Stokes Construction & Maintenance Employment Application

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER**.

Personal Information

Full Name: _____
Last *First* *Middle*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ Alternate Phone: ( ) _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____ Spouse's Phone Number: ( ) _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If so, when? _____

Have you ever been convicted of a crime or are there any pending charges against you? YES ☐ NO ☐

If so, please explain: _____

_____

_____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Primary Phone: ( ) _____ Alternate Phone: ( ) _____

Relationship: _____

Please list your employment history, listing most recent employer first. If desired, please attach a resumé.

Employment History

Employer: _____ Phone Number: ( ) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____

Supervisor Contact: _____ Tel. No: ( ) _____

Dates employed from: _____ Date employed to: _____

REASON FOR LEAVING: ☐ Voluntarily Quit ☐ Reduction of Force ☐ Fired ☐ Administratively Removed

If fired/removed, why? _____

ELIGIBLE FOR REHIRE: YES ☐ NO ☐

Present Employment

Are you presently employed? YES ☐ NO ☐ If so, may we contact your present employer? YES ☐ NO ☐

Position Desired: _____ Desired Pay Rate: $ _____ / hour

Education/Training

Schools	Name/Location	Last Year Completed	Major Courses	Diploma/Degree
High School				
College				
Business or Trade				

If hired, when would you be available to start? _____

If you are an experienced operator of any heavy equipment, please list any certification cards held: _____

_____

_____

Do you have any other skills you wish to mention? _____

_____

_____

Health and Wellness Questionnaire

This medical information is being gathered in compliance with the Americans with Disabilities Act (ADA) and will be maintained as a confidential medical record, except that supervisors/managers may be informed about necessary work restrictions and accommodations; first aid/safety personnel may be informed of any necessary information for emergency medical treatment; and the government may be provided with this information when enforcing the ADA. ***42 USCA §12112(d)(3) (West 2008).*** In addition, the employer reserves the right to use this information to assist in presenting a workers' compensation claim for reimbursement under any Subsequent/Second Injury Trust Fund. ***29 CFR §1630.14(b) (West 2008).***

Have you ever experienced any of the following conditions? (Check Yes or No)

	YES	NO		YES	NO
Neck pain or discomfort of any kind?	☐	☐	Parkinson's disease	☐	☐
Back pain or discomfort of any kind?	☐	☐	Loss of hearing	☐	☐
Hand or wrist pain or discomfort of any kind?	☐	☐	Heart, blood vessel disorders, or high blood pressure	☐	☐
Shoulder pain or discomfort of any kind?	☐	☐	Phlebitis or thrombosis (blood clots)	☐	☐
Ankle pain or discomfort of any kind?	☐	☐	Pulmonary embolism	☐	☐
Knee pain or discomfort of any kind?	☐	☐	Tuberculosis	☐	☐
Headaches	☐	☐	Emphysema, asthma, or any other breathing disorders	☐	☐
Epilepsy	☐	☐	Hypoglycemia or hyperglycemia (low or high blood sugar)	☐	☐
Diabetes	☐	☐	Chronic osteomyelitis (bone infection)	☐	☐
Mental illness or mental disorder	☐	☐	Ankylosis or fusion of any major joints	☐	☐
Arthritis or similar degenerative disease	☐	☐	Ruptured, herniated, bulging, or slipped disk of the spine	☐	☐
Loss of sight in one or both eyes	☐	☐	Polio or any continuing effects from such condition	☐	☐
Partial loss of vision ≥ 75% in both eyes	☐	☐	Cerebral palsy, muscular dystrophy, or multiple sclerosis	☐	☐
Joint pain or discomfort of any kind	☐	☐	Emphysema, asthma, or any other breathing disorders	☐	☐
Hemophilia, sickle cell anemia, or any other diagnosed blood disorders	☐	☐	Any permanent condition which constitutes impairment to a hand, foot, leg, or arm, or to the body as a whole	☐	☐

If you checked yes to any of the foregoing conditions, please describe the nature of the conditions: _____

_____

_____

Have you ever received medical care or surgery for any of the conditions listed above? ☐ Yes ☐ No

If yes, please explain: _____

_____

Have you ever been hospitalized for any of the conditions listed above? ☐ Yes ☐ No If yes, please explain: _____

_____

Are you presently receiving care or have you received care during the past year for any of the conditions listed above?

☐ Yes ☐ No If yes, please list the condition and explain: _____

_____

Are you currently receiving treatment or have you received treatment for an alcohol or drug condition?

☐ Yes ☐ No If yes, please explain: _____

_____

Do you have any physical condition that we should be aware of in the event of a medical emergency? If so, please identify the condition and if applicable, your treating physician: _____

_____

Personal References

Name: _____ Relationship: _____

Address: _____
Street Address *City* *State* *ZIP Code*

Telephone Number: ( ) _____

Name: _____ Relationship: _____

Address: _____
Street Address *City* *State* *ZIP Code*

Telephone Number: ( ) _____

Acknowledgement

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that Stokes Construction & Maintenance LLC shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination.

I understand that a medical examination based on the requirements of the position for which I am being considered may be required and drug testing is included as part SC&M's regular pre-employment physical.

I also voluntarily and knowingly authorize the companies, schools, or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools, or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the expressed purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue.

In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature_____ **Date** _____

STOKES CONSTRUCTION & MAINTENANCE LLC
CGC1519852 · CUC1224984 · CMC1250745 · CCC1332140

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Stokes Construction & Maintenance LLC** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Stokes Construction & Maintenance LLC** to make withdrawals from this account in the event that a credit entry is made in error.

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

This agreement will remain in effect until **Stokes Construction & Maintenance LLC** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking ☐ Savings ☐

Amount to Deposit:

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking ☐ Savings ☐

Amount to Deposit: _____

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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

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

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

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

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

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status
				US

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
		Human Resources

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Baker	Kaley	Stokes Construction & Maintenance, LLC

Employer's Business or Organization Address (*Street Number and Name*)	City or Town	State	ZIP Code
18050 SE Hwy 19	Inglis	FL	34449

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

Form **W-4**

Department of the Treasury
Internal Revenue Service

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

2023

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **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, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(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 . . . . . ☐

TIP: If you have self-employment income, see page 2.

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 employment	Employer identification number (EIN)