



APPLICATION FOR EMPLOYMENT

DATE: _____

ATTENTION: (1) Must be at least 18 years old to apply.
(2) All questions must be answered.
(3) Inaccurate information stated on this application or other hiring forms will disqualify applicant for employment consideration.

APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____ HOME ☐ MOBILE ☐

E-MAIL ADDRESS: _____

POSITION(S) APPLYING FOR: _____

AVAILABILITY

- TEMPORARY WORK – SUCH AS SUMMER OR HOLIDAY WORK? YES ☐ NO ☐
- REGULAR PART-TIME WORK? YES ☐ NO ☐
- REGULAR FULL-TIME WORK? YES ☐ NO ☐

WHAT DAYS AND HOURS ARE YOU AVAILABLE FOR WORK? _____

IF HIRED, ON WHAT DATE CAN YOU START WORKING? ____ / ____ / ____

CAN YOU WORK ON THE WEEKENDS? YES ☐ NO ☐

CAN YOU WORK EVENINGS? YES ☐ NO ☐

ARE YOU AVAILABLE TO WORK OVERTIME? YES ☐ NO ☐

SALARY DESIRED: \$ _____

**EXPERIENCE: LIST PREVIOUS EMPLOYERS, DATING BACK FIVE YEARS,
STARTING WITH THE MOST RECENT ONE FIRST**

COMPANY: _____ PHONE: _____

POSITION HELD: _____ START DATE: _____ END DATE: _____

RATE OF PAY: _____ REASON FOR LEAVING: _____

IS IT OK TO CONTACT THIS EMPLOYER TO VERIFY EMPLOYMENT? YES ☐ NO ☐

COMPANY: _____ PHONE: _____

POSITION HELD: _____ START DATE: _____ END DATE: _____

RATE OF PAY: _____ REASON FOR LEAVING: _____

IS IT OK TO CONTACT THIS EMPLOYER TO VERIFY EMPLOYMENT? YES ☐ NO ☐

COMPANY: _____ PHONE: _____

POSITION HELD: _____ START DATE: _____ END DATE: _____

RATE OF PAY: _____ REASON FOR LEAVING: _____

IS IT OK TO CONTACT THIS EMPLOYER TO VERIFY EMPLOYMENT? YES ☐ NO ☐

COMPANY: _____ PHONE: _____

POSITION HELD: _____ START DATE: _____ END DATE: _____

RATE OF PAY: _____ REASON FOR LEAVING: _____

IS IT OK TO CONTACT THIS EMPLOYER TO VERIFY EMPLOYMENT? YES ☐ NO ☐

WHAT OTHER WORK EXPERIENCE OR SPECIAL SKILLS DO YOU HAVE THAT WILL HELP YOU SUCCEED IN THIS POSITION?

EDUCATION/TRAINING

HIGH SCHOOL:

SCHOOL NAME: _____ NUMBER OF YEARS COMPLETED: _____
SCHOOL ADDRESS: _____ DID YOU GRADUATE? YES ☐ NO ☐
SCHOOL CITY, STATE, ZIP: _____ DEGREE / DIPLOMA EARNED: _____

COLLEGE / UNIVERSITY:

SCHOOL NAME: _____ NUMBER OF YEARS COMPLETED: _____
SCHOOL ADDRESS: _____ DID YOU GRADUATE? YES ☐ NO ☐
SCHOOL CITY, STATE, ZIP: _____ DEGREE / DIPLOMA EARNED: _____

VOCATIONAL SCHOOL:

SCHOOL NAME: _____ NUMBER OF YEARS COMPLETED: _____
SCHOOL ADDRESS: _____ DID YOU GRADUATE? YES ☐ NO ☐
SCHOOL CITY, STATE, ZIP: _____ DEGREE / DIPLOMA EARNED: _____

MILITARY:

BRANCH: _____
RANK IN MILITARY: _____
TOTAL YEARS OF SERVICE: _____
SKILLS/DUTIES: _____
RELATED DETAILS: _____

PERSONAL INFORMATION

IF HIRED, WOULD YOU BE ABLE TO PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES ☐ NO ☐

HAVE YOU WORKED FOR V CONCRETE CONSTRUCTION BEFORE? YES ☐ NO ☐
IF YES, EXPLAIN AND INCLUDE DATES _____

IF HIRED, WOULD YOU HAVE TRANSPORTATION TO/FROM WORK? YES ☐ NO ☐

ARE YOU OVER THE AGE OF 18? (IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION OF MINIMUM LEGAL AGE.)
YES ☐ NO ☐

IF HIRED, ARE YOU WILLING TO SUBMIT TO AND PASS A CONTROLLED SUBSTANCE TEST? YES ☐ NO ☐

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH / WITHOUT REASONABLE ACCOMMODATION? YES ☐ NO ☐

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? YES ☐ NO ☐

IF YES, PLEASE DESCRIBE THE CRIME - STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE. _____

REFERENCES

LIST BELOW THREE PERSONS WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST FOUR YEARS. PLEASE INCLUDE PROFESSIONAL REFERENCES ONLY.

