



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.** \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

# 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.**

**2022**

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 widow(er)</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, when to use the estimator at [www.irs.gov/W4App](http://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](http://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.)

<b>Step 3:</b> <b>Claim Dependents</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 and enter the total here . . . . .		<b>3</b>	\$ _____
<b>Step 4 (optional): Other 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**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
	Northwest Traffic Control Inc 4950 NE 148th Ave Portland OR 97230		93-1218471





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

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

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

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

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative <i>Brandy Herrmann</i>		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative <b>Human Resources</b>	
Last Name of Employer or Authorized Representative <b>Herrmann</b>		First Name of Employer or Authorized Representative <b>Brandy</b>	Employer's Business or Organization Name <b>Northwest Traffic Control Inc</b>	
Employer's Business or Organization Address (Street Number and Name) <b>4950 NE 148th Ave</b>		City or Town <b>Portland</b>	State <b>OR</b>	ZIP Code <b>97230</b>

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative <i>Brandy Herrmann</i>	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative <b>Brandy Herrmann</b>
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2022 Form OR-W-4

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Oregon Department of Revenue



Office use only

Oregon Withholding Statement and Exemption Certificate

Employee information fields: First name, Initial, Last name, Social Security number (SSN), 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.

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 that 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 that the information provided is true, correct, and complete.

Employee's signature (This form isn't valid unless signed.) Date

Employer use only.

Employer information fields: Employer's name (Northwest Traffic Control Inc), Federal employer identification number (FEIN) (93-1218471), Employer's address (4950 NE 148th Ave), City (Portland), State (OR), ZIP code (97230)

- 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.

\_\_\_\_\_  
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, 2018 through January 31, 2021 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