

# Red River Construction Co.

Superintendent

Employee

3rd Party/Translator



## Supervisors Use Only

Starting Date: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

### Classifications / Circle One:

Carpenter   Cement Finisher   Crane Operator   Equipment Operator

Finisher   Foreman   Form Setter   Labor Common   Pipe Layer

Utility Labor   Welder

### Workers Comp Code / Circle One:

3724 - Millwright   5102 - Steel Erection   5183 - Plumbing

5200 - Concrete   5403 - Carpentry   6219 - Excavation

7380 - Driver

### Has Employee Completed:

\_\_\_\_\_ Red River Construction Co. Application

\_\_\_\_\_ I-9 Form (Please send ID's with application)

\_\_\_\_\_ W-4

\_\_\_\_\_ Red River Construction Co. Safety Instructions

\_\_\_\_\_ Workers Comp. Acknowledgement

\_\_\_\_\_ Payroll Deduction

\_\_\_\_\_ Arbitration Acknowledgement

\_\_\_\_\_ Hepatitis B Waiver

\_\_\_\_\_ Authorization to Conduct Background Investigation

\_\_\_\_\_ Drug-Free Workplace Policy

\_\_\_\_\_ Employee Handbook

## Red River Construction Co. Employment Application

Last Name			First		Middle		Home Telephone		
Street Address							Social Security #		
City, State, Zip Code							When are you able to begin work?		
Position Desired							Pay desired.		
Special Training or Skills (Languages, Equipment Operation, Drivers License, Etc.)									
Emergency Contact: (Name, Relationship and Phone Number).									
<b>Employment</b>							Please give accurate, complete full-time employment record. Start with your present or most recent employer		
Company Name				Supervisor			Telephone		
Company Address, City, State & zip code							Reason for leaving		
Dates of employment (state month and year)							Weekly Pay:		
From: To:							Starting Ending		
Company Name				Supervisor			Telephone		
Company Address, City, State & zip code							Reason for leaving		
Dates of employment (state month and year)							Weekly Pay:		
From: To:							Starting Ending		
Company Name				Supervisor			Telephone		
Company Address, City, State & zip code							Reason for leaving		
Dates of employment (state month and year)							Weekly Pay:		
From: To:							Starting Ending		
What type of Drivers license do you have?		License Number		State Issued		Expiration		Any Restrictions? Explain	
Educational Background		Name & Location of School				From / To		Did you graduate?	
High School/Grade School									
Other									
The information provided in this questionnaire is true, correct, and complete. If employed, any misstatement or omission of facts on this questionnaire may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.									

Date

Signature



# 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			
<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>		<b>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</b>							
		<input type="checkbox"/> 1. A citizen of the United States							
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)							
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)							
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)							
		If you check Item Number 4., enter one of these:							
		USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)				

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification** on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C				
Document Title 1									
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)									
Document Title 2 (if any)	<b>Additional Information</b>								
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)									
Document Title 3 (if any)									
Issuing Authority									
Document Number (if any)									
Expiration Date (if any)									
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.									

<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.		First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	
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).**

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<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>		<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><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>		<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-top: 10px;">For examples, see <b>Section 7</b> and <b>Section 13</b> of the M-274 on <a href="https://uscis.gov/I-9-central">uscis.gov/I-9-central</a>.</p> <p style="margin-top: 10px;">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>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<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	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
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\*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> . <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	First Name ( <i>Given Name</i> ) from <b>Section 1</b> . <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	Middle initial (if any) from <b>Section 1</b> . <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>
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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 <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>		Date ( <i>mm/dd/yyyy</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	
Last Name ( <i>Family Name</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	First Name ( <i>Given Name</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>		Middle Initial ( <i>if any</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>
Address ( <i>Street Number and Name</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	City or Town <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	State <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	ZIP Code <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>

**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 <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>		Date ( <i>mm/dd/yyyy</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	
Last Name ( <i>Family Name</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	First Name ( <i>Given Name</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>		Middle Initial ( <i>if any</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>
Address ( <i>Street Number and Name</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	City or Town <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	State <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	ZIP Code <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>

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Signature of Preparer or Translator <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>		Date ( <i>mm/dd/yyyy</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	
Last Name ( <i>Family Name</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	First Name ( <i>Given Name</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>		Middle Initial ( <i>if any</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>
Address ( <i>Street Number and Name</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	City or Town <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	State <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	ZIP Code <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>

