

Brazos Paving, Inc
7601 West State Hwy 21
Bryan, TX 77807
Phone: (979) 822-7605

APPLICATION FOR EMPLOYMENT

(Please print plainly)

PERSONAL BACKGROUND

Name: _____ Social Security No _____ - _____ - _____
(Last) (First) (Middle)

Present Address: _____
(No) (Street) (City) (State) (Zip)

Telephone Number: _____

Are you legally eligible for employment in the U.S.A.? Yes _____ No _____
Are you of the legal age for employment in the U.S.A.? Yes _____ No _____

For what position(s) are you applying? _____

Are you able to perform each of the essential job functions listed for which you have applied? _____

If no, list the function(s) that you are unable to perform and explain why you are unable to perform them:

Do you have any special training, skill, education, or background for the position(s) you are applying?
(Applicant should not list any information that Federal/State law precludes in the pre-employment stage.)

Did you receive any training in the U.S. Armed Forces that is relevant to the position(s) applied for? (If yes, please describe).

Have you previously been employed by Brazos Paving, Inc? Yes _____ No _____

If hired, when would you be available for work? _____

****Conviction of a crime will not be an absolute bar to employment****

In case of an emergency, notify: _____

RECORD OF EDUCATION

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?
ELEMENTARY			
HIGH SCHOOL			
COLLEGE			
OTHER (Please specify)			

Please list below present and past employment, beginning with your most recent.

****PHONE NUMBERS FOR PAST EMPLOYERS ARE REQUIRED****

Name of company & type of business	From Mo/Yr	To Mo/Yr	Weekly \$ Starting	Weekly \$ Ending	Reason for Leaving	Name of Supervisor	Phone Number
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Name of company & type of business	From Mo/Yr	To Mo/Yr	Weekly \$ Starting	Weekly \$ Ending	Reason for Leaving	Name of Supervisor	Phone Number
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*****TELEPHONE NUMBERS OF PAST EMPLOYERS IS MANDATORY*****

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed: _____ Date: _____

If there is a particular employer(s) that you do not wish us to contact, please indicate which one(s) below.

THE NEXT 2 PAGES ARE FOR DRIVING APPLICANTS ONLY

Experience and Qualifications

DRIVER LICENSE	STATE	LICENSE NO.	TYPE / CLASS	EXPIRATION DATE

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	APPROX NO OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR & SEMI TRLR			
TRACTOR – TWO TRLRS			
OTHER			

Accident record for past 3 years or more (attach additional sheet if more space is needed).

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

Traffic convictions and forfeitures for the past 3 years (other than parking violations).

LOCATION	DATE	CHARGE	PENALTY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked?

Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

WE ARE REQUIRED TO OBTAIN A 10 YEAR WORK HISTORY ON ALL DRIVERS
TELEPHONE NUMBERS OF PAST EMPLOYERS IS MANDATORY

Name of Company: _____
Address: _____
Type of Business: _____ Phone No. _____
Salary: _____ Name of Supervisor: _____
Starting Date: _____ Termination Date: _____
Reason for Leaving: _____

Name of Company: _____
Address: _____
Type of Business: _____ Phone No. _____
Salary: _____ Name of Supervisor: _____
Starting Date: _____ Termination Date: _____
Reason for Leaving: _____

Name of Company: _____
Address: _____
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Salary: _____ Name of Supervisor: _____
Starting Date: _____ Termination Date: _____
Reason for Leaving: _____

Name of Company: _____
Address: _____
Type of Business: _____ Phone No. _____
Salary: _____ Name of Supervisor: _____
Starting Date: _____ Termination Date: _____
Reason for Leaving: _____

Personal References
(Not former employers or relatives)

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice at any time, for any reason or no reason. No one other than an officer of Brazos Paving, Inc 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 and then only in writing signed by an officer of Brazos Paving, Inc

Signature of Applicant & Date

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize my employer, Brazos Paving, Inc., to deduct from my paycheck biweekly deductions for repayment of any loans, advance in wages, group insurance contributions, group retirement contributions, credit union notes, tools, tires, gasoline, repairs, and/or for damages resulting from my negligence. I further authorize deductions from my initial paycheck for the cost of my pre-employment physical examination. I agree that in the case of my resignation or discharge, the entire balance due for any of the above deduction agreements may be deducted from my final pay.

