEASE FORM

I consent to the submission of such samples to a third party laboratory and/or its contractors for screening, confirmatory testing, and analysis.

I will also provide to the laboratory that will perform the testing confidential information concerning all lawful medications and drugs, including prescription and non-prescription (over-the-counter) medications, which I have taken on the last 30 days. The laboratory will not disclose this information, except in connection with evaluation, interpretation, and explanation of test results. I also consent to my physician providing to the laboratory requested information regarding my use of drugs and medicines.

Further, I hereby authorize the drug testing laboratory that will perform the testing, to release to the company the results for illegal drugs and controlled substances.

I understand that the samples and information obtained pursuant to this release will be solely for the following purposes: test results will be used to determine eligibility for employment and suitability for continued employment with the company for a particular position, or for any position; information regarding the use of drugs and medicines will be used by the laboratory to interpret, evaluate, and explain test results.

This authorization shall remain valid as long as I am employed by the company. I have read and understand this Consent to Substance Abuse Screening Tests and Release.

_____ I understand that I have the right to receive a true copy of this authorization. By placing my initials below this clause on this original authorization, I hereby acknowledge that a true copy of the authorization has been received by me.

(Initials)

_____ _____

(Printed Employee Name) (Date)

_____ _____

(Signature of Employee) (Social Security Number)

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DRIVING RECORD RELEASE FORM

Because of the position you are applying for requires the use of a company vehicle, Rolling Plains construction will need to review your Motor Vehicle Record. By completing the information bellow and signing at the bottom, you authorize this company to request our insurance agent to obtain a copy of your Motor Vehicle Record on your behalf.

This information will remain confidential.

Driver's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Driver's License Number: _____

State of Issuance: _____

_____ _____

(Signature of Employee) (Date)

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DESIGNATED MEDICAL PROVIDER ACKNOWLEDGEMENT FORM

In the event of a life or limb threatening emergency, the insured employee will be sent to the nearest emergency medical facility. I understand that any follow-up care must be through Concentra.

l have read and am fully aware of the above statements regarding medical treatment for work related injuries and illnesses.

_____ _____

(Signature of Employee) (Date)

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EL RECONOCIMIENTO DEL EMPLEADO DE MANUAL DE NORMA DE COMPAN˙IA

051 —La Forma del Reconocimiento del empleado

La Fecha de vigencia — 1/1/01
La Fecha de Ja revisién — 5/30/13

LA FORMA DEL RECONOCIMIENTO DEL EMPLEADO

La guía del empleado describe información importante acerca de Llanuras de Desierto 5.a. y entiendo que debo consultar la administración con respecto a cualquiera pregunta no contestado en la guía. He entrado en mi relación del empleo con Rolling Plains Construction, Inc. voluntariamente y reconozco que eso no hay la longitud especificada del empleo. Por consiguiente, o yo o las Llanuras del Desierto S.a.. puede terminar la relación a voluntad, con o sin la causa, en cualquier vez, así que largo como no hay la infracción de aplicable federal o la ley del estado.

Desde que la información, las normas, y los beneficios describieron aquí están el cambio necesariamente con sujeción a, yo reconozco que las revisiones a la guía pueden ocurrir. Todo tales cambios se comunicarán por notas oficiales, y yo entiendo que revisé información puede desbancar, poder modificar, o puede eliminar las normas existentes. Sólo administración de DPI tiene la habilidad de adoptar cualquier revisión a las normas en esta guía.

Sólo oficiales de DPI pueden modificar la norma del empleo en hace. Cualquiera tal modificación debe estar a escribir firmado por un oficial y el empleado individual.

Las revisiones - Los documentos revisados de la norma estarán disponibles sobre el pedido por fuera el año común. Impreso actualiza será proporcionado a cada empleado en fin del año.