**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 <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>		Date ( <i>mm/dd/yyyy</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	
Last Name ( <i>Family Name</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	First Name ( <i>Given Name</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>		Middle Initial ( <i>if any</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>
Address ( <i>Street Number and Name</i> ) <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	City or Town <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	State <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>	ZIP Code <div style="background-color: #f9f9f9; height: 20px; width: 100%;"></div>



**Supplement B,  
Reverification and Rehire (formerly Section 3)**

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

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

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

**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.

OMB No. 1545-0074

**2024****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](http://www.ssa.gov).

City or town, state, and ZIP code

(c) ☐ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ 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:****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). 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.)**Step 3:****Claim  
Dependent  
and Other  
Credits**

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 . . . . .

**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  
employmentEmployer identification  
number (EIN)



## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



**Step 2(b)—Multiple Jobs Worksheet** *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** *(Keep for your records.)*

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$29,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$21,900 \text{ if you're head of household} \\ \bullet \$14,600 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

## SAFETY INSTRUCTIONS FOR RED RIVER CONSTRUCTION

It is the policy of Red River Construction and its management to provide a safe working place for its employees. These rules have been designed for the welfare and safety of all employees. It is your finger, limb, eye and life that we are concerned about. These are irreplaceable. Your means of livelihood is diminished or, worse, destroyed, when you are disabled. These safety rules are to help protect you.

The following safety rules are to be adhered to while employed by Red River Construction:

1. Accidents or injuries, no matter how minor, must be reported to the foreman or superintendent for immediate treatment or first aid to prevent serious infection or complication.
2. Hard hats are to be worn by all personnel and visitors at all times.
3. Safety goggles shall be worn when hammering, sawing on metal or concrete, chipping, welding, grinding, working in dusty places, handling of acids, peening, and other operations where eye injuries may result.
4. Ear protection in the form of ear muffs or approved ear plugs will be worn on all high noise level jobs as directed. Cotton or waste will not be used as ear plugs.
5. Approved respirators are to be used when conditions warrant.
6. Foot protection (shoes) must be work wise and in serviceable conditions for the work to which the employee is assigned.
7. Gloves with leather palms shall be worn when handling rough edge or abrasive material when the work subjects hands to lacerations, puncturing, or burns. Other hand protection may be designated by the job superintendent or foreman.
8. Employees working around moving equipment shall be required to wear safe clothing. Employees are cautioned about the danger of loose clothing, rings, bracelets, and jewelry around moving equipment. All employees shall wear a shirt on the job.
9. The use of gasoline is prohibited for the cleaning of equipment or tools or for starting fires. Small quantities of gasoline must be transported only in approved safety containers. Gasoline engines must be shut off when refueling.
10. NO SMOKING rules must be observed in posted areas.
11. Tampering with or unauthorized removal of fire extinguishers from assigned locations, is prohibited.
12. Compressed gas or air is not to be used for dusting off clothes or cleaning equipment. Compressed gas cylinders, whether empty or full, shall not be allowed to accumulate in the work area. They shall be stored in an upright position and will either be tied off or in racks. Compressed gas cylinders shall have caps in place, except when in use and shall not be handled by slings or magnets.
13. Seat belts shall be worn in all moving vehicles when they leave the jobsite.
14. No employee other than the operator shall ride on any trucks, loaders, shovels, or other moving equipment unless specifically authorized to do so. No employee shall operate any machinery, equipment, or tool, unless he has been properly instructed in its use, and is thoroughly familiar with all details of its operation. The operation of any company equipment, without proper authorization, is prohibited.
15. All switches and/or drives on machinery shall be shut down before cleaning, greasing, oiling, or making adjustments and repairs.
16. All machine guards shall be kept in place while machinery is in operation. Tampering with machine guards is prohibited, and any removal requires the prior approval of a responsible supervisor. All guards are to be promptly replaced after the repair work that necessitated their removal has been completed.

- I have read and agree to the above safety instructions and rules set forth by Red River Construction. I have been instructed in the proper use of ladders and stairways. Deliberate violations of these rules are sufficient cause for disciplinary action and dismissal.

