



LNC NEW HIRE PAPERWORK CHECKLIST

Employee Name: _____

<i>Forms</i>	<i>YES</i>	<i>NO</i>	<i>DATE COMPLETED</i>
Completed Application			
W-4 completed no missing info			
I-9 completed no missing info			
Photocopy of ID/ SS Card/ Certifications			
Motor Vehicle Report Request – sent to Michelle			
Alcohol and Substance Abuse Policy			
ACH Authorization Form			
Company Policy Safety Letter			
Reviewed Company Safety Policy			
Drug Screen			
Added to company contact list			
Added to employee master list			
Dispatch request			
Push to Field Ease			
Signature:			



Employee Information

Leroy Newton Construction, LLC

Personal Information

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

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____
Cell *Home*

Email: _____

SSN/Drivers Lic#: _____ | _____ **Expiration:** _____

Birth Date: _____ **US Citizen:** Yes No **Allergies** _____ **T-shirt size** _____

Marital Status: Married | Single | Widow **Are you a Veteran?** Yes No **Status:** _____

Spouse's Name: _____ **Spouse's Work Phone:** _____

Felonies: Yes No Please explain the nature of your felony.

Do you owe Child Support? Yes No **DSHS Case Number:** _____

Job Information

Position: _____ **Certifications:** _____

CDL License: Yes No _____ **Disabilities:** _____

LNC Email: _____ **Allergies:** _____

LNC Cell Phone: _____ **Will you travel?** Yes No Possible

Start Date: _____ **Apprenticeship #** _____

Emergency Contact Information

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

Primary Phone: _____ **Alternate Phone:** _____

Relationship: _____



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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State
Date of Birth <i>(mm/dd/yyyy)</i>		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 <i>(mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		
Address <i>(Street Number and Name)</i>		City or Town	State	ZIP Code





Employment Eligibility Verification
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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
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Project Administrator		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name Leroy Newton Construction, LLC		
Employer's Business or Organization Address (Street Number and Name) 10011 Bridgeport Way SW Ste 1500/417	City or Town Lakewood	State WA	ZIP Code 98499	

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)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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.



We're Not Just A Sub We're A Partner

Alcohol and Substance Abuse Policy

Leroy Newton Construction, is a drug and alcohol-free workplace. The use of or being under the influence of illegal drugs and/or alcohol is inconsistent with the behavior expected of employees. The use of illegal drugs and alcohol and misuse of prescribed and over the counter drugs subjects employees and visitors to unacceptable safety risks that undermine the Company's ability to operate safely, effectively and efficiently. The use, possession, distribution or sale of controlled substances such as drugs or alcohol, being under the influence of such controlled substances (drugs and alcohol) or testing positive for alcohol or any drug including, but not limited to, inactive components or metabolites associated with the use of such drugs is strictly prohibited while on duty, while on Company premises or work sites or while operating the Company's equipment or vehicles. Our Company participates in post-offer, random and post-accident drug and alcohol testing. If injured on the job you will be expected to participate in a drug and alcohol test immediately following the injury.



We're Not Just A Sub We're A Partner

I hereby acknowledge receipt of Leroy Newton Construction, LLC's Drug-Free Workplace Policy regarding drugs and alcohol. I have read and understand this policy. I understand that the refusal to submit to any drug testing required by this policy or a positive test result is grounds for disciplinary action up to and including termination. Furthermore, I authorize the release of the test results to my employer, and/or on post-accident tests, the Company's workers compensation insurance carrier and understand that refusal to release these results is grounds for disciplinary action up to and including termination. I understand that if I test positive for alcohol or drugs including, but not limited to, inactive components or metabolites associated with the use of such drugs following an on the job accident, I may be ineligible for workers compensation benefits. I recognize that the Company's policy on drugs and alcohol does not constitute an expressed or implied contract of employment. As a condition of continued employment, employees must sign the attached consent form and comply with the policy. I have read and understand this policy and will abide by it as a condition of my employment.

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____



MOTOR VEHICLE REPORT REQUEST FORM

Complete and return to: Propel Insurance
P.O. Box 2940
Tacoma, WA 98401
Fax: 253.752.8659

Attn:

Insured Name:

Contact Name:

Telephone Number:

Fax Number:

DISCLOSURE OF INTENT TO OBTAIN A CONSUMER REPORT

In compliance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a Motor Vehicle Report from the Department of Motor Vehicles of the state in which you are licensed to operate motor vehicles.

Information disclosed on your Motor Vehicle Record WILL be used in the decision making process for employment with our establishment.

**CERTIFICATION OF RECEIPT OF DISCLOSURE AND
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD**

I acknowledge that I have received a copy of the 'Disclosure of Intent to Obtain a Consumer Report.'

I voluntarily authorize you to obtain a Motor Vehicle Report regarding me in connection with my application for employment or my current employment.

I understand and agree that I can revoke this authorization only in writing and the revocation will be effective only upon receipt.

