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 the 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-2 (1099): _____ **Direct Deposit: Y/N**

Copy of Driver's License or Photo ID

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

2022

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 estimator at *www.irs.gov/W4App*, 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 2022 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 total 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)

NCDOR
Web
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NC-4
Employee's Withholding Allowance Certificate

PURPOSE - Complete **Form NC-4** 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 the filing status, "Single" with zero allowances.**

FORM NC-4 EZ - You may use Form NC4-EZ if you plan to claim either the N.C. Standard Deduction or the N.C. Child Deduction Amount (but no other N.C. deductions), and you do not plan to claim any N.C. tax credits.

FORM NC-4 NRA - If you are a nonresident alien you must use Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. *(See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)*

FORM NC-4 BASIC INSTRUCTIONS - Complete the **NC-4 Allowance Worksheet.** The worksheet will help you determine your withholding allowances based on federal and State adjustments to gross income including the N.C. Child Deduction Amount, N.C. itemized deductions, and N.C. tax credits. However, you may claim fewer allowances than you are entitled to if you wish to increase the tax withheld during the tax 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, determine 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 page 4)*.

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 the Department's website at www.ncdor.gov.

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

SURVIVING SPOUSE - You may claim "Surviving Spouse" filing 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 complete the NC-4 Allowance Worksheet based on the filing status, "Married Filing Jointly" or "Married Filing Separately."

- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Jointly" should consider the sum of both spouses' income, federal and State adjustments to income, and State tax credits to determine the number of allowances.
- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Separately" should consider only his or her portion of income, federal and State adjustments to income, and State tax credits 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.

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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 17 of the NC-4 Allowance Worksheet) _____
2. **Additional amount, if any, withheld from each pay period** *(Enter whole dollars)* _____ .00

Social Security Number ___ ___ ____

Filing Status: ○ Single or Married Filing Separately ○ Head of Household ○ Married Filing Jointly or Surviving Spouse

First Name *(USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)* | M.I. | Last Name

Address | County *(Enter first five letters)*

City | State | Zip Code *(5 Digit)* | 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.

Intuit QuickBooks Payroll

Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: ◯ Checking ◯ Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: ◯ Checking ◯ Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below) _____

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____

MKS GROUP, LLC ATTENDANCE POLICY

Employees are responsible and expected to report to all scheduled workdays, arrive at work on time, and remain at work for the entire scheduled shift unless authorized to leave. Tardiness is defined as reporting to work late without proper notice. Tardiness and absenteeism have a negative impact on fellow employees and the company. The procedures and policies set forth herein apply to all employees and are designed to encourage strong attendance and punctuality as the foundation of a successful work environment. The company understands that emergencies may occur. Employees should notify their supervisor as soon as possible when unexpected circumstances prevent timely notification.

Reporting Absences

If an employee cannot report to work or is late, they must notify their supervisor before the scheduled start time whenever possible. Any **unexcused absences** occur when an employee misses work without prior approval or for a reason the employer does not accept. This includes:

- no-call
- no-shows
- calling in sick but failing to meet company sick leave requirements and not providing a Dr. note.
- staying home after a denied leave request.

Failure to meet attendance requirements will result in disciplinary actions. Three Verbal warnings resulting in termination of employment or direct termination. The company reserves the right to determine the appropriate level of corrective action based on the severity and frequency of attendance issues.

I acknowledge that I read the Attendance Policy and understand it and agree to comply with it. I understand that MKS Group, LLC has the maximum discretion permitted by law to interpret, administer, change, modify, or delete this policy at any time with or without notice.

Employee's Printed Name_____
Employee's Signature_____
Date _____

STRICT MKS POLICY

Any and all employees of MKS Group are strictly prohibited from taking pictures and/or posting on social media websites or personal emails, of any job sites, projects, images that are defamatory, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment.

ANY employee of MKS Group, LLC that is in violation of the above policy will be TERMINATED IMMEDIATELY. There will be no questions asked! This is the only warning that will be issued.

Marty Woods
Owner

The undersigned employee has read and understands this policy.

Signed: _____ **Date:** _____

MKS GROUP, LLC WORK PERFORMANCE POLICY

Employees are expected to perform their duties efficiently, follow company standards, and contribute to the successful completion of projects.

Performance Expectations

- Perform assigned duties in a competent, timely, and professional manner.
- Maintain acceptable levels of productivity and quality.
- Follow all company policies, procedures, and safety requirements.
- Report to work prepared to perform assigned job responsibilities.
- Use company equipment, tools, materials, and resources responsibly.
- Follow instructions provided by supervisors and project managers.
- Cooperate and communicate effectively with coworkers, subcontractors, customers, and other personnel.

Productivity

- Maintain a reasonable pace of work throughout the workday.
- Use work time efficiently and avoid unnecessary delays.
- Complete assignments within established deadlines whenever possible.
- Notify supervisors of obstacles that may impact project schedules.

Professional Conduct

- Treat others with respect and professionalism.
- Maintain a positive attitude and cooperative work ethic.
- Accept constructive feedback and make reasonable efforts to improve performance.
- Refrain from behavior that negatively impacts productivity, safety, or morale.

Employees who fail to meet performance expectations may be subject to corrective action, which includes: one verbal warning or resulting in termination of employment. The company reserves the right to determine the appropriate corrective action based on the nature and severity of the performance issue.

I acknowledge that I have received, read, and understood the Employee Work Performance Policy. I understand the performance expectations outlined in this policy and agree to comply with them.

Employee's Printed Name_____
Employee's Signature_____
Date _____

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

MKS GROUP, LLC WORK HAZARD POLICY

The purpose of this policy is to provide a safe and healthy work environment by identifying, reporting, evaluating, and controlling workplace hazards. All employees are responsible for helping maintain a safe workplace and preventing injuries, illnesses, and property damage. This policy applies to all employees, contractors, temporary workers, visitors, and management personnel at all company locations and job sites.

The company is committed to:

- Identifying and eliminating workplace hazards whenever possible.
- Complying with all applicable occupational health and safety regulations.
- Providing employees with appropriate safety training and equipment.
- Encouraging prompt reporting of hazards, incidents, and near-misses without fear of retaliation.

Workplace hazards may include, but are not limited to:

- Slips, trips, and falls.
- Electrical hazards.
- Machinery and equipment risks.
- Chemical exposure.
- Fire hazards.
- Ergonomic risks.
- Biological hazards.
- Environmental conditions such as excessive heat, cold, or noise.

Employees should remain alert to potential hazards and report them immediately. Report hazards to a supervisor as soon as they are identified. If the hazard presents an immediate danger, stop work and notify management immediately.

Employees are responsible for:

- Following safety procedures and instructions.
- Using required PPE correctly.
- Reporting hazards, injuries, incidents, and near-misses.
- Participating in safety training.
- Cooperating with workplace inspections and investigations.

I acknowledge that I have received, read, and understood the Work Hazard Policy. I understand work hazards' expectations outlined in this policy and agree to comply with them.

Employee's Printed Name_____
Employee's Signature_____
Date _____

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.

_____ _____ Date Test Taken_____

Signature of Employee Date

_____

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 6 panel drug test and that the results listed above are accurate.

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

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, breathe, 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 I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. 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.

MKS GROUP LLC also holds the right to perform a random test at any time, and all employees must cooperate with the testing procedure. <u>If an employee refuses to cooperate at any time with a random test, or does not pass random test, he/she will be *immediately terminated*.</u>

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.

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.

Employee's Printed Name_____
Employee's Signature_____
Date _____