Date

## Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature

Date

Printed Name

I live at:

Street Address

City

State

Zip Code

Name of Employer:

Name of Network: *Texas Star Network®*

**Network service areas are subject to change. Call (800) 381-8067 if you need a network treating provider.**

Please indicate whether this is the:



☐ Initial Employee Notification

☐ Injury Notification (Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_)

**DO NOT RETURN THIS FORM TO TEXAS MUTUAL INSURANCE COMPANY UNLESS REQUESTED**

## **PAYROLL DEDUCTION AUTHORIZATION**

**TO: MANAGEMENT OF RED RIVER CONSTRUCTION CO.**

Please accept this as your authorization to deduct from my payroll check any amount for misplaced, damaged or stolen tools, equipment, company issued cell phones or computers, material, and supplies that were assigned to me. This agreement will remain in full force and effect until termination either by my written request or upon termination of my employment.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed or Typed Name)

## Arbitration Acknowledgement

As a condition of my employment with the Red River Construction Co., I agree to submit any controversy or claim arising out of or relating to my employment or termination of employment with Red River Construction Co. to Red River Construction Co. Alternative Dispute Resolution Program which includes, if necessary, settlement by arbitration in accordance with the American Arbitration Association Rules regarding resolution of employment disputes, and judgment upon the award rendered by the arbitrator (s) may be entered by any court having jurisdiction thereof. I understand and agree that the Red River Construction Alternative Dispute Resolution Program will be my sole and exclusive remedy for resolving all work-related controversies or claims with Red River Construction Co.



Signature



Date



## **HEPATITIS B WAIVER**

To: RED RIVERCONSTRUCTION CO.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time.



\_\_\_\_\_ I have had previous vaccination

\_\_\_\_\_ I have not had vaccination

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Witnessed by:

\_\_\_\_\_

### **AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

It may become necessary for Red River Construction Co. to conduct a background investigation of an Applicant/Employee. There are situations in which the Company's insurers and owners require such an investigation to be conducted, and employment situations may arise in which the Company deems it advisable to conduct such an investigation.

The Applicant/Employee recognizes that as part of the employment application, he/she authorized the Company to investigate any and all statements contained in the application and granted consent to the Company to conduct any checks regarding his/her background which are deemed necessary, advisable, or helpful by the Company. Furthermore, a background investigation may be necessary after an Applicant/Employee has been hired by the Company. The Applicant/Employee acknowledges that in conducting the background investigation, the Company may seek information from outside sources. To facilitate the release of information to the Company in the event of a background check, the Applicant/Employee hereby authorizes any governmental or reporting agency to release any information to the Company. The background check may include, but is not limited to, driving history, police and/or criminal records, or credit reports. The Applicant/Employee specifically gives his/her authorization to the Company to perform a credit background check pursuant to the Fair Credit Reporting Act, 15 U.S.C. § 1681b, et seq.

The Applicant/Employee hereby completely releases and forever discharges the Company and any person or entity that the Company might contact in its performance of the background check from any and all possible liability as a result of its having conducted a background check of Applicant/Employee, including, but not limited to, claims of a refusal to hire, defamation, or tortious use of information that might be obtained in such background check.

The Applicant/Employee understands that if he/she refuses to execute this Authorization, the Company is under no obligation to consider the employment application further. By executing this document, the Applicant/Employee hereby consents to the release of any information obtained in the background investigation to Charter, its agents, insurance agent, and insurance companies.

The Applicant/Employee hereby certifies that he/she has read the above and foregoing, and that he/she is signing this Authorization form voluntarily.

\_\_\_\_\_  
Applicant/Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant/Employee

# Drug-Free Workplace Policy

## INTRODUCTION

In response to federal requirements for drug-free workplaces, and in keeping with Red River Construction Co.'s concern for the health and safety of its workforce, the following Drug-Free Workplace Policy has been instituted.

This Policy certifies the companies intent to maintain a drug-free workplace. The first section describes the prohibitions of this policy such as the manufacture, distribution, sale, possession or use of controlled substance in the workplace.

In addition, this policy creates a Drug Awareness Program that provides information on the dangers of workplace drug use to all employees as well as information about available private and community treatment facilities. The last section of this policy lists the disciplinary actions that employees will face for any violation of Red River Construction Co.'s Drug-Free Workplace Policy. Finally, an employee acknowledgement must be signed and dated by each employee who receives a copy of this policy.

The Drug-Free Workplace Act specifically requires Red River Construction Co. to notify each employee that, as a condition of employment, each employee must:

- Comply with the company's Drug-Free Workplace Policy; and
- Notify Red River Construction Co. of any conviction for a drug related offense committed in the workplace within five (5) days of the conviction.

