



4950 NE 148th 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	
	Last Rate of Pay _____		
	SUPERVISOR NAME PHONE NUMBER		
May we contact this employer: Yes No			

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

EMPLOYER NAME & ADDRESS	POSITION/DUTIES	START DATE	END DATE
		REASON FOR LEAVING	
	Last Rate of Pay _____		
	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? 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.

Applicant Signature

Date

Form W-4 (2019)

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

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

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

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

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

General Instructions

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

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

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

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

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

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

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶			
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	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>	
<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>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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 (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



2019 Form OR-W-4

Page 1 of 4, 150-101-402 (Rev. 12-18) Oregon Department of Revenue



Office use only

Oregon Withholding

Important information

Complete Form OR-W-4 if:

- You're a new employee.
- You filed a 2018 or 2019 federal Form W-4 with your employer and didn't file a separate Oregon form specifying a different number of allowances for Oregon.
- You weren't satisfied with your prior year Oregon tax-to-pay or refund amount.
- You've had a recent personal or financial change that may affect your tax situation, such as a change in your income, filing status, or number of dependents.

- \$200,000 if filing using the married filing jointly or qualified widow(er) filing status)?
- Are you making **mid-year changes** to your withholding?
- Do you receive pension or annuity payments?
- Are you a part-year resident, nonresident, or nonresident alien?



If you answered **yes to any** of these questions, read the "Specific information" section in the instructions before filling out the corresponding worksheets or Form OR-W-4. The online **Oregon Withholding Calculator** at www.oregon.gov/dor may provide more accurate results. If you use the online calculator, you don't need to complete any of the corresponding worksheets.

Specific information to consider:

- Do you (including your spouse) **have another job**?
- Do you expect your wages or adjusted gross income (AGI) on your 2019 return to be **more than \$100,000** (or

Otherwise, read the instructions and complete all applicable worksheets **before** filling out the Form OR-W-4 and giving it to your employer.

Separate here and **give Form OR-W-4 to your employer.** Keep the worksheets for your records.

Form OR-W-4

Oregon Employee's Withholding Allowance Certificate

2019

First name and initial	Last name	Social Security number (SSN)		
Address		City	State	ZIP code

Note: Your eligibility to claim a certain number of allowances or an exemption from withholding is 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: If married, but legally separated, or if your spouse is a nonresident alien, check the "Single" box.

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.

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. Complete the following:

Employer's name	Federal employer identification number (FEIN)		
NORTHWEST TRAFFIC CONTROL INC.	93-1218471		
Employer's address	City	State	ZIP code
4950 NE 148TH AVE	PORTLAND	OR	97230

—Provide 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

(Sign & Retain original copy in employee file)



CONSENT FOR CONSUMER EVALUATION REPORT

Employee Name

DRIVER'S LICENSE NUMBER / STATE ISSUED

Date of Birth

Consumer reports may be obtained as part of Northwest Traffic Control, Inc's evaluation of my job application/employment. Reports for insurance purposes may be procured and may include my driving record, assessment of my insurability, or other consumer reports. By signing this disclosure, I hereby authorize Northwest Traffic Control, Inc. to obtain such reports to evaluate my insurability or other permissible purposes as deemed appropriate.

Signature of Applicant/Employee

Date

Northwest Traffic Control, Inc. is prohibited by Federal regulation and case law from sharing consumer reports or details of such report with any third party outside Northwest Traffic Control, Inc. and its affiliated companies. Copies or reports we procure may be obtained by the employee/application from our reporting facility. Once we have determined an employee/applicant's insurability status, we can assist the employee/applicant in obtaining their own copy.



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

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