



4950 NE 148<sup>th</sup> Ave  
Portland, OR 97230  
503 262 6500 800 783 9733

## EMPLOYMENT APPLICATION

Northwest Traffic Control, Inc. provides equal employment opportunities (EEO) to all employees and applicants for and complies with all applicable laws governing discrimination in hiring and employment. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. NW Traffic Control, Inc. is a DRUG FREE employer. NW Traffic Control, Inc. is an AT-WILL employer.

LAST NAME	FIRST NAME	MIDDLE NAME		
STREET ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	PHONE/CELL NUMBER	DATE YOU CAN START		
EXPECTED PAY RATE	Position You are Applying for	HIRE DATE (Company use only)		

**IF YOUR PAYCHECK IS MAILED, THE ABOVE ADDRESS WILL BE USED FOR MAILING PURPOSES**

### EMPLOYMENT EXPERIENCE: Start with your present or last job

NW Traffic Control, Inc. reserves the right to decline employment to anyone who refuses to allow contact with all previous employers. If you have circled "No" in response to: "may we contact this employer," then you should be prepared to explain your answer during your job interview. We understand the need for confidentiality about your present employer and will not insist upon contacting that employer prior to making a hiring decision. Please feel free to submit a resume, but this application must be filled out completely, and a resume is not required.

EMPLOYER NAME & ADDRESS	POSITION/DUTIES	START DATE	END DATE
		REASON FOR LEAVING	
	SUPERVISOR NAME	PHONE NUMBER	
May we contact this employer: Yes No			

EMPLOYER NAME & ADDRESS	POSITION/DUTIES	START DATE	END DATE
		REASON FOR LEAVING	
	SUPERVISOR NAME	PHONE NUMBER	
May we contact this employer: Yes No			

EMPLOYER NAME & ADDRESS	POSITION/DUTIES	START DATE	END DATE
		REASON FOR LEAVING	
	SUPERVISOR NAME	PHONE NUMBER	
May we contact this employer: Yes No			

**APPLICANT:****(PLEASE CIRCLE ONE)**

Have you ever been employed by this company?

YES

NO

If yes, when? \_\_\_\_\_ to \_\_\_\_\_

Are you at least 18 years of age?

YES

NO

If necessary for the job, are you available to work overtime?

YES

NO

Do you have a Traffic Control Certification Card?

YES

NO

Expiration Date: \_\_\_\_\_

Do you have reliable transportation? Model/Plate \_\_\_\_\_/\_\_\_\_\_

YES

NO

If the job you are applying for requires you to drive, please provide the following information about your driver's license:

State Issued: \_\_\_\_\_ License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby authorize NW Traffic Control, Inc. to investigate all statements contained in this application. I authorize my previous and current employers, including those listed above to give you any and all information concerning my previous employment and other information they may have, personal or otherwise, and release all parties from all liability for any claims, damage or harm that may result from furnishing information to you. \_\_\_\_\_ Applicant Initials

Providing false or misleading information on this employment application is grounds for discharge from employment at any time. I certify that the information given on this application is true and complete. I understand that if any information provided during the application process is false, I may be rejected or terminated, even though I may have been hired, no matter how much time has passed since I was hired. \_\_\_\_\_ Applicant Initials

NW Traffic Control, Inc. is an Oregon based employer, therefore subject to Oregon state withholding tax requirements. If I am hired as an employee of NW Traffic Control, Inc. I understand that I may be required to work in both Oregon and Washington.

**How were you Referred to Northwest Traffic Control Inc.** \_\_\_\_\_

Physical requirements of this job

Standing and walking unassisted for long periods of time.  
Carrying objects weighing up to 50 pounds.  
Ability to perform all the standard signals.  
Withstand long periods of time without bathroom breaks.  
Good day and night visual acuity with or without correction.  
Agility and mobility necessary to move quickly out of a dangerous situation.  
The ability to talk on and hear a two-way radio.  
The ability to operate a motor vehicle.  
Coping with the elements of the unpredictable weather.  
Remaining in control of your temper under stress.  
Alertness, acute awareness of surroundings and conditions