Any employee who violates this company policy will be subject to disciplinary action up to and including termination of employment.

## PROHIBITIONS

Red River Construction Co.'s Drug-Free Workplace Policy prohibits employees from engaging in any of the following activities:

1. Use, possession, manufacture, distribution, dispensation or sale of illegal drugs on company premises or company business, in company supplied vehicles, or during working hours.
2. Unauthorized use or possession, or any manufacture, distribution, dispensation or sale of a controlled substance on company premises or while on company business or while in company supplied vehicles.
3. Storing in a locker, desk, automobile or other repository on company premises any controlled substance whose use is unauthorized.
4. Being under the influence of a controlled substance on company premises or while on company business, or while in company supplied vehicles.
5. Any possession, use, manufacture, distribution, dispensation or sale of illegal drugs off company premises that adversely affects the individuals work performance, their own or the safety of others at work, or the company's regard or reputation in the community.

6. Failure to adhere to the requirements of any drug treatment or counseling program in which the employee is enrolled.
7. Failure to notify Red River Construction Co. of any conviction under criminal drug statutes for a workplace offense within five (5) days of the conviction.
8. Refusal to sign a statement to abide by Red River Construction Co.'s Drug-Free Workplace Policy.

#### **AUTHORIZED USE OF PRESCRIBED MEDICINE**

An employee undergoing prescribed medical treatment with any drug which may alter their physical or mental ability must report this treatment to his/her Supervisor who will determine whether temporary change in the employee's job assignment is warranted during the period of treatment.

#### **DRUG AWARENESS PROGRAM**

To assist employees and their families to understand and avoid the perils of drug abuse, Red River Construction Co. has developed a comprehensive Drug Awareness Program. The company uses this program in an educational effort to prevent and eliminate drug abuse that may affect the workplace.

The Drug Awareness Program will inform employees about:

- Dangers of drug abuse in the workplace,
- Red River Construction Co.'s Drug-Free Workplace Policy,
- Availability of treatment and counseling for employees who voluntarily seek such assistance, and
- Disciplinary actions for violations of Red River Construction Co.'s Drug-Free Workplace Policy.

Employees of Red River Construction Co. are our most valuable resource and, for that reason, their health and well being of our employees or threatens our business will not be tolerated. The use of illegal drugs and abuse of other controlled substances on or off duty tend to be less productive, less reliable, and prone to greater absenteeism. This, in turn, can result in increased costs, delays and risks to Red River Construction Co.'s business.

Drug use in the workplace puts the health and safety of the abuser and all other workers around the at increased risk. Employees have the right to work in drug-free environment. In addition, drug abuse inflicts a terrible toll on the nations productive resources and the health and well- being of American workers.

Early recognition and treatment of drug abuse is important for successful rehabilitation. Whenever feasible, Red River Construction Co. will assist employees in overcoming drug abuse by providing information on treatment opportunities and programs. However, the decision to seek diagnosis and accept treatment for drug abuse is primarily the individual employee's responsibility.

Employees with drug abuse problems should request assistance from management. Red River Construction Co. will treat all such requests confidentially and will refer the employee to the appropriate treatment and counseling services. Employees who voluntarily request Red River Construction Co.'s assistance in dealing with a drug abuse problem may do so without jeopardizing their continued

employment, provided they strictly adhere to the terms of their treatment and counseling program. At a minimum, these terms include the immediate cessation of any use of drugs, and participation, where required by a program, in periodic unannounced testing for a twenty-four (24) month period following enrollment in the program.

Voluntary requests for assistance from employees will not, however, prevent disciplinary action for violation of Red River Construction Co.'s Drug Free Workplace Policy.

Red River Construction Co. has instituted a zero-tolerance level program. Red River Construction Co. is committed to maintaining a safe workplace free from the influence of drugs. All employees are hereby notified that Red River Construction Co. will comply with the requirements of the Drug-Free Workplace Act of 1988, and all applicable regulations issued thereunder, as well as, when applicable, any more stringent rules created by other federal agencies.

Red River Construction Co.'s Drug Awareness Program does not create an employment contract between the employer and employee. Furthermore, Red River Construction Co. has the sole right to modify the policy and program at any time.