NAME: _____
TELEPHONE NUMBER: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
OCCUPATION: _____
NUMBER OF YEARS ACQUAINTED: _____

NAME: _____
TELEPHONE NUMBER: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
OCCUPATION: _____
NUMBER OF YEARS ACQUAINTED: _____

NAME: _____
TELEPHONE NUMBER: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
OCCUPATION: _____
NUMBER OF YEARS ACQUAINTED: _____

PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW

I CERTIFY THAT I HAVE NOT PURPOSELY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR HIRING. I ATTEST TO THE FACT THAT THE ANSWERS GIVEN BY ME ARE TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY. I UNDERSTAND THAT ANY OMISSION (INCLUDING ANY MISSTATEMENT) OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT CAN BE GROUNDS FOR REJECTION OF APPLICATION OR, IF I AM EMPLOYED BY V CONCRETE CONSTRUCTION, LLC, TERMS FOR MY IMMEDIATE TERMINATION FROM THE COMPANY.

I UNDERSTAND THAT IF I AM EMPLOYED, MY EMPLOYMENT IS NOT DEFINITE AND CAN BE TERMINATED AT ANY TIME EITHER WITH OR WITHOUT PRIOR NOTICE, AND BY EITHER ME OR V CONCRETE CONSTRUCTION, LLC.

I PERMIT V CONCRETE CONSTRUCTION, LLC TO EXAMINE MY REFERENCES, RECORD OF EMPLOYMENT, EDUCATION RECORD, AND ANY OTHER INFORMATION I HAVE PROVIDED. I AUTHORIZE THE REFERENCES I HAVE LISTED TO DISCLOSE ANY INFORMATION RELATED TO MY WORK RECORD AND MY PROFESSIONAL EXPERIENCES WITH THEM, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I RELEASE V CONCRETE CONSTRUCTION, LLC., MY FORMER EMPLOYERS & ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS & ASSOCIATIONS FROM ANY & ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH EXAMINATION OR REVELATION.

APPLICANT'S SIGNATURE: _____ **DATE SIGNED:** _____



Office: 623-518-4797

Minimum Required Tools List

LABORERS

Steel Hammer
Tape Measure
Pliers/Snips
Tool Pouch
Shovel
Pick
Double Jack

FORMSETTERS

Hammer
Tape Measure - 25' & 100'
Pliers/Snips
Nail Bag
4' Level
Wire Reel
Double Jack
Speed Square
Chalk Line

FINISHERS

Mag Float
Hand Edger
Hand Jointer
Skates
4' Level
Mucking Boots
Mucking Gloves
Trowel

CARPENTERS

Hammer
Tape Measure - 25' & 100'
Pliers/Snips
Nail Bag
4' Level
Wire Reel
Double Jack
Speed Square
Chalk Line
2' Square
Construction Calculator
Pry Bars

Employee Printed Name

Employee Signature

Date



Office: 623-518-4797
Fax: 623-518-9582

DATE:08/23/2018

Personal Cell Phone Policy

To: All Field Personnel

Effective immediately, personal cell phones and cell phone usage on Company time is no longer allowed. Personal cell phones are to be kept in your vehicle before entering onto any V Concrete project sites. You may provide your Foreman's contact information to your immediate family in the case of an emergency message needing to reach you.

It has come to management's attention that personal cell phone usage is becoming an issue – causing distractions and loss of production, as well as posing a safety issue. Therefore, such policy is being implemented in the best interest of both V Concrete and the Employees to ensure both a Safe and Productive work environment.

It is understood from time to time a personal/family situation may warrant the need for use of your cell phones during company time. In such circumstances you may ask your Foreman for permission to take a 5 minute break or handle such phone calls during your lunch time.

Any employee not complying with the Personal Cell Phone Policy will be asked to leave the Project premises, and may be subject to further disciplinary action at the discretion of V Concrete Management.

Print / Sign Name

Date



Office: 623-518-4797

Fax: 623-518-9582

Arizona Paid Sick Leave – (AZ PSL)

V Concrete Policy

Under proposition 206, aka Fair Wages and Healthy Families Act, Arizona full-time, part-time and seasonal employees will be granted paid sick leave (PSL) as mandated by law. One hour of leave is earned for every 30 hours worked beginning on July 1, 2017 or on the employee's start date, whichever comes later.