\_\_\_\_\_  
**Applicant Signature**\_\_\_\_\_  
**Date**

# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a.** Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b.** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

## Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► \_\_\_\_\_

Date \_\_\_\_\_

**For Employer's Use Only**

Employer's name \_\_\_\_\_ Telephone no. \_\_\_\_\_ EIN ► \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above \_\_\_\_\_ Telephone no. \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) . . . . . ► \_\_\_\_\_

Date applicant:

Gave information	_____	Was offered job	_____	Was hired	_____	Started job	_____
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Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

**Employer's signature ►****Title****Date**

## Privacy Act and Paperwork Reduction Act Notice

*Section references are to the Internal Revenue Code.*

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

**Recordkeeping** . . . 6 hr., 27 min.

**Learning about the law  
or the form** . . . . . 24 min.

**Preparing and sending this form  
to the SWA** . . . . . 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from [www.irs.gov/formspubs](http://www.irs.gov/formspubs). Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service  
Tax Forms and Publications  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

**Employee's Withholding Certificate**

OMB No. 1545-0074

**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.****2024****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**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.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$			
	<b>Step 4 (optional):</b> <b>Other</b> <b>Adjustments</b>			(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .			<b>4(b)</b>	\$	
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$			

**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

**Northwest Traffic Control Inc**  
**4950 NE 148th Ave Portland, OR 97230**First date of  
employmentEmployer identification  
number (EIN)**93-1218471**





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C	
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		<b>Additional Information</b>				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Document Number (if any)						
Expiration Date (if any)						
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
			<i>Brandy Herrmann</i>			
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# 2023 Form OR-W-4

Page 1 of 1, 150-101-402  
(Rev. 09-15-22, ver. 01)

Oregon Department of Revenue



Office use only

## Oregon Withholding Statement and Exemption Certificate

First name	Initial	Last name	Social Security number (SSN)	<input type="checkbox"/> Redetermination
Address			City	State ZIP code

**Note:** Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

1. **Select one:** ☐ Single ☐ Married ☐ Married, but withholding at the higher single rate.

**Note:** Check the "Single" box if you're married and you're legally separated or if your spouse is a nonresident alien.

2. **Allowances.** Total number of allowances you're claiming on line **A4**, **B15**, or **C5**. If you meet a qualification to skip the worksheets and you aren't exempt, **enter 0** .....2.

3. **Additional amount**, if any, you want withheld from each paycheck..... 3.  .00

4. **Exemption from withholding.** I certify my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete **both** lines below:

- Enter the corresponding exemption code. (See instructions)..... 4a.
- Write "Exempt" ..... 4b.

**Sign here.** Under penalty of false swearing, I declare the information provided is true, correct, and complete.

Employee signature (This form isn't valid unless signed.)	Date
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### Employer use only.

Employer name <b>Northwest Traffic Control Inc</b>	Federal employer identification number (FEIN) <b>93-1218471</b>		
Employer address <b>4950 NE 148th Ave</b>	City <b>Portland</b>	State <b>OR</b>	ZIP code <b>97230</b>

— Submit this form to your employer —





## EMPLOYEE EMERGENCY CONTACT FORM

### EMPLOYEE NAME

\_\_\_\_\_  
Last First Middle Social Security No. \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip ( ) Home Phone No. ( ) Cell Phone No.

\_\_\_\_\_  
Physical Address (For HR Internal Use Only) City State Zip

\_\_\_\_\_  
Email Address Date of Birth \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
**Primary Contact** Name Relationship \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip ( ) Home Phone No. ( ) Cell Phone No.

\_\_\_\_\_  
Physical Address (For HR Internal Use Only) City State Zip

\_\_\_\_\_  
**Secondary Contact** Name Relationship \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip ( ) Home Phone No. ( ) Cell Phone No.

\_\_\_\_\_  
Physical Address (For HR Internal Use Only) City State Zip

FOR HUMAN RESOURCES USE ONLY

Entered By: \_\_\_\_\_ Date \_\_\_\_\_



## PAYCHECK DISPERSAL POLICY AND AUTHORIZATION

Paychecks are available for pick up between 12:00pm and 5:30pm every Friday. I understand that if I choose to pick up my paycheck and do not pick it up by closing (5:30pm) Friday, it will be placed in the Parkrose Post Office on Friday evening unless otherwise directed in writing.

