



## Employment Application

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	CITY, STATE	ZIP CODE
CELL PHONE #	EMAIL ADDRESS	SHIRT SIZE
DATE OF BIRTH	CITY OF BIRTH	STATE OF BIRTH
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE EXPIRATION DATE	DRIVER'S LICENSE STATE
NAME OF EMERGENCY POINT OF CONTACT	EMERGENCY PHONE #	EMERGENCY CONTACT RELATION

### POSITION APPLYING FOR:

POSITION APPLYING FOR:
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### WORK EXPERIENCE

Do you have experience in any of the following?		If "yes," how many years?	Do you have experience in any of the following?		If "yes," how many years?
Carpentry/Forming	<input type="checkbox"/> YES <input type="checkbox"/> NO		CDL Driving	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Concrete Placement	<input type="checkbox"/> YES <input type="checkbox"/> NO		Machine Operator	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Construction Laborer	<input type="checkbox"/> YES <input type="checkbox"/> NO		Asphalt Placement	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Rebar ironworker	<input type="checkbox"/> YES <input type="checkbox"/> NO		Water Truck Driver	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		Mechanic	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other – List:		
Clerical	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other – List:		

### SKILLS AND/OR TRAINING AND/OR CERTIFICATIONS:


### LAST THREE PLACES OF EMPLOYMENT

<u>COMPANY</u>	<u>PHONE NUMBER</u>	<u>JOB TITLE</u>	<u>DATES EMPLOYED</u>
1) _____			
2) _____			
3) _____			

Are you legally authorized to work in the United States of America?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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ALLEN CONCRETE, LLC is an Equal Opportunity/Affirmative Action employer and complies with all state and federal laws that prohibit discrimination on the basis of race, color, religion, national origin, citizenship, sex, veteran status, disability, ancestry, and/or on the basis of age.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Allen Concrete, LLC**  
3800 Hueco Club Rd.  
El Paso, TX 79938  
Office: (915) 921-0678



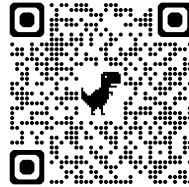
## **APPLICATION AND HANDBOOK ACKNOWLEDGMENT**

I certify that all statements and representations made in this application are true and correct and I have withheld nothing which would, if disclosed, adversely affect my application. I understand that the Company relies upon such statements in making its employment decisions, and I authorize Allen Concrete, LLC to investigate all such statements contained therein. I understand and agree that any misrepresentation will be sufficient cause for cancellation of the application and/or separation from the Company if such misrepresentation is discovered at any time after my employment by the Company.

I hereby authorize the Company to contact all employers for reference purposes, and I release the Company from any and all liability, including liability arising from the employer's verification of my prior employment history, education, certifications, background screening, references, and any other information. Additionally, I authorize the Company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party with legal or proper interest. I release from any and all liability, including liability arising from negligence, all persons and entities who supply the company with information pertaining to my prior employment history, education, certifications, background screening, references, and any other information. Further, if the Company employs me, I agree as a condition of continued employment to cooperate with any internal investigation conducted by the Company otherwise fully. I understand if an employment offer is made, I may need to submit to a drug and/or alcohol test, medical examination, and/or background screening. I agree to submit to the requirements and examinations for each exam pertaining to the position.

Nothing contained in the employment application shall constitute a contract of employment, and I understand and agree that if I am employed, such employment will be "at will." **I CLEARLY UNDERSTAND THAT THIS POLICY HANDBOOK DOES NOT CREATE A CONTRACT FOR EMPLOYMENT WITH ALLEN CONCRETE, AND THAT ALLEN CONCRETE MAY CHANGE OR MODIFY THE POLICIES AND PROCEDURES IN THIS HANDBOOK AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE. I HAVE BEEN GIVEN, READ, AND UNDERSTOOD THE POLICIES OUTLINED IN THE ALLEN CONCRETE HANDBOOK AND AGREE TO BE BOUND BY THE COMPANY'S RULES AND REGULATIONS DURING MY EMPLOYMENT WITH THE COMPANY. I UNDERSTAND THAT VIOLATING THE POLICIES AND RULES SET OUT IN THIS HANDBOOK MAY LEAD TO DISCIPLINE, UP TO AND INCLUDING TERMINATION.**

I hereby acknowledge receipt of Allen Concrete, LLC. Employee Policies and Procedures Handbook by scanning and downloading under "CURRENT EMPLOYEE DOWNLOADS" on the provided QR code below. I have read, understand, and agree to follow the policies and procedures contained therein. In consideration of my employment, I agree to conform to the rules and regulations of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I acknowledge Allen Concrete, LLC is my employer of record for Payroll, Workers' Compensation, Safety, and Human Resources matters to include Unemployment Compensation. Handbooks will always be available at [www.AllenConcreteInc.com](http://www.AllenConcreteInc.com) for the latest updates.