_____
El Nombre del empleado

_____
La Firma del empleado

_____
La fecha

Rolling Plains Construction, Inc. and Affiliates

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Henderson, CO 80640
(303) 659-7861

5136 S Desert View Rd
Apache Junction, AZ 85120
(480) 895-8813

EL RECONOCIMIENTO DEL EMPLEADO DEL PROGRAMA DE LA SEGURIDAD

_____ _____

(Firma de empleado) (Fecha)

Rolling Plains Construction, Inc. and Affiliates

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RECONOCIMIENTO DE PROBAR DE DROGA DE EMPLEADO, EL CONSENTIMIENTO, Y FORMA DE LIBERACION

Confidencial con respeto a todas medicinas y drogas lícitas, inclusive la prescripcion y no prescripcion (over-the-counter) las medicinas, que tengo toman los últimos 30 días. El laboratorio no revelará esta información, menos con respecto a la evaluación, con respecto a interpretación, y con respecto a la explicación de resultados de prueba. Consiento también a mi médico que proporciona al laboratorio información solicitada con respeto a mi uso de drogas y medicinas.

Adicional, yo por la presente autorizo el laboratorio de probar de droga que realizará el probar, para liberar a la compañia los resultados para drogas ilegales y substancias controladas.

Entiendo que las muestras y la información obtuvieron según esta liberación será únicamente para los propósitos siguientes: los resultados de la prueba se usarán para determinar la elegibilidad para el empleo y apropiadamente para empleo continuado con la compañía para cierta posición, o para cualquier posición; información con respecto al uso de drogas y medicinas será usada por el laboratorio para interpretar,Evalúe, y explique la prueba los resultados.

Esta autorización permanecerá válido tan largo como soy empleado por la compañía. He leído y he entendido este Consentimiento a Pruebas de Selección de Abuso de Substancia y Liberación.

_____ Entiendo que tengo el derecho de recibir una copia verdadera de esta autorización. Colocando mis iniciales a la izquierda de esta cláusula en la autorización original, yo por la presente Reconozca que una copia verdadera de esta autorización ha sido recibida por mí.
(Iniciales)

_____ _____
(Nombre de Empleado) (Fecha)

_____ _____
(Firma de Empleado) (Número del seguro social)

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Forma Impulsora de la Liberacion del Registro

A causa de la posición que usted solicitan requiere el uso de un vehículo de la compañía, la construcción Rodante de Llanuras necesitará revisar su Registro Motriz de Vehículo.Completando el bramido de información y firma en el fondo, usted autoriza esta compañía para solicitar a nuestro agente del seguro para obtener una copia de su Registro Motriz de Vehículo en su beneficio.

Esta información permanecerá confidencial.

Nombre del conductor: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código de Zip: _____

Fecha del Nacimiento: _____

Número de la Licencia del conductor: _____

Estado de Emisión: _____

_____ _____

(Firma de Empleado) (Fecha)

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FORMA MEDICA DESIGNADA DEL RECONOCIMIENTO DE LA COMPAÑIA

En caso de una vida o el miembro la emergencia que amenaza, el empleado asegurado será mandado a la más cercana emergencia la facilidad médica. Entiendo que cualquier cuidado de continuación debe estar por Concentra.

He leído y estoy completamente enterado del encima de declaraciones con respecto al tratamiento médico para el trabajo las heridas y las enfermedades relacionadas,

_____ _____

(Firma de Empleado) (Fecha)

CONCENTRA
Medical Centers - Colorado
24- Hour Injury Intervention Phone Number
(303) 370-0454

Downtown
1860 Larimer St., Ste. 100
Denver, CO 80202
Hours: 7:30 - 5:30 Mon - Fri
Phone: (303) 296-2273 = Fax: (303) 296-8330

Thornton
500 E. 84th Ave., Suite B-14
Thornton, CO 80229
Hours: 7:30 - 5:30 Mon - Fri
Phone: (303) 287-7070 Fax: (303) 287-7373

North
420 F. 58th Ave., Suite 111
Denver, CO 80216
Hours: 7:00 - 6:00 Mon - Fri
Phone: (303) 292-2273 Fax: (303) 296-4138

