



LS Contracting Group, Inc. 5660 North Elston Avenue, Chicago, IL 60646 | Phone: (773) 774-1122 | Fax: (773) 774-5660 | LSContracting.com

### EMPLOYER ONLY

### EMPLOYMENT APPLICATION CHECKLIST

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Trade: \_\_\_\_\_

#### Application Includes:

- Application signed and dated
- Applicant Experience Assessment
- Direct Deposit Form w/ Voided Check
- Federal W-4
- IL W-4
- I-9
- Employment Eligibility
  - Driver's License Copy
  - Social Security Card Copy
  - Passport Copy
- Union Card Copy
- Employee Handbook Receipt

#### SPECIALTY RESTORATION CONTRACTING

Masonry · Concrete · Coatings · Caulking · Waterproofing · Expansion Joints · Urethane and Epoxy Injections · Façade Inspections · Miscellaneous Metal Modifications · Exterior Finish Wall Systems

#### GENERAL CONTRACTING

Project and Construction Management · Carpentry · Interior Remodeling/Modifications · Tenant Buildouts · Lobby Renovations · Industrial Facility Renovations

**EMPLOYER ONLY**  
**ON SITE SAFETY CERTIFICATION CHECKLIST**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Trade: \_\_\_\_\_

**Photocopy and check all that apply:**

- Bobcat
- Fit Test
- Lift
- OSHA -- 10
- OSHA – 30
- Scaffold

**APPLICATION FOR EMPLOYMENT**

EQUAL OPPORTUNITY EMPLOYER

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PERMANENT ADDRESS	CITY	STATE	ZIP
HOME PHONE	MOBILE	REFERRED BY	
BIRTHDATE	EMAIL ADDRESS		
UNION	LOCAL #	<input type="checkbox"/> JOURNEYMAN	<input type="checkbox"/> APPRENTICE
		IF APPRENTICE =	%

**EMERGENCY CONTACT INFORMATION**

NAME		RELATIONSHIP	
STREET ADDRESS			
CITY		STATE	ZIP
HOME PHONE	WORK PHONE	MOBILE PHONE	

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHERE AND/OR WHEN?	

**EDUCATION HISTORY**

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER SCHOOL			
SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS			
U.S. MILITARY OR NAVAL SERVICE		RANK	

**FORMER EMPLOYERS** LIST BELOW LAST FOUR (4) EMPLOYERS, BEGINNING WITH THE MOST RECENT

DATE (MO/YR)	EMPLOYER NAME & ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

"I acknowledge that when applicable, my Employer will deduct Union dues from the pay of those eligible employees who are members of the Union or who have applied for membership in the Union.

I understand and agree that, in the event of a court order or official notice, my Employer may be required to withhold a portion of my earnings to satisfy a debt or obligation to a third-party recipient, such as child support, student loans, tax levies, etc. This process is known as wage garnishment and is governed by federal and state laws.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above may be contacted for more information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit to release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

X

SIGNATURE

DATE



## DIRECT DEPOSIT ENROLLMENT AND CHANGE FORM

<input type="checkbox"/> ENROLL me in the direct deposit	<input type="checkbox"/> CHANGE my direct deposit	
FIRST NAME	MI	LAST NAME
E-MAIL ADDRESS		PHONE NUMBER

**Employee Reimbursement via ACH Deposit (this is available for Permanent Employees only):**

For your convenience and benefit, LS Contracting Group offers permanent employees the opportunity to receive reimbursement payments electronically, rather than by check. To receive payments electronically, you must check the box below. If you are a permanent employee and you check this box, your payments will be deposited into the bank account you designate below.

By checking this box I authorize LS Contracting Group to transmit all reimbursement payments via ACH electronic payment.

**Complete this section for deposits to CHECKING or MONEY MARKET accounts:**

Deposit to my CHECKING or MONEY MARKET account (my name is on this account)

**I am ATTACHING (check one and STAPLE HERE)**

a PHOTOCOPY of a CHECK with my preprinted name and current address

a CHECK marked "VOID" with my preprinted name and current address

an official BANK FORM, certified and stamped by a banking official, which provides my account number and the bank routing number

**Complete this section for deposits to SAVINGS accounts:**

Deposit to my SAVING account (my name is on this account)

**I am ATTACHING (check one and STAPLE HERE)**

an official BANK FORM, certified and stamped by a banking official, which provides my account number and the bank routing number

a DEPOSIT SLIP with pre-printed bank routing and savings account number

I would like to receive my Direct Deposit Notifications via email on the following email address :  
(please print legibly)

LS Contracting Group will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given LS Contracting Group incorrect or outdated information, the Company can only provide a replacement payment AFTER a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers, and that you notify the Office immediately if you change banks or account numbers. The Payroll Office has the right to retract and correct payments, as necessary.

