

## Employment Application / Aplicación de Empleo

### INFORMATION / INFORMACIÓN

LAST NAME / APELLIDO	FIRST NAME / PRIMER NOMBRE	MIDDLE NAME / SEGUNDO NOMBRE
ADDRESS / DIRRECCION	CITY, STATE / CIUDAD, ESTADO	ZIP CODE / CODIGO POSTAL
CELL PHONE #	EMAIL ADDRESS	ALTERNATE #
EMERGENCY POINT OF CONTACT NAME PUNTO DE EMERGENCIA NOMBRE DE CONTACTO	EMERGENCY PHONE #	EMERGENCY CONTACT RELATION RELACIÓN DE CONTACTO DE EMERGENCIA

### JOB SPECIFICATIONS / ESPECIFICACIONES DE TRABAJO

POSITION APPLYING FOR / POSICIÓN QUE SOLICITA:
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### WORK EXPERIENCE / EXPERIENCIA LABORAL

Do you have experience in any of the following? <i>¿Tienes experiencia en alguno de los siguientes?</i>		If "yes," how Many years? <i>¿En caso, cuántos años?</i>	Do you have experience in any of the following? <i>¿Tienes experiencia en alguno de los siguientes?</i>		If "yes," how Many years? <i>¿En caso, cuántos años?</i>
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			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Clerical	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other – List:		

#### SKILLS AND/OR TRAINING AND/OR CERTIFICATIONS HABILIDADES Y/O FORMACIÓN Y/O CERTIFICACIONES

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#### PLEASE LIST YOUR LAST THREE PLACES OF EMPLOYMENT / LISTE SUS ÚLTIMOS TRES LUGARES DE EMPLEO:

COMPANY/COMPANIA	PHONE/TELEPHONE	JOB TITLE/TITULO	DATES EMPLOYED/FECHAS DE EMPLEO
1) _____			
2) _____			
3) _____			

Are you legally authorized to work in the United States of America? <i>¿Está legalmente autorizado para trabajar en los Estados Unidos de América?</i>	<input type="checkbox"/> YES/SI <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.

ALLEN CONCRETE, LLC es un empleador de igualdad de oportunidades / acción afirmativa y cumple con todas las leyes estatales y federales que prohíben la discriminación por motivos de raza, color, religión, origen nacional, ciudadanía, sexo, estado de veterano, discapacidad, ascendencia y / o sobre la base de la edad.

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



## APPLICATION ACKNOWLEDGMENT / RECONOCIMIENTO DE APLICACIÓN

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 I am employed by the Company, I agree as a condition of continued employment to otherwise fully cooperate with any internal investigation conducted by the Company.

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 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 that I voluntarily sign and have read and understand the above information.

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Certifico que todas las declaraciones y representaciones hechas en esta solicitud son verdaderas y correctas y no he retenido nada que, de ser divulgado, afecte negativamente a mi solicitud. Entiendo que la Compañía confía en tales declaraciones para tomar sus decisiones de empleo, y autorizo a Allen Concrete, LLC a investigar todas las declaraciones contenidas en ellas. Entiendo y acepto que cualquier tergiversación será causa suficiente para la cancelación de la solicitud y / o separación de la Compañía si dicha tergiversación se descubre en cualquier momento después de mi empleo en la Compañía.

Por la presente autorizo a la Compañía a contactar a todos los empleadores para fines de referencia, y libero a la Compañía de cualquier responsabilidad, incluida la responsabilidad que surja de la verificación del empleador de mi historial de empleo anterior, educación, certificaciones, investigación de antecedentes, referencias y cualquier otra información. . Además, autorizo a la Compañía a proporcionar mi registro de empleo, en su totalidad o en parte, y de manera confidencial, a cualquier posible empleador, agencia gubernamental u otra parte con interés legal o adecuado. Libero de toda responsabilidad, incluida la responsabilidad derivada de la negligencia, de todas las personas y entidades que suministran a la compañía información relacionada con mi historial laboral anterior, educación, certificaciones, antecedentes, referencias y cualquier otra información. Además, si soy empleado de la Compañía, acepto como condición de empleo continuo para cooperar completamente con cualquier investigación interna realizada por la Compañía.

Entiendo que si se hace una oferta de empleo, es posible que deba someterme a una prueba de drogas y / o alcohol, un examen médico y / o una evaluación de antecedentes. Acepto someterme a los requisitos y exámenes para cada examen relacionado con el puesto.