### **Arbitration Agreement**

I hereby acknowledge and understand that any and all claims and disputes arising from or in any manner connected with my employment with Allen Concrete, LLC or any of its client companies to which I am assigned shall be submitted to final and binding arbitration in accordance with rules of the American Arbitration Association. If you would like to file a case by mail, fax, email, or online, please complete the appropriate form(s) and forward it to AAA Case Filing Services. The Company will not modify or change the Arbitration Agreement without notifying you at least ten (10) days in advance. Such notice must be in writing. Any dispute which is pending at the time of notice, or which arises within the ten-day period will still be subject to the Agreement.

### **Safety/Workers' Compensation**

If you are injured on the job, follow these steps:

1. If it is an emergency, call 911 and obtain services from the hospital and/or emergency facility.
2. Call Allen Concrete, LLC at (915) 921-0678 immediately and/or within 24 hours. On weekends email [aci@allenconcreteinc.com](mailto:aci@allenconcreteinc.com)

**By Signing this form, I acknowledge that I have received a copy of the Employment Handbook.**

I understand it contains valuable information, and I am expected to read and follow the policies and procedures contained in the handbook.

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



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

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 05/31/2027

**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 Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4., 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						
Document Number (if any)						
Expiration Date (if any)						
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.						
<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)	
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.

**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.

**2025**

<b>Step 1:</b> <b>Enter</b> <b>Personal</b> <b>Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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).

<b>Step 2:</b> <b>Multiple Jobs</b> <b>or Spouse</b> <b>Works</b>	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 <b>only one</b> of the following.
	(a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b>
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b>
	(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 . . . . . <input type="checkbox"/>

**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</b> <b>(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>	\$

<b>Step 5:</b> <b>Sign</b> <b>Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>
<b>Employers</b> <b>Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

**Allen Concrete, LLC**  
3800 Hueco Club Rd.  
El Paso, TX 79938  
Office: (915) 921-0678



## **Alcohol and Release of Liability Form**

This agreement releases Allen Concrete, LLC, its agents, managers, subsidiaries, and affiliates from all liability relating to claims that may occur during events with alcohol consumption. By signing this agreement, I agree to hold Allen Concrete, LLC, its agents, managers, subsidiaries, and affiliates entirely free from any liability, including fiscal responsibility for injuries, accidents or deaths incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in the consumption of alcohol. These include but are not limited to injuries, such as motor vehicle crashes, falls, drowning, and burns; violence, including homicide, suicide, sexual assault, and intimate partner violence; alcohol poisoning, a medical emergency that result from high blood alcohol levels. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit all rights to bring a suit against Allen Concrete, LLC, its agents, managers, subsidiaries, and affiliates for any reason. In return, I will receive the option to consume alcohol while participating in a company event. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I fully understand and agree with the above terms.

Name	Signature	Date

**Allen Concrete, LLC**  
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Office: (915) 921-0678



### **DIRECT DEPOSIT ENROLLMENT**

Direct Deposit is the electronic transfer of your current payroll amount from Allen Concrete, LLC to the designated account(s) in the bank(s) or credit union(s) of your choice.

**Account Type (Please check at least one box below and designate the amount per check.)**

☐ **Checking Account**

**Percent of Check:** \_\_\_\_\_ % or **Fixed amount \$** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Bank ABA Routing Number:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Name on Bank Account:** \_\_\_\_\_

☐ **Savings Account**

**Percent of Check:** \_\_\_\_\_ %      **Fixed amount: \$** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Bank ABA Routing Number:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Name on Bank Account:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_      **Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Allen Concrete, LLC**  
3800 Hueco Club Rd.  
El Paso, TX 79938



Tel: (915) 921-0678  
Fax: (915) 856-8834  
Cel: (915) 525-5696  
[aci@allenconcreteinc.com](mailto:aci@allenconcreteinc.com)

## Health Coverage Enrollment/Deduction Form

Coverage for July 1<sup>st</sup>, 2025 through June 30<sup>th</sup>, 2026

As an Allen Concrete employee, you can enroll in our Employee Benefits Package. You may elect to have additional family members covered; however, you will be 100% responsible for their premiums. Dental & Vision are also available at 100% employee contribution. Deductions are calculated based on a **52 week** pay period year.

☐ I choose to **DECLINE Coverage**. I am aware that because my employer has offered me coverage that is affordable, it is possible that I may no longer be eligible to receive any tax credits/ subsidy money for health insurance.