Print Name

Date

Print Maiden Name or Other Names in which
Records May be Found

Date of Birth*

Drivers License # and State Issued

Signature

**DOB information will be used only to insure accurate information. It will not be used in the decision of employment. The Age Discrimination in Employment Act prohibits discrimination against persons 40 years and over.*

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize _____ (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Set Amount: _____ or Maximum Amount: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

Ⓜ 1 2 3 4 5 6 7 8 9 Ⓜ 1 2 3 4 5 6 7 8 9 0 1 2 3 Ⓜ
Routing Number Account Number



We're Not Just A Sub We're A Partner

We have basic safety rules that all employees must follow. They are:

- Never do anything that is unsafe in order to get the job done. If a job is unsafe, report it to your supervisor or foreman, immediately. We will find a safer way to do that job.
- Do not remove or disable any safety device! Keep guards in place at all times on operating machinery.
- Never operate a piece of equipment unless you have been **trained and are authorized**.
- Use your personal protective equipment whenever it is required.
- Obey all safety warning signs.
- Working under the influence of alcohol or illegal drugs or using them at work is **STRICTLY** prohibited.
- Do not bring firearms or explosives onto company/project property.
- Horseplay, running and fighting are prohibited.
- Clean up spills immediately. Replace all tools and supplies after use. Do not allow trash to accumulate where it can become a hazard. Good housekeeping helps prevent accidents.

How and when to report injuries, including first aid kits and their locations:

1. If you are injured or become ill on the job, report this to Jason Kilts: 360.701.5400 or immediate supervisor.
2. We require all supervisors and/or foremen to have first-aid/CPR training.
3. We have first aid qualified workers here but we do not have "designated" first-aiders. First aid at the job site is done on a Good Samaritan basis.
4. If first aid trained personnel are involved in a situation involving blood, they should:
 - Avoid skin contact with blood/other potentially infectious materials by letting the victim help as much as possible, and by using gloves provided in the first aid kit.
 - Remove clothing, etc. with blood on it after rendering help.
 - Wash thoroughly with soap and water to remove blood. A 10% chlorine bleach solution is good for disinfecting areas contaminated with blood (spills, etc.).
 - Report such first aid incidents within the shift to supervisors (time, date, blood presence, exposure, names of others helping).



We're Not Just A Sub We're A Partner

By signing below, I acknowledge that I have read and understand the Safety rules and expectations of Leroy Newton Construction, LLC.

I also understand that if I become injured or ill on the job site, I must report this to my immediate supervisor. I understand that failure to do so may result in immediate termination.

Signature

Printed Name

Date



SAFETY DISCIPLINARY POLICY

Leroy Newton Construction, LLC believes that a safety and health Accident Prevention Program is unenforceable without some type of disciplinary policy. Our company believes that in order to maintain a safe and healthful workplace, the employees must be aware of all company, State, and Federal safety and health regulations as they apply to the specific job duties required. The following disciplinary policy is in effect and will be applied to all safety and health violations.

The following steps will be followed unless the seriousness of the violation would dictate going directly to Step 2 or Step 3.

1. A first time violation will be discussed orally between company supervision and the employee. This will be done as soon as possible.
2. A second time offense will be followed up in written form and a copy of this written documentation will be entered into the employee's personnel folder. Time off without pay (3 day minimum).
3. A third time violation will result in termination.
4. LNC will be held to General Contractors safety plan and violations.

If an employee of this company knowingly and willingly violates any of the safety rules or procedures, or puts his/herself or others in an imminent danger situation, the employee will be immediately discharged.

SAFETY RESPONSIBILITIES OF THE FIELD SUPERINTENDENT

The Project Superintendent, with the assistance from the Project Manager and the Corporate Safety Director, is responsible for the implementation and the enforcement of the company's A.P.P. The Superintendent's responsibilities shall include, but are not limited to the following:

1. Plan and require that all work be done in compliance with the Company's A.P.P. and other safety requirements including all applicable local, state and federal regulations.
2. Impress upon all subcontractors' supervisory personnel their responsibility and accountability of each individual to maintain safe workplace and work in a safe manner.
3. Keep the Safety Director informed of all future planned activities and solicit input and advice with respect to safety concerns.