Nada de lo contenido en la solicitud de empleo constituirá un contrato de empleo, y entiendo y acepto que si estoy empleado, dicho empleo será "a voluntad". **CLARAMENTE ENTIENDO QUE ESTE MANUAL DE POLÍTICAS NO CREA UN CONTRATO DE EMPLEO CON ALLEN CONCRETE, Y QUE ALLEN CONCRETE PUEDE CAMBIAR O MODIFICAR LAS POLÍTICAS Y PROCEDIMIENTOS EN ESTE MANUAL EN CUALQUIER MOMENTO, CON O SIN PREVIO AVISO. HE LEÍDO Y ENTENDIDO LAS POLÍTICAS ESCRITAS EN EL MANUAL DE CONCRETO DE ALLEN Y ACEPTO ESTAR SUJETO A LAS REGLAS Y REGULACIONES DE LA COMPAÑÍA DURANTE MI EMPLEO CON LA COMPAÑÍA. ENTIENDO QUE VIOLAR LAS POLÍTICAS Y NORMAS ESTABLECIDAS EN ESTE MANUAL PUEDE CONDUCIR A DISCIPLINAR, INCLUYENDO LA TERMINACIÓN.**

Por la presente, reconozco que firmo voluntariamente y he leído y entiendo la información anterior.

**Applicant Signature / Firma del solicitante:** \_\_\_\_\_

**Date / Fecha:** \_\_\_\_\_

## **EMPLOYEE ACKNOWLEDGEMENTS RECONOCIMIENTOS DEL EMPLEADO**

### **Employee Policies and Procedures Handbook / Manual de procedimientos y políticas para empleados**

I hereby acknowledge receipt of the Allen Concrete, LLC. Employee Policies and Procedures Handbook. 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.

Por la presente reconozco haber recibido el Allen Concrete, LLC. Manual de políticas y procedimientos para empleados. He leído, entiendo y acepto seguir las políticas y procedimientos contenidos en el mismo. En consideración a mi empleo, acepto cumplir con las reglas y regulaciones de la Compañía y acepto que mi empleo y compensación pueden ser terminados, con o sin causa, y con o sin aviso, en cualquier momento, a opción de cualquiera Empresa o yo mismo. Reconozco que Allen Concrete, LLC es mi empleador registrado en asuntos de nómina, compensación de trabajadores, seguridad y recursos humanos para incluir la compensación de desempleo.

### **Arbitration Agreement / Acuerdo de arbitraje**

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 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.

Por la presente reconozco y comprendo que todas las reclamaciones y disputas que surjan de o de cualquier manera relacionada con mi empleo con Allen Concrete, LLC o cualquiera de sus empresas clientes a las que se me asigne se someterán a un arbitraje final y vinculante de acuerdo con las reglas de la Asociación Americana de Arbitraje. Si desea presentar un caso por correo, fax, correo electrónico o en línea, complete los formularios correspondientes y envíelo a los Servicios de presentación de casos de AAA. La Compañía no modificará ni modificará el Acuerdo de arbitraje sin notificarlo con al menos diez (10) días de anticipación. Dicha notificación debe ser por escrito. Cualquier disputa que esté pendiente en el momento del aviso o que surja dentro del período de diez días seguirá estando sujeta al Acuerdo

### **Safety/Workers' Compensation / Seguridad / Compensación de trabajadores**

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)

Si se lesiona en el trabajo, siga estos pasos:

1. Si es una emergencia, llame al 911 y obtenga servicios del hospital y / o centro de emergencia.
2. Llame a Allen Concrete, LLC al (915) 921-0678 de inmediato y / o dentro de las 24 horas. Los fines de semana envíe un correo electrónico a [aci@allenconcreteinc.com](mailto:aci@allenconcreteinc.com)

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### **By signing this form, I acknowledge that I have received a copy of the Employee Policies and Procedures Handbook.**

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

### **Al firmar este formulario, reconozco que he recibido una copia del Manual de procedimientos y políticas del empleado.**

Entiendo que contiene información importante y se espera que lea y siga las políticas y procedimientos contenidos en el manual.

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Print Name / Nombre Escrito:

Signature / Firma

Date/Fecha

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



## **ARBITRATION AGREEMENT**

### **Mandatory Arbitration Disputes - Waiver of Rights Agreement**

This Mandatory Arbitration of Disputes- Waiver of Rights Agreement ("Agreement") made this day between ALLEN CONCRETE, LLC ("COMPANY") and all of its affiliates (the term "affiliates" means companies controlling, controlled by or under common control with, COMPANY, it also specifically includes any and all client companies to which any Employee is assigned to perform work) (COMPANY and its affiliates are individually and collectively referred to herein as "COMPANY") and name printed below ("Employee"). In consideration of the Employee's employment by COMPANY (and/or any of its affiliates) as good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Employee and COMPANY agree that any claim, controversy, and/or dispute between them, arising out of and/or in any way related to Employee's application for employment, employment and/or termination of employment, whenever and wherever brought, shall be resolved by arbitration. The employee agrees that this Agreement is governed by the Federal Arbitration Act, 9 U.S.C. §§ 1 et seq., and is fully enforceable.