☐ I choose to **ACCEPT COVERAGE** and I authorize Allen Concrete to deduct from my payroll check the weekly amount checked above for my portion of the premiums, starting the first of the month following 30 days of employment, for coverage starting the first of the month following 60 days of employment.  
**SELECT OPTIONS BELOW if accepting.**

### Deduction Amount

#### **Medical: Angle (Cigna Network)**

Employee Only	<input type="checkbox"/> \$ 39.31 per Pay Period
Employee & Spouse	<input type="checkbox"/> \$ 144.06 per Pay Period
Employee & Children	<input type="checkbox"/> \$ 125.03 per Pay Period
Family	<input type="checkbox"/> \$ 229.78 per Pay Period

#### **Dental Principal Low Plan**

OR

#### **Dental Principal High Plan**

Employee Only	<input type="checkbox"/> \$ 7.02 per Pay Period
Employee & Spouse	<input type="checkbox"/> \$ 14.05 per Pay Period
Employee & Children	<input type="checkbox"/> \$ 20.46 per Pay Period
Family	<input type="checkbox"/> \$ 29.10 per Pay Period

Employee Only	<input type="checkbox"/> \$ 11.00 per Pay Period
Employee & Spouse	<input type="checkbox"/> \$ 21.18 per Pay Period
Employee & Children	<input type="checkbox"/> \$ 32.73 per Pay Period
Family	<input type="checkbox"/> \$ 45.51 per Pay Period

#### **Vision Principal**

Employee Only	<input type="checkbox"/> \$ 1.40 per Pay Period
Employee & Spouse	<input type="checkbox"/> \$ 3.31 per Pay Period
Employee & Children	<input type="checkbox"/> \$ 3.55 per Pay Period
Family	<input type="checkbox"/> \$ 5.89 per Pay Period

I have received the Summary of Benefits, the Marketplace Memo, and the Initial COBRA Notice.

**Disclosure:** Due to Senate Bill 51, if you leave employment prior to the end of the month you will be responsible for the entire months premium and it will be deducted out of your last paycheck.

Print Employee Name

Employee's Signature

Date Signed

FOR INTERNAL USE ONLY: ENROLLED: YES / NO DOH: \_\_\_\_\_ DEDUCTIONS START: \_\_\_\_\_ INS EFFECTIVE \_\_\_\_\_



**Allen Concrete, LLC**  
3800 Hueco Club Rd.  
El Paso, TX 79938



**DIRT & PAVING**

Tel: (915) 921-0678  
Fax: (915) 856-8834  
Cel: (915) 525-5696  
[aci@allenconcreteinc.com](mailto:aci@allenconcreteinc.com)

## Supplemental Coverage Enrollment/Deduction Form

Coverage for July 1<sup>st</sup>, 2025 through June 30<sup>th</sup>, 2026

As an Allen Concrete employee, you can enroll in our Supplemental Benefits Package. These benefits will be paid by employee at 100%. Deductions are calculated based on a **52 week** pay period year.

☐ I choose to **DECLINE Coverage**. I am aware that because my employer has offered me coverage that is affordable, it is possible that I may no longer be eligible to receive any tax credits/ subsidy money for health insurance.

☐ I choose to **ACCEPT COVERAGE** and I authorize Allen Concrete to deduct from my payroll check the weekly amount checked above for my portion of the premiums, starting the first of the month following 30 days of employment, for coverage starting the first of the month following 60 days of employment.  
**SELECT OPTIONS BELOW if accepting.**

### Deduction Amount

**Accident:** Group accident insurance provides financial protection in the event of accidental injuries or death.

Employee Only	<input type="checkbox"/> \$2.23 per Pay Period
Employee & Spouse	<input type="checkbox"/> \$ 3.55per Pay Period
Employee & Children	<input type="checkbox"/> \$4.31 per Pay Period
Family	<input type="checkbox"/> \$6.67 per Pay Period

**Hospital:** Group hospital insurance provides a fixed cash benefit to insured individuals when they are hospitalized.

Employee Only	<input type="checkbox"/> \$4.55 per Pay Period
Employee & Spouse	<input type="checkbox"/> \$15.05 per Pay Period
Employee & Children	<input type="checkbox"/> \$7.76 per Pay Period
Family	<input type="checkbox"/> \$18.87 per Pay Period

**Critical Illness:** Critical illness insurance provides a lump-sum cash benefit if the insured is diagnosed with a covered serious illness. The rates are based on age.

**Short Term Disability:** Voluntary short-term disability insurance provides income replacement if an insured person is temporarily unable to work due to a non-work-related illness, injury, or childbirth.

**Term Life Insurance:** Voluntary term life insurance provides a death benefit to the beneficiary if the insured person dies during the coverage term.

Type of age rated coverage:	Coverage for who:	Amount per Pay Period

Print Employee Name

Employee's Signature

Date Signed

FOR INTERNAL USE ONLY: ENROLLED: YES / NO DOH: \_\_\_\_\_ DEDUCTIONS START: \_\_\_\_\_ INS EFFECTIVE \_\_\_\_\_