I understand that the regularly scheduled payday is Friday of every second week, and in the event of my termination, regardless of the reason, I will not be issued my final check until payday.

(Signature and Date)

PRE-EMPLOYMENT DRUG TESTING

I, the undersigned, do certify I understand a pre-condition of employment with Brazos Paving, Inc. is to submit to urinalysis/hair analysis drug testing. I further understand that failure to submit to the testing, or testing positive, will disqualify me for employment.

Date: _____

Name: _____

Signature: _____

(This form must be completed before your employment application can be processed)

WAIVER OF CONFIDENTIALITY

I have applied for a position with Brazos Paving, Inc. and I desire that they be fully advised of my record with former employers. I therefore respectfully request that you furnish necessary information concerning my employment, drug screens, or related material with your organization, and I hereby release you from any and all liability or damages for providing the information requested.

(Signature and Date)

Texas Worker's Compensation Commission
Central Office 4000 South I-35
Southfield Office Bldg
Austin, TX 78704-7491

I, the undersigned, have applied for work with Brazos Paving, Inc. and do authorize them to obtain written information on my civil and criminal records as well as my prior general injuries from the Texas Worker's Compensation Commission office in Austin, Texas.

Signature: _____

Printed Name: _____

Address: _____

Social Security No.: _____

****This information is requested in accordance with the provisions of CH I Section 2.33 of the 71st Legislature 2nd called session.****

BRAZOS PAVING, INC.

STATEMENT OF UNDERSTANDING

I have read and fully understand the company's policy regarding prohibited items and substances, and I agree to fully abide by this policy as a condition to my continued employment in or access to and presence on company business worksites.

I understand that, in order to provide a safe and healthy working environment, it is the policy of Brazos Paving, Inc. to conduct drug screening tests and other investigative exams.

I understand that I am not compelled to consent to any search or test. But if I do not consent, I will not be allowed to enter or remain on company premises. I will be subject to disciplinary action, including termination.

I further understand and consent to disclosure of the results of any drug screening test or investigative examination to representatives of the company.

With full knowledge of the company policy, I hereby consent to the search and testing by the company or its agents for the purpose of enforcing this policy.

Compliance with this policy is a condition of employment with Brazos Paving, Inc. I understand that failure or refusal of an employee to cooperate fully, sign any required documents, or submit to any inspection or test will be grounds for termination.

(Signature & Date)

SAFETY PROCEDURE I

ILLEGAL DRUGS, ALCOHOLIC BEVERAGES, FIREARMS AND WEAPONS

As stated in below reference, it is company policy to maintain a work environment that is safe for all employees, and conducive to attaining high work standards. As part of this policy, no illegal drugs, intoxicating beverages, firearms or weapons are allowed in vehicles, any offices or at work sites. Illegal drugs include marijuana and all other drugs not prescribed for the individual by a licensed physician.

As a further precaution, entry into or upon any vehicle, office or other work site location of Brazos Paving, Inc. is conditional upon the company's right to search the person and personal effects of any entrant for illegal drugs, intoxicating beverages, firearms or weapons.

From time to time, without prior warning, searches by authorized company representatives, may be made of anyone entering any vehicle, office or work site location of Brazos Paving, Inc.

When appropriate, such items discovered through these company searches may be taken into custody, and turned over to proper law enforcement authorities.

Violation of the above policy or refusal to a search will be cause for immediate termination of employment.

Risk Manager

Reference: Brazos Paving, Inc. safety policy booklet.

Applicants' skills check list

If you have experience in the following list of skills, put **X** before each one

