

DRIVER EMPLOYMENT APPLICATION

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? YES NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? If yes, explain YES NO
 Has any license, permit, or privilege ever been suspended or revoked? If yes, explain YES NO

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

SECOND (MOST RECENT) EMPLOYER

NAME				PHONE		
ADDRESS						
POSITION HELD		FROM MO/YR		TO MO/YR		
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

THIRD (MOST RECENT) EMPLOYER

NAME				PHONE		
ADDRESS						
POSITION HELD		FROM MO/YR		TO MO/YR		
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ BY APPLICANT

ACKNOWLEDGEMENT OF RECEIPT OF EMPLOYEE HANDBOOK

The Employee Handbook given to me contains important information about the Company, and I understand that I should consult the Human Resources at Allen Concrete regarding any questions not answered in the handbook. I have entered my employment relationship with the Company voluntarily and understand that there is no specified length of employment. Accordingly, either the Company or I can terminate the relationship at will, at any time, with or without cause, and with or without advance notice.

I understand and agree that no person other than the President or Vice President may enter into an employment agreement for any specified period or make any agreement contrary to the Company's stated employment-at-will policy.

Since the information, policies, and benefits described herein are subject to change at any time, I acknowledge that revisions to the handbook may occur, except to the Company's policy of employment-at-will. All such changes will generally be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the President or Vice President of the Company can adopt any revisions to the policies in this handbook.

Furthermore, I understand that this handbook is neither a contract of employment nor a legally binding agreement. I have had an opportunity to read the handbook, and I understand that I may ask my supervisor or any employee of the Human Resources Department any questions I might have concerning the handbook. I accept the terms of the handbook. I also understand that it is my responsibility to comply with the policies contained in this handbook, and any revisions made to it. I further agree that if I remain with the Company following any modifications to the handbook, I thereby accept and agree to such changes.

I have received a copy of the Company's Employee Handbook on the date listed on my employment application. I understand that I am expected to read the entire handbook. I understand that this form will be retained in my personnel file. By signing the last page this employment application, I acknowledge receipt of the employee handbook. I understand that this form will be retained in my personnel file.

INSURANCE DRIVER GUIDELINES

Allen Concrete will submit your information to the covered automobile insurance carrier. Your employment is determined by the guidelines listed below:

1. Drivers licensed less than 6 years must have a minimum of two years driving experience in the job they now hold.
2. Drivers licensed less than 6 years may not have more than 1 violation in the past three years. An accident on the record more than 18 months past may be considered subject to all attributes of the risk.
3. Drivers licensed 6 years or more may not have more than 1 violation within the past 18 months or more than 2 violations within the past 36 months. Drivers with at fault accidents more than 18 months prior may be considered subject to all attributes of the risk.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

Appendix A - Acknowledgement/Receipt Form

I acknowledge, by signing this form, that my full compliance with the Drug and Alcohol Plan (the “Plan”) and DOT drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I may be discharged or otherwise disciplined for any drug and/or alcohol violation, committed by me, as cited in the Plan and/or in the DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and DOT drug and alcohol program. I have also been provided with informational material on the dangers and problems of drug abuse and alcohol misuse.

Signed, this _____ day of _____, 20_____.

Employee Name (Please Print)

Employee Signature

Company Representative Name (Please Print)

Company Representative Signature

MVR RELEASE CONSENT FORM

In conjunction with my potential employment at ALLEN CONCRETE, LLC (“the company”), I the applicant listed below consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., “Federal Drivers Privacy Protection Act”, and is intended to constitute “written consent” as required by this Act.

Applicant Name (printed) _____

Applicant Signature _____

Date: _____

Driver’s License Number: _____ State: _____

Date of Birth: _____

Last 4 Digits of SSN: _____

CERTIFICATE OF DRIVER'S ROAD TEST

Driver's Name _____

Social Security Number _____

License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

This is to certify that the above-named driver was given a road test under my supervision on _____ consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

EXAMINER FIRST & LAST NAME

SIGNATURE OF EXAMINER

DATE

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

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 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 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.)

Step 3: Claim Dependents	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 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)
---------------------------	-----------------------------	--------------------------	--------------------------------------

Certificado de Retenciones del Empleado

Department of the Treasury
Internal Revenue Service

- ▶ **Complete el Formulario W-4(SP) para que su empleador pueda retener la cantidad correcta del impuesto federal sobre los ingresos de su paga.**
- ▶ **Entregue el Formulario W-4(SP) a su empleador.**
- ▶ **La cantidad de la retención de impuestos está sujeta a revisión por el IRS.**

2020

Paso 1: Anote su información personal	(a) Su primer nombre e inicial del segundo	Apellido	(b) Su número de Seguro Social
	Dirección (número de casa y calle o ruta rural)		▶ ¿Coincide su nombre completo y su número de Seguro Social con la información en su tarjeta? De no ser así, para asegurarse de que se le acrediten sus ganancias, comuníquese con la Administración del Seguro Social (SSA, por sus siglas en inglés) al 800-772-1213 o acceda a www.ssa.gov/espanol .
	Ciudad o pueblo, estado y código postal (ZIP)		
	(c) <input type="checkbox"/> Soltero o Casado que presenta una declaración por separado <input type="checkbox"/> Casado que presenta una declaración conjunta (o Viudo que reúne los requisitos) <input type="checkbox"/> Cabeza de familia (Marque solamente si no está casado y pagó más de la mitad del costo de mantener una vivienda para usted y una persona calificada).		

