



US Trades, LLC.

Applicant Information Sheet

Please complete all information contained in this application packet. Please be sure to sign and date this document. Any incorrect or misrepresented information can subject the employee to immediate termination and subsequent prosecution upon discovery.

_____ Date _____ Trade Applying For

Personal Information

_____ Last Name _____ First Name _____ MI

_____ Social Security Number _____ Drivers License/ID Number _____ Expiration Date _____ DL/ID State

_____ Street Address/PO Box _____ City _____ State _____ Zip

_____ Home Phone _____ Cell Phone

I would like to receive communications regarding job information and upcoming projects with US Trades via:

_____ Email Address (Required for payroll delivery) Email Text None

_____ Emergency Contact Name _____ Relation _____ Contact Phone Number

Employment Eligibility

Have you ever been employed with US Trades before? No Yes _____
Dates of Prev. Employment

Are you legally eligible for employment in the United States? No Yes (Proof required)

Acknowledgement and Agreement

I affirm under the penalty of perjury that I have received, read, understand, and agree to be bound by the mandates and dictates contained in this US Trades packet. I further allege and affirm under penalty of perjury that the foregoing information is true and accurate.

_____ Signed _____ Date

_____ Printed

For US Trades, LLC Office Use Only

_____ Client _____ Start Date _____ Jobsite Name _____ PO Number

_____ Pay Rate _____ ST Bill Rate _____ OT Bill Rate _____ Per Diem Rate _____ Per Diem Billable: Y N

Educational Background				
School	Name		Course of Study	Graduate
	City, St			
High School				
College				
Vocational				

Membership in Professional or Civic Organizations
<i>Please exclude those which may disclose your race, color, religion or national origin</i>

Employment Background			
<i>Please list your three most recent employers</i>			
Employer	Position	Dates	Reason For Leaving
Phone: _____		to	
Phone: _____		to	
Phone: _____		to	

In connection with my recent application for employment, I hereby authorize any person, educational institution, association, society or company I have listed as a reference above, to disclose in good faith any information they may have regarding my qualifications and suitability for employment with US Trades, LLC.

_____ Printed Name

_____ Last 4 of SSN

_____ Signature

_____ Date

Post-Offer, Pre-Placement Medical Questionnaire

Employee Name _____

Social Security Number _____

1. Do you have or have ever had any of the following medical conditions?

	Yes	No		Yes	No
Epilepsy (Convulsions, Seizures)	<input type="checkbox"/>	<input type="checkbox"/>	Hyperinsulinism	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Amputation (Foot/Leg/Arm)	<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>
Meniscectomy	<input type="checkbox"/>	<input type="checkbox"/>	Herniated/Reptured Disk	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Obesity (30% Overweight)	<input type="checkbox"/>	<input type="checkbox"/>
Thrombophlebitis (Blood clots)	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Rupture/tear/damage any ligament	<input type="checkbox"/>	<input type="checkbox"/>	Fusion of weight-bearing joint	<input type="checkbox"/>	<input type="checkbox"/>
Loss of sight of one/both eyes, or partial loss of corrected vision more than 75% bilateral	<input type="checkbox"/>	<input type="checkbox"/>	One or more back/neck injuries or disease of the back/neck sustained in a doctors opinion	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you previously files a workers' compensation claim for an on-the-job injury? Yes No
If yes, please explain why, when and where: _____

3. Have you ever received a disability rating or had one assigned to you by an insurance company or state/federal agency? Yes No

4. Have you ever injured or sprained your back? Yes No
If yes, did you have surgery? Yes No
If yes, give details: _____

5. Have you ever injured or sprained your neck? Yes No
If yes, did you have surgery? Yes No
If yes, give details: _____

6. Have you ever injured or sprained a knee? Yes No
If yes, did you have surgery? Yes No
If yes, give details: _____

7. Have you ever injured or sprained a shoulder? Yes No
If yes, did you have surgery? Yes No
If yes, give details: _____

8. Have you ever had any type of surgery not mentioned above? Yes No
If yes, give details: _____

9. Do you have arthritis? Yes No
If yes, what body parts are affected? _____
Are you on medication for arthritis? Yes No

The information on this form shall not be used to discriminate against a qualified individual with a disability because of the existence of a disability in regard to the following: job application procedures; hiring; advancement or discharge of the employee; employee compensation; job training; and other terms, conditions, and privileges of employment.