Stapleton (EXTENDED HOURS)
6750 Stapleton Dr. South
Denver, CO 80216
Hours: 7:00 - 10:00 Mon - Fri
Phone: (303) 340-3053 Fax: (303) 340-3862

Southeast
10355 E. Hiff Ave.
Aurora, CO 80231
Hours: 7:30 - 5:30 Mon - Fri .
Phone: (303) 775-4955 Fax: (303) 755-4956

South
1380 S. Santa Fe Dr.
Denver, CO 80233
Hours: 7:00 - 6:00 Mon - Fri
Phone: (303) 777-2777 Fax: (303) 871-0218

Lakewood
770 Simms St., Suite 100
Boulder, CO 80301
Hours: 8:00-5:00 Mon - Fri
Phone: (303) 239-6060 Fax: (303)239-6046

Boulder
3434 47th St., Suite 100
Boulder, CO 80301
Hours: 8:00 - 5:00 Mon - Fri
Phone: (303) 541-9090 Fax: (303) 541-9393

Fort Collins
2620 E. Prospect, Suite 160
Fort Collins, CO
Phone: (970) 221-5811

Saint Anthony Central
4231 W. 16th Ave.
Denver, CO 80204
(303) 629-3721

St. Anthony North
2551 W. 84th Ave.
Denver, CO 806030
(303) 426-2020

North Suburban Medical Ctx.
9191 Grant St.
Thomton, CO 80229
(303) 450-4482

Littleton Adventist Hospital
7700 S. Broadway
Littleton, CO 80122.
(303) 730-5800

Avista Adventist Hospital
100 Health Park Dr.
Louisville, CO 80027
(303) 673-1111

Swedish Medical Center
501 E. Hampton Ave.
Englewood, CO 80110
(303) 788-6911

Porter Adventist Hospital
2525 S. Downing
Denver, CO 80210
(303) 778-5666

Lutheran Porter Hospital
8300 W. 38th Street
Wheat Ridge, CO 80030
(303) 425-2089

Aurora Regional Medical Ctr. South Campus
1501 S. Potomac
Aurora, CO 80012
(303) 695-2628

Saint Joseph Hospital
1835 Franklin St.
Denver, CO 80218
(303) 837-7240

Colorado Springs
5230 Mark Dabling Blvd.
Colorado Springs, CO
Phone: (719) 592-1584

CONCENTRA
Medical Centers - Arizona

Flagstaff
120 W Fine Ave
Flagstaff, AZ 86001
Phone: (928) 773-9695

Mesa
1959 S Val Vista Rd, Ste. 106
Mesa, AZ, 85204
(480) 545-1398

Mesa
1710 W Southern
Mesa, AZ 85202
(480) 644-7900

Peoria
14155 N 83rd Ave, Bldg H, Suite 148
Peoria, AZ 85381
(623) 487-8598

Phoenix
5340 W Buckeye Rd, Ste 3
Phoenix, AZ 85043
(602) 233-2117

Phoenix
12808 N Black Canyon Highway
Phoenix, AZ, 85029
(602) 375-1155

Phoenix
1818 E Sky Harbor Circle North Bldg 2, Ste 150
Phoenix, AZ 85034
(602) 244-9500

Phoenix
3532 W Thomas Rd, Ste 5
Phoenix, AZ 85019
(602) 272-7662

Scottsdale
14747N Northsighth Blvd., Ste 101-105
Scottsdale, AZ 85260
(480) 922-4776

Tempe
950 W Southern Ave
Tempe, AZ 85282
(480) 968-7200

Tucson
2005 W Ruthrauff Rd, Ste 111
Tucson, AZ 85705
(520) 293-7250

Tucson
4600 S Park Aye, Ste 5
Tucson, AZ 85714
(520) 889-9574

Tucson
3402 E Broadway Blvd
Tucson, AZ 85716
(520) 881-0050