#### **DRUG SCREENING PROCEDURES**

Red River Construction Co. will use drug testing in the following circumstances:

- **Pre-employment** – Upon applying for employment with Red River Construction Co., an applicant will be required to sign a pre-employment consent form authorizing a drug screening test by Red River Construction Co. The refusal of the applicant to submit to the drug screening test will constitute voluntary withdrawal of the application for employment. The Applicant may begin work prior to receipt of the test results by Red River Construction Co.; however, if a positive test result indicating drugs is received, the applicant will be put on automatic suspension until a second screening is performed. If the result of the second screening is positive, the applicant will be determined.
- **Post Accident** – Drug testing will be performed after each accident that meets the following criteria:
  - a. The accident involves a lost time injury; or
  - b. The accident is recordable per OSHA standards; or
  - c. In the view of the Supervisor or management, the accident was caused by drug or alcohol related circumstances.
- **Reasonable Suspicion** – If a Supervisor or management has reasonable suspicion that an employee may be abusing drugs or alcohol, he may request the employee to submit to a drug test. Refusal to submit to the test will result in disciplinary action, up to and including discharge, at the company's sole discretion.

## **DISCIPLINARY ACTIONS**

1. A violation of Red River Construction Co.'s Drug Free Workplace Policy is subject to disciplinary action, up to and including termination of employment, at the company's sole discretion.
2. In addition to any disciplinary action, the company may, in its sole discretion, refer the employee to a treatment and counseling program for drug abuse. Employees referred to such a program by the company must immediately cease any drug use., may be subject to periodic unannounced testing for a period of twenty-four (24) months, and must comply with all other conditions of the treatment and counseling program. Red River Construction Co. shall determine whether an employee it has referred for drug treatment and counseling should be temporarily reassigned to another position for safety reasons.
3. Red River Construction Co. will promptly terminate any employee who tests positive for drugs while undergoing treatment and counseling for drug abuse.

## **NOTICE TO ALL PERSONNEL OF DISCIPLINARY POLICY**

This is a formal notice of Red River Construction Co.'s intent to take disciplinary action, up to and including termination of employment, against any employee who violates Red River Construction Co.'s Drug -Free Workplace Policy.

Red River Construction Co.'s Drug-Free Workplace Policy prohibits the use, sale, distribution, manufacture or possession of all controlled substances as listed in Schedules I through V Section 202 of the Controlled Substance Act (21 U.S.C. 812).

Company policy also prohibits the performance of work or presence at any company building, facility, equipment or work area/site while under the influence of a controlled substance.

## **DISCIPLINARY ACTION**

- 1<sup>st</sup> Offense**      Suspension for five (5) working days without pay to immediate termination.
- 2<sup>nd</sup> Offense**      Immediate termination

**Red River Construction Co.  
Drug-Free Workplace Policy Employee Acknowledgment**

**Read and Sign Immediately**

**I acknowledge, understand, and/or agree that:**

- I have received a copy of the Drug-Free Workplace Policy for Employees of Red River Construction Co.
- I have carefully and thoroughly read the Drug-Free Workplace Policy for Employees of Red River Construction Co.
- I understand the requirements of the Drug-Free Workplace Policy for Employees of Red River Construction Co. and agree, without reservation, to follow this policy.
- I authorize Red River Construction Co. to conduct a drug screening test as a requirement of employment.
- I understand that refusal to submit to the drug screening test will constitute voluntary withdrawal of my application for employment.

**Employees' Name Printed** \_\_\_\_\_

**Location/Department** \_\_\_\_\_

**Employee's Signature** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**Authorized Witness** \_\_\_\_\_



**Red River Construction Co.**  
**Acknowledgment of Receipt and Understanding**

Read and Sign Immediately

**I understand and/or agree that:**

- The statements contained in the Information Handbook for Employees of Red River Construction Co. are intended to serve as general information concerning Red River Construction Co. and its existing policies, procedures, practices of employment and employee benefits.
- Nothing contained in the Information Handbook for Employees of Red River Construction Co. is intended to create (nor shall be construed as creating) a contract of employment (express or implied) or guarantee employment for a definite or indefinite term.
- From time to time Red River Construction Co. may need to clarify, amend and/or supplement the information contained in the Information Handbook for Employees of Red River Construction Co. and that the company will inform me when changes occur.
- I have received and reviewed a copy of the Information Handbook for Employees of Red River Construction Co., have read and understand the information outlined in the handbook, have asked any questions I may have concerning its contents and will comply with all policies and procedures to the best of my ability.

**Employee's**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Location** \_\_\_\_\_

**Authorized Witness** \_\_\_\_\_