Under penalty of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

Signature

Date



Policies and Procedures Checklist

Int I understand US Trades, LLC takes its responsibility as my employer very seriously, and that they have gone to great lengths to provide a safe work environment. If I am injured on the job, US Trades, LLC will deal promptly with legitimate claims and has workers' compensation insurance that will pay medical expenses and wages. I also understand that US Trades, LLC has extensive experience investigating claims and will fight fraudulent claims with all available resources.

Int If I sustain an injury on the job, I will inform the client and US Trades, LLC immediately; they will coordinate with the client and me the proper procedures for treatment and reporting of the accident.

Int US Trades, LLC has a strict "Substance Abuse Policy" and I have signed a consent form to submit to drug testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.

Int I understand and will comply with US Trades, LLC safety rules and regulations and hazardous communication program, available to me online or in print.

Int I am telephone accessible and I have reliable transportation.

Int I understand that I am an employee of US Trades, LLC and only US Trades, LLC, or I can terminate my employment. When an assignment ends I must report to US Trades, LLC for my next job assignment. Failure to do so or to accept my next job assignment will indicate that I have voluntarily quit and will not be eligible for unemployment benefits.

Int I understand that I am expected to complete any job assignment I accept. I understand that if I do not complete or promptly notify US Trades, LLC of my inability to complete the assignment, or if I do not report for my assignment, then US Trades, LLC may assume that I have voluntarily quit, and I will not be eligible for unemployment benefits.

Int If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact US Trades, LLC as soon as possible.

Int I understand US Trades, LLC requirements for receiving information, documenting hours worked, the method of providing this information, and the time frame for me to provide this information. I understand US Trades, LLC will not recognize or pay for any hours worked by an employee without proper documentation verifying hours worked.

Int I understand that US Trades, LLC may have to investigate and verify my background. I hereby authorize US Trades, LLC to obtain a criminal background check, MVR records search and/or other historical check.

Int I have read and fully understand the above statement regarding US Trades, LLC policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination.

Int I have been provided information regarding the Affordable Health Coverage Act.

Signature

Date

Form W-4 (2019)

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

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

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

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

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

General Instructions

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

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

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

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

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

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

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				Date ▶	
9 First date of employment			10 Employer identification number (EIN)		



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

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

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<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



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Payroll Authorization Form

Name

Social Security Number

US Trades offers two convenient methods to receive your paycheck on a weekly basis. You must choose one of the two options below on how you would like to receive your automatic payroll, as no hard payroll checks will be issued.

Option 1: Direct Deposit

Name of Financial Institution

Checking Savings

Routing Number

Account Number

A voided check must accompany this request for direct deposit

OR

Option 2: Global Cash Card

Street

City

St

Zip

Date of Birth

Mail card to: Jobsite Home Address

I hereby authorize US Trades, LLC to initiate automatic deposits to my account at the financial institution listed above. I also authorize US Trades, LLC to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree to not hold US Trades, LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until US Trades, LLC received a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the payroll department.

Signature

Date

For payroll questions please call US Trades, LLC at 317.915.0711



New Hire Checklist

Please be sure to send two clear and legible forms of ID to US Trades, LLC to complete your I-9. There are several ways of getting these documents to the payroll department:

1. Fax to 317.915.0767 - Attn: Payroll/HR
2. Email to hr@ustradesllc.com

If opting for Direct Deposit, a voided check or account verification must be sent to payroll at:

1. Fax to 317.915.0767 - Attn: Payroll/HR
2. Email to hr@ustradesllc.com

Important: Your application will not be considered complete until these documents are received by the US Trades, LLC payroll department. Failure to provide proper forms of Identification will result in your paycheck being held until these documents are received.

Signature

Thank you for completing your US Trades, LLC hiring packet. There are several ways of submitting this form to the US Trades, LLC HR Department:

[Click Here to Submit Automatically Through Email](#)

[Click Here to Save to Your Computer to Send as Email Attachment](#)

[Click Here to Print This Packet and Fax to 317.915.0767 - Attn: HR](#)

If you have any questions, comments or concerns regarding this application or employment, please call US Trades, LLC at 317.915.0711