



Employment Application Instructions

1. Complete application (front & back)
2. Complete tax withholding forms:
 - a. NC-4 state (sign and date)
 - b. W-4 federal (sign and date)
3. Read and sign Drug Test agreement.
4. Read and sign Property Agreement.
5. Complete Direct Deposit form if you want direct deposit. Attach a voided check and just sign and date at the bottom. If you do not have a voided check, then the form must be fully completed.
6. Assure that any additional paperwork is read, signed and returned.
7. Provide a picture ID.



MKS EMPLOYMENT APPLICATION

Date: _____

Last Name _____ First Name _____ Middle _____

DOB: _____ SSN: _____

Street Address: _____

City, State, Zip Code _____

Home Phone Number: (_____) _____ Cell (_____) _____

Driver's License #/State _____

Emergency Contact:

Name _____ Phone #: _____

Relationship _____ Secondary phone # _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____ If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied For _____

Days/Hours Available: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
Saturday _____ Sunday _____ Hours Available: from _____ to _____.

What date are you available to start work? _____

What are your Skills and Qualifications: (License, Training, Certification)

EMPLOYMENT HISTORY:

***Present Or Last Position:**

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____ per _____

Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

***Previous Position:**

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____ per _____

Reason for Leaving: _____

If applicable do you own tools to perform job? _____

EDUCATION:

Name and Address Of School - Degree/Diploma - Graduation Date: _____

References: Name/Title/
Address/Phone: _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____

For Office Use Only

.....
Hire Date _____ Job Title _____

Pay Rate _____ W-4 Allowances _____

W-(1099) _____ Direct Deposit Y/N

Copy of Driver's License or Photo ID

NC-4 Employee's Withholding Allowance Certificate

PURPOSE - Complete Form NC-4, Employee's Withholding Allowance Certificate, so that your employer can withhold the correct amount of State income tax from your pay. If you do not provide an NC-4 to your employer, your employer is required to withhold based on single with zero allowances.

FORM NC-4 EZ - You may use this form if you intend to claim either: exempt status, or the N.C. standard deduction and no tax credits or only the credit for children.

FORM NC-4 NRA - If you are a nonresident alien you must use Form NC-4 NRA.

FORM NC-4 BASIC INSTRUCTIONS - Complete the Allowance Worksheet. The worksheet will help you figure the number of withholding allowances you are entitled to claim. The worksheet is provided for employees to adjust their withholding allowances based on N.C. itemized deductions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, and N.C. tax credits. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be head of household after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

TWO OR MORE JOBS - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the Multiple Jobs Table to determine the additional amount to be withheld on line 2 of Form NC-4 (See Allowance Worksheet).

NONWAGE INCOME - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40 to avoid underpayment of estimated tax interest. Form NC-40 is available on our website at www.dcm.com under Individual Income tax forms.

HEAD OF HOUSEHOLD - Generally you may claim head of household status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

SURVIVING SPOUSE - You may claim surviving spouse status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will each complete the Allowance Worksheet based on married filing jointly or married filing separately.

- For married taxpayers completing the Allowance Worksheet based on married filing jointly, you will consider the sum of both spouses' incomes, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.
- For married taxpayers completing the worksheet on the basis of married filing separately, each spouse will consider only his or her portion of income, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

NC-4 Employee's Withholding Allowance Certificate

1. Total number of allowances you are claiming
(Enter zero (0), or the number of allowances from Page 2, line 16 of the NC-4 Allowance Worksheet)
2. Additional amount, if any, withheld from each pay period (Enter whole dollars)

Social Security Number	Marital Status		
	<input type="radio"/> Single <input type="radio"/> Head of Household <input type="radio"/> Married or Surviving Spouse		
<small>Approved National General Second General Second General Second General</small> First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)	M.I.	Last Name	
Address			County (Enter first two letters)
City	State	Zip Code (5 Digits)	Country (if not U.S.)

Employee's Signature

Date

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above.