Complete los Pasos 2 a 4 SOLAMENTE si le aplican a usted; de lo contrario, siga al Paso 5. Vea la página 2 para obtener más información sobre cada paso, saber quién puede reclamar la exención de la retención, saber cuándo utilizar el estimador de retención de impuestos en línea y conocer acerca de su privacidad.

Paso 2: Complete este paso si (1) tiene más de un trabajo a la vez o (2) está casado y presenta una declaración conjunta y su cónyuge también trabaja. La cantidad correcta de retención depende de los ingresos obtenidos de todos los empleos. Tome **sólo una** de las siguientes opciones:

Personas con múltiples empleos o con cónyuges que trabajan

(a) Utilice el estimador de retención de impuestos en www.irs.gov/W4AppSP para calcular su retención con la mayor precisión en este paso (y los Pasos 3 a 4) **o**

(b) Utilice la **Hoja de Trabajo para Múltiples Empleos** en la página 3 y anote el resultado en el Paso 4(c) para calcular una retención aproximada **o**

(c) Marque este recuadro si sólo hay dos empleos en total. Haga lo mismo en el Formulario W-4(SP) para el otro empleo. Esta opción es precisa para empleos con una paga similar; de lo contrario, se le pueden retener más impuestos de lo necesario ▶

CONSEJO: Para un resultado preciso, entregue un Formulario W-4(SP) de 2020 en todos los otros empleos. Si usted y/o su cónyuge tienen ingresos de trabajo por cuenta propia, incluidos los ingresos como contratista independiente, utilice el estimador de retención de impuestos.

Complete los Pasos 3 a 4(b) en el Formulario W-4(SP) para sólo uno de sus empleos. Deje esas líneas en blanco para los otros empleos. (Su cálculo de la retención será más preciso si completa los Pasos 3 a 4(b) en el Formulario W-4(SP) para el empleo que le paga el salario más alto).

Paso 3: Reclamación de dependientes	Si su ingreso va a ser \$200,000 o menos (\$400,000 o menos si es casado que presenta una declaración conjunta): Multiplique la cantidad de hijos calificados menores de 17 años por \$2,000 ▶ \$ _____ Multiplique el número de otros dependientes por \$500 ▶ \$ _____ Sume las cantidades anteriores y anote el total aquí 3 \$ _____	
Paso 4 (opcional): Otros ajustes	(a) Otros ingresos (no incluya los ingresos de ningún empleo). Si desea que se le retengan impuestos por otros ingresos que espera este año que no tendrán retenciones, anote aquí la cantidad de los otros ingresos. Esto puede incluir intereses, dividendos e ingresos por jubilación 4(a) \$ _____	
	(b) Deducciones. Si espera reclamar deducciones diferentes a la deducción estándar y desea reducir su retención, utilice la Hoja de Trabajo para Deducciones en la página 3 y anote el resultado aquí 4(b) \$ _____	
	(c) Retención adicional. Anote todo impuesto adicional que desee que se le retenga en cada período de pago 4(c) \$ _____	

Paso 5: Firme aquí	Bajo pena de perjurio, declaro haber examinado este certificado y que, a mi leal saber y entender, es verídico, correcto y completo.		
	▶ _____ ▶		▶ _____ ▶
	Firma del empleado (Este formulario no es válido a menos que usted lo firme).		Fecha

Para uso exclusivo del empleador	Nombre y dirección del empleador	Primera fecha de empleo	Número de identificación del empleador (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>	
<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: _____ OR 2. Form I-94 Admission Number: _____ OR 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)
-----------------------	---------------------------

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





Verificación de Elegibilidad de Empleo
Departamento de Seguridad Nacional
 Servicio de Ciudadanía e Inmigración de Estados Unidos

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

► **EMPIECE AQUÍ:** Lea cuidadosamente las instrucciones antes de completar este formulario. Las instrucciones deben estar disponibles, ya sea en papel o electrónicamente, mientras se completa este formulario. Los empleadores son responsables de los errores en al llenar este formulario.

