

Employment Application

Personal Information

Name		Date of Application	
Address			
Home Phone		Work Phone	
Cell Phone		Email	

Position Information

Position Sought		Pay Sought	
Date Available		Type of Employment	
Hours Available			

Education History

School	Name and Location	Graduated	Major/Subjects of Study

Specialized Skills

Work History

Company Name	Position	Date Started	Date Ended	Type of Employment	Pay Range	Supervisor	Phone Number
May we contact your current or previous employers?							
If not, why not?							
Reason for leaving most recent position:							

References

Name	Nature of Relationship	Length of Relationship	Contact Information



Sagoma Construction Services, Inc

3116 South Andrews Avenue
Fort Lauderdale, FL 33316
954-636-8560 (Office)
800-905-1873 (Fax)

Employee Enrollment Form

Employee	Last Name: _____ First Name: _____ Middle Name: _____ (As it appears on your social security card)
	Social Security Number: _____ Preferred Name: _____
	Home Street Address: _____
	City, State, Zip: _____ Telephone: _____
	Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Emergency Contact: _____ Relationship: _____ Telephone: _____

EEO Disclosure: Hispanic or Latino White Black or African-American Native Hawaiian or other Pacific Islander Asian American Indian or Alaska Native Two or more races: _____

Client	Hire Date: _____ Status: <input type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Re-Hire (Original Hire Date) _____
	Position: _____ Workers Comp Class Code: _____ Department: _____
	Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly FLSA Status: _____ Method and rate of payment: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Exempt <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary \$ _____
	Normal # of Hours Per Week: _____ <input type="checkbox"/> Nonexempt <input type="checkbox"/> Commission <input type="checkbox"/> Tipped <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Piecework

Human Resource Manager

SECTION 1- ACKNOWLEDGMENT OF RELATIONSHIP

I agree to conform to the rules and regulations of Sagoma Construction Services, Inc. I further understand that my employment with Sagoma Construction Services, Inc may be terminated either by myself or by Sagoma Construction Services, Inc at any time, with or without cause.

In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of Sagoma Construction Services, Inc or against Sagoma Construction Services, Inc based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of Sagoma Construction Services, Inc or against Sagoma Construction Services, Inc for damages based upon injuries which are covered under such workers' compensation statutes.

I understand that misrepresentations, omissions of facts or incomplete information may remove me from further consideration for employment or may be cause for dismissal at any time without any previous notice.

SECTION 2: SAFETY RULES NOTIFICATION

Sagoma Construction Services, Inc. is committed to providing a safe and secure working environment for its employees and customers. Providing safe working conditions and maintaining continuity of employment is of continual concern. In this regard, it is important that policies and procedures be adhered to in order to ensure safe, efficient operating conditions, thereby safeguarding employees and facilities. The Company will not knowingly permit unsafe conditions to exist, nor will it permit employees to indulge in unsafe acts. Violations of Company rules and regulations will result in disciplinary action. Please note the following:

Employee Enrollment Form

1. All employees must comply with all applicable Federal, State and local safety laws, rules and regulations, as well as those of Sagoma Construction Services, Inc.
2. Report ALL injuries or unsafe acts to your supervisor IMMEDIATELY. Report all job accidents on the same day of the occurrence.
3. The use or possession of intoxicating beverages, drugs, firearms or other weapons is forbidden and may be cause for immediate termination.
4. Personal protective equipment, i.e., work shoes, safety glasses, rubber gloves, oven mitts, etc. will be worn at all times when your work activities and surroundings dictate.

SECTION 3: SEXUAL HARASSMENT POLICY

Sexual harassment is a form of sexual discrimination prohibited by Title VII of the 1964 Civil Rights Act. The Sagoma Construction Services, Inc policy is not to condone or permit sexual harassment. Sexual harassment includes unwelcome sexual advances or request for sexual favors, unwelcome verbal or physical conduct of a sexual nature, or any other unwelcome sexual conduct that has the purpose or effect of unreasonably interfering with an affected person's work performance, or creating an intimidating, hostile, or offensive work environment. In addition, it is sexual harassment to indicate that submission to or rejection of unwelcome sexual conduct is either explicitly or implicitly a term or condition of employment, or utilizing submission to or rejection of such conduct as a basis for an employment decision affecting the person submitting or rejecting to the conduct. Any employee who feels that he or she may have been subjected to sexual harassment must report it immediately to their Manager and notify Human Resources Manager at Sagoma Construction Services, Inc. All allegations of sexual harassment will be investigated promptly and thoroughly, and proper remedial action will be taken according to the specific circumstances of the situation. All investigations of alleged sexual harassment and other types of discrimination are strictly confidential. Federal, state, and local law prohibits taking adverse employment action in retaliation for reporting an incident of sexual harassment or other types of discrimination. Any person, who, after a full investigation of any allegation of sexual harassment, is found to have committed an act of sexual harassment, will be disciplined and, in appropriate situations, terminated from employment.