Paychecks will not be released to anyone other than Employee without written authorization from Employee.

Employees may not choose to mail their paycheck one week then hold at the office the next week. A new form must be completed and delivered to the office prior to changing your option. Telephone requests will not be honored. Requests must be in writing.

Mailed paychecks are placed in the Parkrose Post Office on Thursday evenings. If a mailed paycheck is not received within five (5) business days, a new paycheck will be issued.

I have read and understand the policy for paycheck dispersal.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Choose One:

\_\_\_\_\_ I will pick up my paycheck on Friday between 12:00pm and 5:00pm

\_\_\_\_\_ Mail my paycheck on Thursday evening.

My current mailing address is:

\_\_\_\_\_  
\_\_\_\_\_



## **PRIVACY POLICY - AUDIO/VIDEO SURVEILLANCE, COMPUTER, ELECTRONIC DEVICE AND PHONE**

NWTCI jobsite locations may be monitored by video cameras. What the camera sees is recorded.

NWTCI sometimes monitors telephone calls and two-way radio communication. We also monitor and review all information in the computers, including any notes, electronic communications, social media and networking posts, other internet posts, tweets, browsing history or email. This includes your personal email accounts if you use a company device. We own your desk, locker, and work area and may look at anything in them.

The business premises, company vehicles, computers, electronic devices, and phones are to be used only for business purposes. If you use them for personal purposes, you cannot expect privacy. If you need to conduct personal activities that you do not want us to know about, or communicate in private, go off the premises and do not use the business vehicles, equipment, phones or computers. Employee use of cameras or other video-capable recording devices, other than those provided for business use, on NWTCI premises is prohibited without the express prior permission of the President and of the person(s) present at the time.

### **Consent**

I have read the privacy policy. By continuing or accepting employment, I consent to being watched and recorded by video cameras and consent to having my entries in computers and other devices monitored and telephone calls monitored. I understand that I cannot expect my activities on business premises or in company vehicles to be private. I understand that my phone calls, emails, texts, and posts using company devices are not private and this consent cannot be revoked while I am employed by NWTCI.

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Employee Name (Printed)

---

Employee Signature

---

Date



### **AUTHORIZATION FOR MVR REVIEW**

I acknowledge that the information contained in the Northwest Traffic Control, Inc.'s Vehicle Fleet Safety Policy has been reviewed with me, and a copy of the policy and driver rules have been furnished to me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I also understand that my employer will request, annually, my Motor Vehicle Record from me to determine continued eligibility to drive a company vehicle. In accordance With the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record must be provided by me to Northwest Traffic Control, Inc. for continued employment purposes.

I acknowledge the receipt of the above disclosure and agree to submit, annually, a Motor Vehicle Record Report. This agreement is valid as long as I am an employee and may only be rescinded in writing.

\_\_\_\_\_  
Employee's Name (Printed)

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER / STATE ISSUED

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



## CONSENT FOR DRUG AND ALCOHOL TESTING

Name \_\_\_\_\_ Occupation \_\_\_\_\_

I hereby consent and agree to give specimens of my urine to any medical facility, laboratory, or medical person designated by Northwest Traffic Control, Inc. These specimens shall be used to detect the presence of alcohol, marijuana, and other drugs in my body. I further consent and agree that upon request by Northwest Traffic Control, Inc., the laboratory results of any tests performed on such specimens shall be furnished to Northwest Traffic Control, Inc. I further consent and agree that I am considered to be a probationary employee until such time as my results are received by Northwest Traffic Control, Inc.

In the event that I am indirectly involved in work-related accidents, I consent to give specimens of my urine for the purpose of testing for the presence of alcohol and/or drugs in my body. The testing facility is authorized to release the results of such tests to my employer.

I further acknowledge that I have received a copy of Northwest Traffic Control, Inc.'s Drug and Alcohol Policy, and agree to give specimen(s) of my urine per the requirement of random, reasonable suspicion or work related injuries/accidents.