AVISO CONTRA LA DISCRIMINACION: Es ilegal discriminar a las personas autorizadas a trabajar. Los empleadores **NO** pueden especificar qué documento(s) un empleado puede presentar para establecer la autorización de empleo e identidad. La negativa a contratar o seguir empleando a una persona porque la documentación presentada tiene una fecha de expiración futura, también puede constituir una discriminación ilegal.

Sección 1. Información del Empleado y Declaración *(Los empleados deben completar y firmar la Sección 1 del Formulario I-9 antes del primer día de trabajo, pero no antes de aceptar una oferta de trabajo.)*

Apellido (<i>Nombre Familiar</i>)		Primer Nombre (<i>Nombre de Pila</i>)		I.S.N.	Otros apellidos usados (si alguno)	
Dirección (Número y Nombre de la Calle)			Número de Apt.	Ciudad o Pueblo		Estado ▼
Código Postal		Fecha de Nacimiento (<i>mm/dd/aaaa</i>)		Número de Seguro Social de EE.UU	Dirección de correo electrónico del empleado	
Número de Teléfono del Empleado						

Soy consciente de que la ley federal establece penas de prisión y/o multas por falsos testimonios o el uso de documentos falsos en al momento de llenar este formulario.

Doy fe, bajo pena de perjurio, que soy (marque una de las siguientes casillas):

<input type="checkbox"/> 1. Un ciudadano de los Estado Unidos
<input type="checkbox"/> 2. Un nacional no ciudadano de los Estados Unidos (<i>Vea las instrucciones</i>)
<input type="checkbox"/> 3. Un residente permanente legal (Número de Registro de Extranjero / Número de USCIS): _____
<input type="checkbox"/> 4. Un extranjero autorizado a trabajar hasta (fecha de expiración, si aplica, mm/dd/aaaa): _____ Algunos extranjeros pueden escribir "N/A" en el campo de fecha de expiración. (<i>Vea las instrucciones</i>) <i>Los extranjeros autorizados a trabajar deben proporcionar solamente uno de los siguientes números de documento para completar el Formulario I-9: Un Número de Registro Extranjero / Número de USCIS, Número de Admisión del Formulario I-94 o Número de Pasaporte Extranjero</i> 1. Número de Registro Extranjero / Número de USCIS: _____ ○ 2. Número de Admisión del Formulario I-94: _____ ○ 3. Número de Pasaporte Extranjero: _____ País de Emisión: _____ ▼
Código QR - Sección 1 No escriba en este espacio

Firma del Empleado	Fecha de Hoy (mm/dd/aaaa)
--------------------	---------------------------

Certificación del Preparador y/o Traductor (marque uno):

No utilicé un preparador o traductor Un preparador o preparadores y/o traductor(es) asistieron al empleado en completar la Sección 1
(Los campos a continuación deben ser completados y firmados cuando preparadores y/o traductores asistan a un empleado a completar la Sección 1.)

Doy fe, bajo pena de perjurio, que he asistido en completar la Sección 1 de este formulario, y que a mi mejor entender, la información es verdadera y correcta.

Firma del Preparador o Traductor		Fecha de Hoy (mm/dd/aaaa)	
Apellido (<i>Nombre Familiar</i>)		Primer Nombre (<i>Nombre de pila</i>)	
Dirección (Número de Calle y Nombre)		Ciudad o Pueblo	Estado ▼
		Código Postal	



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



DIRECT DEPOSIT ENROLLMENT/CHANGE FORM
SOLICITUD DE DEPOSITO DIRECTO / CAMBIO DE DEPÓSITO DIRECTO

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.

Depósito directo es la transferencia electrónica del monto de su nómina actual de Allen Concrete, LLC a la (s) cuenta (s) designada (s) en el (los) banco (s) o cooperativa (s) de crédito de su elección.

Account Type (Please check at least one box below and designate the amount per check.)
Tipo de Cuenta (Favor de marcar al menos una caja abajo y designar la cantidad por cheque.)

Checking Account/ Cuenta de Cheques

Percent of Check/Porcentaje de Cheque: _____% Fixed amount/Cantidad Fija \$ _____

Bank Name/Nombre de Banco: _____

Bank ABA Routing Number /Numero de Ruta del Banco: _____

Bank Account Number / Numero de Cuenta: _____

Name on Bank Account / Nombre en la Cuenta Bancaria: _____

Savings Account/Cuenta de Ahorros

Percent of Check/Porcentaje de Cheque: _____% Fixed amount/Cantidad Fija \$ _____

Bank Name/Nombre de Banco: _____

Bank ABA Routing Number /Numero de Ruta del Banco: _____

Bank Account Number / Numero de Cuenta: _____

Name on Bank Account / Nombre en la Cuenta Bancaria: _____

Name Print / Nombre Escrito: _____

Signature / Firma: _____ **Date / Fecha:** _____