SECTION 4: HARASSMENT IN THE WORKPLACE POLICY

Sagoma Construction Services, Inc. is an equal opportunity employer; we value, respect and treat each other with dignity. We do not discriminate on the bases of sex, race, religion, color, national origin, sexual orientation, physical or mental disability, marital status, age or any other status protected by Federal, State or local laws of our employees, customers, suppliers and stakeholders. We desire to keep a work environment which is free of harassment or discrimination. We do not tolerate any form of harassment, whether it comes from supervisors, fellow employees, or anyone else. Any employee guilty of committing any act of harassment may be disciplined, or where appropriate, discharged without notice. Harassment includes verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, religion, sex, national origin, age, marital status, disability or any other characteristic protected by law, for the purpose or effect of creating an intimidating, hostile, or offensive working environment; which has the purpose or effect of unreasonably interfering with an individual's work performance; or is otherwise adversely affects an individual's employment opportunities. Any employee who is subjected to any kind of discrimination or harassment must immediately report it to their Manager and notify the Human Resources Manager.

SECTION 5: DRUG AND ALCOHOL FREE WORKPLACE PROGRAM AND TESTING CONSENT

Sagoma Construction Services, Inc has established a drug and alcohol free workplace program. The company prohibits the use of alcohol or non-prescribed drugs at the work place or while on company premises. It also discourages non-work place drug and alcohol abuse. The use, sale or possession of alcohol or drugs in the workplace, on Company premises and within its facilities, when operating Company vehicles on or off duty, and in the conduct of Company-related work off Company premises, is strictly prohibited. The abovementioned prohibitions apply at all times during the work day, including meal-times and break periods. Failure to comply will result in disciplinary action, up to and including termination, and may have legal consequences. The Company does not permit any employees to report to work or to perform his or her duties with the presence of illegal or illegally obtained drugs or alcohol in his or her body, or while impaired or under the influence of any illegal drug, or alcohol. The Company also does not permit any employee to report to work or to perform his or her duties while taking prescription or non-prescription medication which is adversely affecting the person's ability to safely and effectively perform his or her job functions. Employees are required to notify their supervisor in such instances, but need not disclose the medication being used or the medical condition involved.

I understand that according to the Company's Drug and Alcohol Free Workplace Program, as a condition of employment with the Company, I may be required to submit a sample of my urine, blood, and/or other legally approved specimen, for chemical analysis. The purpose of this analysis is to determine the absence or presence of illegal drugs and/or alcohol. I consent and agree freely and voluntarily to provide a specimen upon the request of Sagoma Construction Services, Inc or my on-site employer. I hereby release and hold harmless the Company from any liability whatsoever arising from any request to furnish my specimens and the testing of my specimens. I further consent to the release of the result(s) of any analysis to the Company and understand that in the event I refuse to be tested, refuse to provide this Consent, or test positive, I will be subject to disciplinary action up to and including termination of employment by the Company. I also understand that, in the event I was injured in the course and scope of my employment, and refuse to be tested or test positive, I may, in addition to the above, forfeit all my Workers' Compensation medical and indemnity benefits.

I also consent, in the event of a confirmed positive test, to the release by the Company of such result(s) to any person(s) with a need to know in connection with any administrative proceeding, lawsuit or other legal action or proceeding where my test result(s) would be at issue or otherwise relevant to the outcome of the action/proceeding.

Employee Signature: _____ **Date:** _____

*Employees under 18 years old must have a parent or guardian sign this consent.

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 				
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E			
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child: then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G			
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H			

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2015</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2015 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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 who claims no withholding allowances; 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 possessions 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.



FL License # CGC 1511575

*FDOT DBE
State of Florida MBE
Broward County CBE
Broward County Public Schools MBE
School District of Palm Beach County MBE, SBE
Miami-Dade County Public Schools MBE
LEED Certified*

**PRE-EMPLOYMENT DRUG/ALCOHOL TESTING
CONSENT AND RELEASE FORM**

I _____ hereby **CONSENT** to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by SAGOMA CONSTRUCTION SERVICES, INC. in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have Sagoma Construction Services, Inc. and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Sagoma. I further agree to and hereby authorize the release of the results of said tests to Sagoma Construction Services, Inc.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless Sagoma Construction Services, Inc and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with Sagoma's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____ Date: _____