**IAT (International ACH Transactions) Payee Statement:** I acknowledge that ACH electronic payments to designated financial institution accounts must comply with the provisions of U.S. Law, as well as the requirements of the U.S. Office of Foreign Assets Control (OFAC). I affirm that ACH electronic payments originated by LS Contracting Group to the credit of my designated financial institution accounts are not subject to being subsequently transferred to a foreign bank account, or if subject to being transferred to a foreign bank account(s), it is not the full amount of the originated ACH electronic Payment. I affirm that the above IAT Payee Statement is correct and I authorize LS Contracting Group to initiate direct deposit entries, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Form W-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.

# 2024

Department of the Treasury  
Internal Revenue Service

<b>Step 1:</b> <b>Enter Personal 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.)		

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).

**Step 2:** 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.

**Multiple Jobs or Spouse Works**

(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). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 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

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 Dependent and Other 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 (optional): Other</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>Adjustments</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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# Illinois Withholding Allowance Worksheet

## General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.  I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. 1 \_\_\_\_\_
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 \_\_\_\_\_
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 \_\_\_\_\_
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4 \_\_\_\_\_

## Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older.  I am legally blind.  
 My spouse is 65 or older.  My spouse is legally blind.

- 5 Enter the total number of boxes you checked. 5 \_\_\_\_\_
- 6 Enter any amount that you reported on Line 4 of the Deductions Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 \_\_\_\_\_
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 \_\_\_\_\_
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 \_\_\_\_\_
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9 \_\_\_\_\_

**IMPORTANT:** If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----



## Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Allowance Certificate

_____ Social Security number	<b>1</b> Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). <span style="float: right;">1 _____</span>
_____ Name	<b>2</b> Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). <span style="float: right;">2 _____</span>
_____ Street address	<b>3</b> Enter the additional amount you want withheld (deducted) from each pay. <span style="float: right;">3 _____</span>
_____ City State ZIP	I certify that I am entitled to the number of withholding allowances claimed on this certificate. <b>X</b> _____ Your signature <span style="float: right;">Date</span>
Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.	





# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**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
<p><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></p>		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 <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , 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)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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)					
<p><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.</p>					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.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
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Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

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Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

## LS Contracting Employee Handbook and Safety & Health Manual

Use your cellphone camera to scan the QR codes below to access the current Employee Handbook and Safety & Health Manual. Printed copies of these documents are available upon request. You will be asked to acknowledge receipt of these documents below.

LS Contracting Group  
Employee Handbook



LS Contracting Group  
Safety & Health Manual



### HANDBOOK ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING

I acknowledge that I have received the LS Contracting Group Employee Handbook and that I have read and understand the policies.

I understand that this Handbook represents only current policies and benefits, and that it does not create a contract of employment. LS Contracting Group retains the right to change these policies and benefits, as it deems advisable.

**I further acknowledge and understand that unless expressly proscribed by statute or contract, my employment is "at will." I understand that I have the right to terminate my employment at any time, with or without cause or notice, and that the Company has the same right. I further understand that my status as an "at will" employee may not be changed except in writing and signed by the President of the Company.**

I understand that the information I come into contact with during my employment is proprietary to the Company and accordingly, I agree to keep it confidential, which means I will not use it other than in the performance of my duties or disclose it to any person or entity outside the Company. I understand that I must comply with all of the provisions of the Handbook to have access to and use Company resources. I also understand that if I do not comply with all provisions of the Handbook, my access to Company resources may be revoked, and I may be subject to disciplinary action up to and including termination.

I further understand that I am obligated to familiarize myself with the Company's safety, health, and emergency procedures as outlined in this Handbook or in other documents.

SIGNATURE

DATE

EMPLOYER COPY

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LS Contracting Group  
Employee Handbook



LS Contracting Group  
Safety & Health Manual



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I understand that this Handbook represents only current policies and benefits, and that it does not create a contract of employment. LS Contracting Group retains the right to change these policies and benefits, as it deems advisable.

**I further acknowledge and understand that unless expressly proscribed by statute or contract, my employment is "at will." I understand that I have the right to terminate my employment at any time, with or without cause or notice, and that the Company has the same right. I further understand that my status as an "at will" employee may not be changed except in writing and signed by the President of the Company.**

I understand that the information I come into contact with during my employment is proprietary to the Company and accordingly, I agree to keep it confidential, which means I will not use it other than in the performance of my duties or disclose it to any person or entity outside the Company. I understand that I must comply with all of the provisions of the Handbook to have access to and use Company resources. I also understand that if I do not comply with all provisions of the Handbook, my access to Company resources may be revoked, and I may be subject to disciplinary action up to and including termination.

I further understand that I am obligated to familiarize myself with the Company's safety, health, and emergency procedures as outlined in this Handbook or in other documents.

SIGNATURE

DATE

EMPLOYEE COPY