COMPANY agrees to pay all the arbitrators and arbitration fees and expenses, except that COMPANY shall not be responsible for the Employee's legal fees and costs, unless awarded to the Employee by the arbitrator pursuant to relevant and applicable law allowing for such fees to be awarded. The arbitration shall be governed by and construed with the substantive law of the State in which the Employee performs services for COMPANY as of the date of the demand for arbitration, or in the event the Employee is no longer employed by COMPANY, the substantive law of the State in which the Employee last performed services for COMPANY. A single arbitrator who is engaged in the practice of law shall be appointed as the arbitrator pursuant to the selection procedures of the then current National Rules for the Resolution of Employment Dispute (the "Rules") from the American Arbitration Association ("AAA") and shall conduct the arbitration under the then current "Rules". Regardless of what the Rules state, all arbitration proceedings, including but not limited to hearings, discovery, settlements, and awards shall be confidential and shall be held in the city in which the Employee performs or last performed services for COMPANY as of the date of the demand for arbitration. The arbitrator's decision shall be final and binding, and judgment upon the arbitrator's decision and/or award may be entered in any court of competent jurisdiction. The arbitrator is empowered to and shall exclusively decide any questions of enforceability of this Agreement.

The prevailing party in any arbitration pursuant to this agreement to arbitrate shall be entitled to its, his, or her reasonable attorneys' fees and costs and arbitration expenses provided relevant and applicable law allows for such fees and costs to be awarded to a prevailing party. Notwithstanding the foregoing, nothing in this Agreement shall require Employee to reimburse COMPANY for its attorneys' fees and costs and arbitration expenses incurred in successfully defending any statutory claim of unlawful discrimination. In the event either party hereto files a judicial or administrative action asserting claims subject to this Agreement, and the other party successfully stays such action and/or compels arbitration of the claims made in such an action, the party filing the administrative or judicial action shall pay the other party's reasonable attorneys' fees and costs incurred in obtaining a stay and/or compelling arbitration.

Notwithstanding the foregoing, claims for workers compensation or unemployment benefits are excluded from the Policy. In addition, any non-waivable statutory claims, which may include wage claims within the jurisdiction of a local or state labor commissioner or administrative agency charges before the Equal Employment Opportunity Commission, National Labor Relations Board, or similar local or state agencies, are not subject to exclusive review by arbitration. This means that you may file such claims with the appropriate agency that has jurisdiction over them if you wish, regardless of whether you decide to use arbitration to resolve them. You must first exhaust any administrative procedures provided by any statute which you claim COMPANY has violated. However, once the administrative agency completes its processing of your action against COMPANY you must use arbitration if you wish to further pursue your legal rights, (rather than filing a lawsuit on the action). As to any claims involving the risk of immediate and/or irreparable harm to either COMPANY or you (e.g., loss of COMPANY trade secrets, restrictive covenants, theft of COMPANY property), both COMPANY and you reserve the right to file a lawsuit in a court of competent jurisdiction for the limited purpose of seeking injunctive relief (temporary or permanent) during the pendency of the arbitration process. If any provision of this Agreement, or any statute referenced herein, is declared by any court of competent jurisdiction to be invalid for any reason, such invalidity shall not affect the remaining provisions of this Agreement or statutes referenced herein; which shall be fully severable, and given full force and effect. The right to a trial by jury is of value and are waived by both parties pursuant to this Agreement. Other than rights to a jury trial, nothing in this Agreement limits any statutory remedy to which the Employee may be entitled under law.

The Company will not modify or change this Agreement and the requirement to use final and binding arbitration to resolve employment-related disputes 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 such notice or which arises within the ten day period will be subject to this Policy.

The parties acknowledge that this agreement shall not alter the at-will nature of their employment relationship.

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**Print Name**

**Signature**

**Date Signed**



**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>	
<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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

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*





**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

**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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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# 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.**

**2020**

<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 or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <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 online estimator, 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 2020 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 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 pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign 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 Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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Allen Concrete, LLC  
3800 Hueco Club Rd.  
El Paso, TX 79938



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

## Health Coverage Enrollment/Deduction Form for year 2020

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: Humana PPO 16 OPT 14 Deductible: Individual: \$0; Coinsurance: 100% In-network, 50% Out-of-network; Out-of-pocket maximum: Individual: \$6,500, Family: \$13,000; Office visit copay: Primary care: \$40, Specialist: \$100; Pharmacy copay levels: \$10 | \$45 | \$90 | 25%**

Employee Only  \$ 25.09 per Pay Period  
Employee & Spouse  \$ 111.10 per Pay Period  
Employee & Children  \$ 89.60 per Pay Period  
Family  \$ 182.78 per Pay Period

**Dental Humana Deductible \$50 Individual, \$150 Family, Plan pays 100% Preventative Services, 80% Basic Services, 50% Major Services, No Annual Max**

Employee Only  \$ 6.36 per Pay Period  
Employee & Spouse  \$ 12.72 per Pay Period  
Employee & Children  \$ 17.66 per Pay Period  
Family  \$ 24.31 per Pay Period

**Vision Humana \$10 Exam Copay, \$130 Frame Allowance, \$130 Contact Lens Allowance**

Employee Only  \$ 1.46 per Pay Period  
Employee & Spouse  \$ 2.92 per Pay Period  
Employee & Children  \$ 2.77 per Pay Period  
Family  \$ 4.36 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.**

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Print Employee Name      Employee's Signature      Last Four SS#      Date Signed