If any test and confirming results are positive, I understand the disciplinary action, which is termination of employment.

My signature below acknowledges that I have read and understand the forgoing statements and the consent given therein.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## IBEW LOCAL 125

I hereby authorize NW Traffic Control, Inc. who is party to the Collective Bargaining Agreement between International Brotherhood of Electrical Workers (AFL-CIO) Local Union No. 125, effective February 1, 2024 through January 31, 2028 including any renewal thereof, to deduct from my wages and transmit to IBEW Local 125 1.25% of my gross earnings, constituting working dues established in accordance with the Bylaws of IBEW Local 125.

This authorization shall be irrevocable for a period of one(1) year following the date of signing, or until the termination of the current Collective Bargaining Agreement, whichever occurs sooner, provided, however, that this authorization shall be automatically renewed from year to year or until the termination of such Agreement, unless sixty (60) days prior to such annual renewal date I revoke the authorization by written notice to IBEW Local 125 and to the employer by whom I am then employed.

Copies of this Authorization shall be treated as valid as the original.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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### ATTACHMENT "A" Authorization for Representation

I authorize International Brotherhood of Electrical Workers, Local Union 125 to represent me in Collective Bargaining with my present and future employers on all present and future jobsites within the jurisdiction of the Union. This Authorization is non-expiring, binding, and valid until such a time I submit written revocation.

Name\_\_\_\_\_ Soc. Sec. No.\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date





# Paid Leave Oregon

## What you need to know

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Starting in September 2023, Paid Leave Oregon will serve most employees in Oregon by providing paid leave for the birth or adoption of a child, a serious illness of yours or a loved one, or if you experience sexual assault, domestic violence, harassment, or stalking.

### What benefits are provided through Paid Leave Oregon and who is eligible?

Employees in Oregon that have earned at least \$1,000 in the prior year may qualify for up to 12 weeks of paid family, medical or safe leave in a benefit year. While on leave, Paid Leave Oregon pays employees a percentage of their wages. Benefit amounts depend on what an employee earned in the prior year.

### Who pays for Paid Leave Oregon?

Starting on January 1, 2023, employees and employers contribute to Paid Leave Oregon through payroll taxes. Contributions are calculated as a percentage of wages and your employer will deduct your portion of the contribution rate from your paycheck.

### When do I need to tell my employer about taking leave?

If your leave is foreseeable, you are required to give notice to your employer at least 30 days before starting paid family, medical or safe leave. If you do not give the required notice, Paid Leave Oregon may reduce your first weekly benefit by 25%.

### How do I apply for Paid Leave?

In September 2023, you can apply for leave with Paid Leave Oregon online at **[paidleave.oregon.gov](https://paidleave.oregon.gov)** or request a paper application from the department. If your application is denied, you can appeal the decision with the Oregon Employment Department.

### What are my rights?

If you are eligible for paid leave, your employer cannot prevent you from taking it. Your job is protected while you take paid leave if you have worked for your employer for at least 90 consecutive calendar days. You will not lose your pension rights while on leave and your employer must keep giving you the same health benefits as when you are working.

### How is my information protected?

Any health information related to family, medical or safe leave that you choose to share with your employer is confidential and can only be released with your permission, unless the release is required by law.

### What if I have questions about my rights?

It is unlawful for your employer to discriminate or retaliate against you because you asked about or claimed paid leave benefits. If your employer is not following the law, you have the right to bring a civil suit in court or to file a complaint with the Oregon Bureau of Labor & Industries (BOLI). You can file a complaint with BOLI online, via phone or email:

**Web:** [www.oregon.gov/boli](https://www.oregon.gov/boli)

**Call:** 971-245-3844

**Email:** [help@boli.oregon.gov](mailto:help@boli.oregon.gov)

### Learn more about Paid Leave Oregon

**Web:** [paidleave.oregon.gov](https://paidleave.oregon.gov)

**Call:** 833-854-0166

**Email:** [paidleave@oregon.gov](mailto:paidleave@oregon.gov)