Form W-4 (2019)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no tax liability**, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no tax liability**.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
Date ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

MKS DRUG-FREE WORKPLACE POLICY

MKS Construction Group (the Company) Intends to help provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of MKS Construction Group Corporation, Inc.

The Company explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Company or customer premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from the Company or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the Company or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of the company or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

The Company will conduct drug and/or alcohol testing under any of the following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug and/or alcohol testing at any interval determined by the Company.
- **FOR-CAUSE TESTING:** The Company may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way.

If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, or if an employee refuses a request to submit to testing under this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.

MKS GROUP, LLC

DRUG AND/OR ALCOHOL TESTING CONSENT FORM EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of MKS Group, LLC, hereby referred to as Company, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that this is a pre-employment requirement. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Employee

Date

Date Test Taken _____

Employee's Name – Printed

Results negative positive

Prescription provided if positive? yes no

I received a copy of the Drug Free Workplace Policy:

Initials _____

Signature of person that administered test:

I confirm that I administered a 8 panel drug test and that the results listed above are accurate.



MKS Group, LLC Property Agreement

I, _____, hereby accept the responsibility for all property issued to me throughout the course of my employment with MKS Group, LLC. I agree and understand that I am required to return all MKS Group, LLC. property upon request, resignation, lay off, or at termination of employment. By signing this form, I will also be responsible for any damage done (excluding normal wear and tear) to any company property due to *any willful or negligent acts resulting in property damage to include but not limited to vehicles, machinery, and materials*. I will replace any items issued to me that are damaged or lost at my expense. I authorize a payroll deduction to cover the replacement cost of any item issued to me or damaged by me due to *willful or negligent acts*, that is not returned, replaced, or repaired for whatever reason, or is not returned in proper working order. MKS Group, LLC. may also take all action necessary to recover or protect its property.

Date

Employee Signature

Date

Signature of Company Representative

BENEFITS OF DIRECT DEPOSIT.

- You don't have to worry about your check being lost, stolen, or misplaced.
- You can be away from home without the worry of your check sitting in your mailbox.
- Your direct deposit is completely private.

Instructions:

1. Print the form below and complete the necessary information
2. Staple a voided check for your bank account (required)
3. Return the completed form to the Finance Office

Direct Deposit of Payroll

New Change Stop

Employer Name _____ Employer Identification Number _____

I authorize the above named company and the financial institution listed below to electronically deposit my net pay to the specified account each payday

PRIMARY ACCOUNT INFORMATION:

Bank Name	Account type: <input type="checkbox"/> checking <input type="checkbox"/> savings	_____ % of net check Or \$ _____
City	State	Zip Code
Bank Transit/ABA number	Account number	

SECONDARY ACCOUNT INFORMATION (OPTIONAL):

Bank Name	Account type: <input type="checkbox"/> checking <input type="checkbox"/> savings	_____ % of net check Or \$ _____
City	State	Zip Code
Bank Transit/ABA number	Account number	

If monies to which I am not entitled are deposited to my account, I authorize my Employer to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employment with said Employer

Employee Name (please print) _____ Employee Identification Number _____

Date _____ Signature _____

Since I am not requesting direct deposit, I want to receive my check by:

Circle One:

Mail

Pick-up at office

Signed _____ Date: _____

**Contractor Policy & Procedures
Campbell Soup Supply Company – Maxton, North Carolina**

Attachment 1 – Individual Site Access Permit

Date: _____

Company Name: _____

Employee: _____

Employee DL#: _____

State: _____

Indicate the date when the Safety training for areas listed below was completed. Indicate N/A in areas for which you have not received adequate training. (Evidence of the training to be provided with this form)

	Equip.- Lockout	Fall Protect.	Hot Work	Powered Vehicle	High Voltage	Confined Space	Arc Flash	Any other
Date Safety Training Completed								

I certify that I have read the Contractor Safety and General Expectations for Campbell Soup Supply Company. I have also watched the Campbell Soup Company's safety video and that I have been properly trained in above identified safety procedures and practices.

Signature of Employee

Attach a picture of Driver's License

Permit Valid Date

Name - Campbell Soup Rep.