



General Contractors

8 Old Highway Lane - PO Box 1327, Sonoita, AZ 85637
p. 520-455-4740 f. 520-203-0295

*Please email to melias@mciarziona.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Date of Birth: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Background Check & Drug Test Consent

If asked, are you willing to consent to a background check? YES NO

If asked, are you willing to consent to a drug test? YES NO

Signature: _____ Date: _____

MCI Corporate Office

Job Location: _____ Pay Rate: _____ PD: _____

Date of Hire: _____ Employee #: _____

Job Description: _____



Emergency Contact Form

Employee Name _____	Address _____
Phone Number _____	_____

Special Instructions:

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

Emergency Contacts:

Primary Contact in case of emergency:		
Name _____	Relationship _____	
Address _____	Phone Number _____	
_____	Alternate Phone Number _____	
Secondary Contact in case of emergency:		
Name _____	Relationship _____	
Address _____	Phone Number _____	
_____	Alternate Phone Number _____	



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 (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 (See instructions)	
<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. (See instructions)	
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. 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)
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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 (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

Employee's Withholding Certificate

2022

▶ **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.**

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) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying widow(er)		
<input type="checkbox"/> 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)
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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 - Bank Name:

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 Voided check or direct deposit information here

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

This authorizes **Monitor Construction Company Inc. - MCI** (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: _____

RECEIPT & ACKNOWLEDGMENT OF EMPLOYEE MANUAL

This Employee Manual is an important document intended to help you become acquainted with MCI This Manual will serve as a guide; it is not the final word in all cases. Individual circumstances may call for individual attention. [Download the Employee Manual here https://mciarizona.com/employment](https://mciarizona.com/employment)

This Employee Manual provides information to you, as an employee of MCI, about certain terms and conditions of your employment. It is not, and should not, be considered an employment contract. This manual summarizes the major policies and programs related to your employment. Additional information about many of these policies and programs is available from the Office Manager of MCI. Please take advantage of these resources to assure that you are fully aware of your rights and responsibilities as an employee of MCI.

While MCI will make every effort to keep the Employee Manual current, the information and polices described in this manual may be changed in any way at any time at the sole discretion of MCI without notice to you. The most recent version of the Employee Manual will supersede all previous versions. You are responsible for complying with current MCI policy at all times.

Please read the following statements and sign below to indicate your receipt and acknowledgment of MCI Employee Manual.

I have received and read a copy of MCI Employee Manual. I understand the policies, rules, and benefits described in it are subject to change at the sole discretion of the Company at any time without notice.

I further understand my employment is terminable at will, either by the Company, or myself regardless of the length of my employment or the granting of benefits of any kind, including but not limited to any benefits, which provide for vesting based upon length of employment.

I understand no contract of employment other than "at will" has been expressed or implied, and no circumstances arising out of my employment will alter my "at will" employment relationship unless expressed in writing, with the understanding specifically set forth and signed by myself and the CEO of MCI.

Our employees retain the right to participate in concerted activities to improve their working conditions.

I am aware during the course of my employment confidential information may be made available to me, i.e., marketing strategies, customer lists, pricing policies and other related information. I understand this information is critical to the success of the Company and must not be given out or used outside of the Company premises or with non-Company employees. In the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or Company. I understand it is forbidden to copy this Employee Manual and it must be returned upon my termination of employment.

I understand that, should the content of the Employee Manual be changed in any way, the Company may require an additional signature from me to indicate I am aware of and understand any new policies.

I understand my signature below indicates I have read and understand the above statements and have received a copy of the MCI Employee Manual.

Employee's Printed Name

Job Title



Employee's Signature

Date

A signed original copy of this agreement must be given to the Office Manager. It will be filed in your personnel file.

***Please email to melias@mciarizona.com
Download the Employee Manual here
<https://mciarizona.com/employment>**