Employees may use their accrued PSL time for themselves or to take care of family members as shown below:

- **Medical care or mental or physical illness, injury, or health conditions.**
- **Circumstances relating to public health emergency or communicable disease exposure**
- **Absence due to domestic violence, sexual violence, abuse, or stalking.**

V Concrete requests the employee to make a good faith effort to provide advance notice of absence when foreseeable, and to take paid sick leave time in a way that does not unduly disrupt operations.

V Concrete policy requires an employee to provide reasonable documentation when in need of using 3 or more consecutive days of sick time. (Reasonable Documentation examples: Doctor's Note, Police Report, Insurance Report etc.) Specific details as to the reason for absence are not required.

Employee's PSL hours begin accruing from the first day of employment with V Concrete, however, cannot be used for 90 days. These hours are paid out at employee's regular hourly wage and not subject to overtime wage calculation.

Employee may not use more than 40 hours of paid sick leave in a calendar year regardless of accrued, earned hours total. Unused, PSL hours remaining at the end of the calendar year will roll over into the next calendar year, up to the employee's total eligibility amount (24 hours PT or 40 hours FT).

Employee may not request use of PSL hours if they have already worked 40 hours for that pay period. The only exception would be with "reasonable documentation" provided.

AZPSL hours are not for use due to Holiday or Lack of Work or Not on Schedule to Work.



Office: 623-518-4797

Fax: 623-518-9582

Upon severance from the company, unused AZ PSL hours are forfeited and not required to be paid out according to Arizona law.

Arizona Paid Sick Leave – (AZ PSL)

V Concrete Policy

Please reach out to your immediate Supervisor or the Office Administration

staff if you have any questions or would like additional clarification regarding

V Concrete's paid sick leave policy.

By signing below, you are confirming you have received a copy of the V Concrete Construction Policy as related to Arizona Paid Sick Leave (AZ PSL) laws.

Employee Name: _____

Employee Signature: _____

Date: _____

Direct Deposit Authorization Form

Elect to Have Your Pay Deposited to Your Bank Account: Voided Check Required

I, _____, authorize my employer to credit the account listed below for my net payroll. I also authorize the Company to debit my account for any reversals/corrections which may be necessary.

Employee Signature _____ Date _____

Bank Name	
Location (City)	
Bank Routing Number	
Checking or Savings (circle one) Account Number	
Name on Account	

Or, Elect to Have Your Pay Deposited to a Prepaid Card:

YES. I want to receive a Payment Card for my Employer to submit payment to my card account. I understand that this card was provided to me as an option by my Employer and that my Employer has provided me a listing of all fees associated with this card that will be deducted from the card balance.

Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Phone _____ Email _____

I hereby authorize my Employer to act as my agent to submit my application for the Payment Card to the issuing Financial Institution of the Payment card, and to the Terms and Conditions governing my use of Payment Card that I will receive at the time I receive my card. I understand that this authorization replaces any previous authorization relating to my employer's payment to me, and unless terminated by my Employer or issuing Financial Institution, this authorization will remain in full force and effect until my Employer has received written notification from me of its termination in such time as to afford it a reasonable opportunity to act, or I have terminated the Payment Card as provided in the Terms and Conditions I received with the card. Upon approval of my application for the Payment Card, I hereby authorize my employer to deposit payments due to me to my Payment Card and perform the following corrective actions related to my payment card: 1. Correct any funding error made by my Employer to which I am not entitled by submitting a correcting debit to my pay card account through ACH or directly to my pay card account; 2. At my request, submit a request for a change in my pay card account status to lost or stolen (or effectuate a change in the employee's account status to lost or stolen); 3. At my request transfer funds to a newly issued card; This Consent does not allow my Employer to access my cardholder activity detail on my Payment Card without my prior consent. The USA PATRIOT Act is a federal law that requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. You will be asked to provide your name, a valid physical U.S. street address, a telephone number, a date of birth, and other information that will allow us to identify you. You may also be asked to provide documentation as proof of identification. I acknowledge and agree that this authorization may be rejected or discontinued by the issuing Financial Institution at any time.

Employee Signature _____ **Date** _____

Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town	State	ZIP Code	

Choose either box 1 or box 2:

☐ **1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):

☐ 0.8% ☐ 1.3% ☐ 1.8% ☐ 2.7% ☐ 3.6% ☐ 4.2% ☐ 5.1%

☐ Check this box and enter an extra amount to be withheld from each paycheck \$

☐ **2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.

SIGNATURE _____

DATE _____

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

Employee's Withholding Certificate

OMB No. 1545-0074

- ▶ **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.**

2020**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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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
Dependents**

If your 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 and 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)
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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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





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

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
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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
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)				

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 Administrator	
Last Name of Employer or Authorized Representative Villasenor		First Name of Employer or Authorized Representative Andrea		Employer's Business or Organization Name V Concrete Construction	
Employer's Business or Organization Address (Street Number and Name) 7540 N 67th Ave			City or Town Glendale		State AZ
			ZIP Code 85311		

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