	Asphalt Work
	Asphalt Super/Foreman
	Asphalt Roller
	Asphalt Rake/Labor
	Asphalt Seal coat
	Asphalt Dist. Truck
	Asphalt Plant
	Asphalt Batcher
	Aggregate Rock & Sand Manu.
	Aggregate MGF Super/Foreman
	Screens
	Crushers
	Scale House
	Pug Mill
	Machine Shop Work
	Plant Mechanic/Service/Elect
	Concrete Work
	Concrete Super/Foreman
	Concrete Work/Labor
	Concrete Plant
	Concrete Batcher
	Concrete Finisher
	Concrete Paving
	Concrete Structure
	Concrete Steeling
	Underground Utilities
	Waterline/Labor
	Sewer line/Labor
	Manholes
	Trench/Utility Safety
	Training
	Pipe Layer
	Storm Drainage
	Utility Equipment Operator
	Gas Line
	Gas Certified
	Plumber Certified
	Plumbing Residential
	Survey /Engineering
	Read Plans
	Quantity Take Offs
	Surveying/Grade Calculations
	Calculator
	Total Station
	Survey Computer Software
	Estimating & Software
	Submittals Purchasing Job Cost
	Earthwork
	Earthwork Foreman/Super
	Finish Blade Man
	Base work
	Lime Sub Grade
	Evacuation/Fill
	Demolition Large
	Site Grading
	Clear Land
	Landfill Work
	Road Building
	Accounting
	Bookkeeping
	Accounts Payable
	Accounts Receivable
	Payroll
	Warehouse
	Warehouse-Labor
	Warehouse-Management

	CDL
	CDL w/ Hazardous Material Cert.
	CDL- Class A Driver's License
	CDL- Class B Driver's License
	CDL- Class C Driver's License
	Chauffeur's Driver's License
	Construction
	Construction-Carpentry
	Construction-Carpentry-Finished
	Construction-Carpentry-Rough
	Cons-Fill, Brick, Stone, Mason, & Tile
	Construction-Asbestos & Insulation
	Construction-Lay & Finish Floor
	Construction-Glazing
	Construction-Roofing
	Construction-Misc. Construction
	Crane
	Domestic
	Drill Press
	Electronics
	Electronics-Assembly
	Electronics-Inspection
	Electronics-Testing
	Electrical
	Journeyman Electrician
	Electrician's Helper
	Heavy Equipment Operator
	Operator-Backhoe
	Operator-Bull Dozer
	Operator-Crane
	Operator-Front End Loader
	Operator-Motor Grader Blade
	Operator-Motor Grader Finisher
	Operator-Track Hoe
	Mechanic
	Mechanic Foreman
	Mechanic-Auto
	mechanic-Diesel
	Mechanic-Shop/Labor
	Mechanic-Small Engine Repair
	Mechanic-Heavy Equipment
	Maintenance
	Apartment/Hotel
	Industrial
	Machine Cleaning
	Welding
	Welding-MIG
	Welding-TIG
	Welding-Fluxcore
	Welding-Arc Welding
	Welding-Gas Welding
	Welding-Resistance Welding
	Welding-Soldering & Brazing
	Welding-Solid State Welding
	Welding-Certified
	Welding-Aluminum Welding
	Welding-Stainless Steel
	Truck
	Truck-Asphalt Distributor
	Truck-Service/Fuel/Lube/Maint.
	Truck-Equipment Hauling
	Truck-Dump Truck
	Truck-Delivery
	Truck-Water Truck
	Upholstery
	Vinyl Siding Installation

	Painting
	Painting-Auto
	Painting-Commercial
	Painting-Residential
	Manufacturing
	Manufacturing-Box
	Material Handling
	Material Handling-Textiles
	Packer
	Pallet Jack
	Read
	Read Blue Prints
	Read Calipers
	Read Micrometers
	Read Schematics
	Other
	Pipe Fitter
	Computer
	Forklift-Certified Forklift
	General Labor
	Glass Installation
	Grinder
	Picker
	Power Hand Tools
	Printing
	Processing
	Production
	Public Safety
	Punch Press/Stamping
	Quality Control/Inspector
	Rigger
	Sandblaster
	Security
	Tool/Die/Fixtures
	Tool Repair
	Sheet Metal Fabrication
	Shipping/Receiving
	Skipjack
	Service Technician
	Service Technician-HVAC
	Hydro blaster
	Inspection
	Inventory Control
	Janitorial
	Lawn Care
	Machine Operation
	Metal Stamping
	Millwright
	Oilfield Shop hand
	Brake Press
	Food handling
	Housekeeping
	Sewing
	Language
	Language-English
	Language-Chinese
	Language-French
	Language-German
	Language-Italian
	Language-Japanese
	Language-Sign Language ASL
	Language-Spanish
	Language-Other _____



APPLICATION FOR COPY OF DRIVER RECORD

MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246

Make CASHIER'S CHECK or MONEY ORDER Payable To: TEXAS DEPARTMENT OF PUBLIC SAFETY

Any questions regarding the information on this form should be directed to Customer Service at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired

FEE

- 1. Name - DOB - License Status - Latest Address. \$ 4.00
2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period. \$ 6.00
2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course. \$ 10.00
3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY. \$ 7.00
3A. Certified version of #3. Furnished to Licensee ONLY and is Acceptable for DDC Course. \$ 10.00
Other: (Original Application, DWLS, etc.) \$ 1.00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name, Requestor's First Name, Street Address, Texas Driver License Number, City, State, Zip Code, Daytime Telephone Number (include area code)

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc., Your Title or Affiliation with above, Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)

Information Requested On:

Texas Driver License Number, Date of Birth, Suffix (SR., JR., etc.), Last Name, First Name, Middle Name/Maiden Name

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to Signature of Licensee/ID Card Holder or Parent/Legal Guardian Date

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf.

Signature of Requestor Date

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.

Important Instructions - Read Carefully

The Texas Department of Public Safety may disclose personal information to a requestor without written consent of the DL/ID holder, on proof of their identity and a certification by the requestor that the use of the personal information is authorized under state and federal law and that the information will be used only for the purpose stated and in complete compliance with state and federal law.

You must meet one or more of the following exceptions if you do not have written consent of the DL/ID holder to be entitled to receive personal information on the above named individual. Please *initial* each category that applies to the requested driver record.

- _____ 1. For use in connection with any matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle emissions; (d) motor vehicle product alterations, recalls, or advisories; (e) performance monitoring of motor vehicles or motor vehicle dealers by a motor vehicle manufacturer; or (f) removal of nonowner records from the original owner records of a motor vehicle manufacturer to carry out the purposes of the Automobile Information Disclosure Act, the Anti Car Theft Act of 1992, the Clean Air Act, and any other statute or regulation enacted or adopted under or in relation to a law included in the above.
- _____ 2. For use by a government agency in carrying out its functions or a private entity acting on behalf of a government agency in carrying out its functions.
- _____ 3. For use in connection with a matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles, motor vehicle parts, or motor vehicle dealers; (e) motor vehicle market research activities, including survey research; or (f) removal of nonowner records from the original owner records of motor vehicle manufacturers.
- _____ 4. For use in the normal course of business by a legitimate business or an authorized agent of the business, but only to verify the accuracy of personal information submitted by the individual to the business or the authorized agent of the business and to obtain correct information if the submitted information is incorrect to prevent fraud by pursuing a legal remedy against, or recovering on a debt or security interest against the individual.
- _____ 5. For use in conjunction with a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self regulatory body, including service of process, investigation in anticipation of litigation, execution or enforcement of a judgement or order, or under an order of any court.
- _____ 6. For use in research or in producing statistical reports, but only if the personal information is not published, redisclosed, or used to contact any individual.
- _____ 7. For use by an insurer or insurance support organization, or by a self insured entity, or an authorized agent of the entity, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- _____ 8. For use in providing notice to an owner of a towed or impounded vehicle.
- _____ 9. For use by a licensed private investigator agency or licensed security service for a purpose permitted as stated on this page.
- _____ 10. For use by an employer or an authorized agent or insurer of the employer to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. Chapter 313.
- _____ 11. For use in connection with the operating of a private toll transportation facility.
- _____ 12. For use by a consumer-reporting agency as defined by the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.) for a purpose permitted under the Act.
- _____ 13. For any other purpose specifically authorized by law that relates to the operation of a motor vehicle or to public safety.
Please state specific statutory authority _____
- _____ 14. For use in the preventing, detecting, or protecting against identity theft or other acts of fraud. The Department prior to release of personal information may require additional information.

This form is read by machine. Please print the numbers and letters as shown below:



1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number (____) _____ - _____

If you are under age 40, enter your date of birth (month, day, year) ____/____/____

- 1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a** Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a** During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b** During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c** I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date ____ / ____ / ____

For Employer's Use Only

Employer's name Telephone no. () - EIN ▶

Street address

City or town, state, and ZIP code

Person to contact, if different from above Telephone no. () -

Street address

City or town, state, and ZIP code

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Title Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping3 hrs., 16 min.
Learning about the law or the form46 min.
Preparing and sending this form to the SWA42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.