4. Ensure that all accident victims are promptly cared for and assist the Foremen so they can promptly investigate the accident and report the results to the Corporate Safety Department.
5. Accompany any and all outside agencies making an inspection of projects/facilities (i.e. WISHA, Federal and State Agencies, Fire Department, etc.), and implement recommendations made in accordance with those and/or other safety inspections.
6. Require from any outside agency making an inspection of the project a handwritten report stating violations and/or recommendations before leaving the premises. A copy of this report shall be provided to and the Corporate Safety Department. Copies of the formal report shall be distributed when available.
7. Write a brief report commenting on the outside agencies' above-referenced report and distribute as referenced in Number 6.
8. Obtain a copy of all subcontractors' weekly toolbox safety meetings signed by all attendees.
9. Inform project management of safety problems which are beyond Superintendent's authority.
10. Authorize or enact any necessary action to correct any substandard or hazardous condition that may exist on the project.
11. Require Foremen and workers to use the personal protective equipment in accordance with the Company, Project Safety Program, Local, State, and Federal Safety Regulations.
12. Participate in, and periodically attend, 'Weekly Toolbox' safety meetings held by Foremen under your direct supervision and evaluate their effectiveness.
13. Enforce WISHA and the company's safety regulations, which include taking disciplinary action that may be necessary to secure compliance.
14. Keep abreast of changing situations that may affect safety.
15. Encourage team members to report unsafe conditions to you immediately, so that condition(s) can be corrected.
16. Report unsafe jobsite working conditions to the general contractor and require their participation in correcting the problem.
17. Ensure company's representation at General Contractor's Weekly Jobsite Meetings to maintain safety communications.
18. Conduct weekly Toolbox Safety Meetings and require all jobsite employees to attend. See that the meetings are thoroughly documented and that the Tailgate Meeting Report is signed by all employees present. (Required to turn in (4) Per Month)
19. Inform all team members of the company's 'Open Door Policy' and encourage them to come forward with safety problems and ideas.



20. Training employees in safety and health. Ensure that all new employees read and sign the New Employee Training Form.
21. Ensure that a 'Job Site Inspection Report' is completed and submitted to the Corporate Safety Department from each overseeing project.
22. Perform Injury investigations.
23. Lead by example. Abide by the rules yourself.
24. Enforce safety rules and ensure that all the necessary personal protective equipment is available and in use for all employees

SAFETY RESPONSIBILITIES OF THE FIELD FOREMAN

As a line supervisor, the Foreman will interface daily with his/her workers. Therefore, the Foreman will have a major influence upon the effectiveness of the Leroy Newton Construction, LLC Safety Program. It is required of each foreman to establish a firm and positive injury prevention policy. Your responsibility includes the following:

1. Advising and instructing workers in safe work practices for all tasks they are assigned;
2. Promoting the availability of and enforcing the proper use of jobsite tools and personal protective equipment;
3. Monitoring the work area for unsafe acts and conditions, and instituting expedient corrective action, should any be identified;
4. Always setting a good example for employees;
5. Encouraging employees to receive training in hazardous communication, trenching safety, and the like when tasks they perform have hazards related to such activities;
6. Participating in accident investigations and taking abatement actions to preclude further occurrences, providing information regarding these actions to Superintendents and Corporate Safety Director;
7. Chairing 'Weekly Toolbox' safety meetings with the crew, in order to:
 1. Discuss observed accident trends and causes,
 2. Plan construction safety into the crew's work activities, and
 3. Take action to correct safety related concerns that are brought to the foreman's attention,
 4. Encourage participation.
8. Obtaining and utilizing company supplied equipment.
9. Explain company rules and disciplinary guidelines and train new employees with regard to the Company's Hazard Communication Program.



10. Evaluating employees when assigned new tasks and giving individual safety instructions and orders when needed to new employees and those found to be working in an unsafe manner.
11. Encourage safety suggestions from all employees, if safety suggestions cannot be implemented promptly, explain the reason to the employee and submit the safety suggestion to the Corporate Safety Department.
12. Planning out your daily job strategy and creating a well-organized job.
13. Complete written report of accident, including suggestions of feasible means of avoiding future accidents of a similar nature. Notify office of injury immediately. The General Contractor shall be notified of serious injuries.

SAFETY RESPONSIBILITIES OF THE EMPLOYEE

1. Report all unsafe conditions to the supervisor.
2. Report all injuries to the supervisor promptly.
3. Wear a hard hat at all times on the job site.
4. Use eye and face protection when required or where there is reasonable possibility of injury.
5. Dress properly. Wear appropriate work clothes, gloves, and shoes or boots. No loafers or tennis shoes are allowed. Loose clothing and jewelry that presents a hazard shall not be worn.
6. Do not operate any machines or tools unless all guards and safety devices are in place and in proper working condition.
7. Do not operate machinery or tools if you are not an authorized operator and have not been directed to do so by your immediate supervisor.
8. Keep all tools in safe working condition. Never use defective tools or equipment. Do not modify any tool or perform a function for which it was not intended.
9. Properly care for and use all personal protective equipment as instructed in required training.
10. Stay alert. Watch for overhead loads and look for potential floor openings.
11. Do not leave materials or scraps in aisles, walkways, roads, or other means or points of access/egress.
12. Practice good housekeeping at all times.
13. Do not ride material hoist or other moving equipment, except on seats provided by the manufacturer.
14. Do not report for work under the influence of intoxicating beverages or illegal drugs. The use of prescription drugs while at work shall be as directed by a medical doctor.
15. Do not engage in horseplay or rough-housing.



16. Comply at all times with all commonly recognized and understood safe work practices for the construction industry. All posted safety rules must be followed.
17. Understand that violations of any of these rules will be cause for immediate disciplinary action, up to and including termination.