



EMPLOYMENT APPLICATION PACKET

Debco Construction
PO Box 363
Orofino, Idaho 83544
Phone: (208) 476-3617
FAX: (208) 476-3226
www.debcousa.com

Physical Address: 217 College Ave. Ste. #5
(Do NOT send mail here)



APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name	First Name	Middle Initial	Home Phone#:
			Cell Phone #:() _____
Mailing Address: _____			
City: _____		State _____	
Physical Address, if different from mailing address: _____			
I can begin work on ____ / ____ / ____		I AM / I AM NOT ABLE TO TRAVEL (circle one)	
If hired, can you provide proof that you are legally able to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you belong to a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No if so, which one? ARE YOU Willing to Join the Union? YES or NO			
Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state the nature of offense(s), date(s), city and state of disposition. <i>Note: An affirmative answer will not necessarily result in disqualification for employment.</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason: _____			
List any relatives or friends-employed by this company:			Relationship:

List all Industrial safety violations, citations or other violations..List dates and employer at time of incident _____

Date of Birth: _____ Drivers License #: _____ State: _____ Expire Date: _____

Is the license current? Yes No Have you ever been denied a license or permit to operate a motor vehicle? Yes No

Has any License or permit ever been suspended or revoked? Yes No

Explain any Yes answer:

Do you have a CDL? Yes No Expire date: _____

Emergency Contact Information (Name): _____

Phone Number: () _____ **Relationship:** _____ (example: parent, friend, sister, brother)

The Following information is Optional

Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Vietnam? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you obtained any skills or abilities as the result of service in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please describe:
Any medic alert information that we may need on file OR any allergies (i.e. stings, diabetes, epilepsy, etc) in case of an emergency? (use back of this page if necessary)
Do you belong to any of the following minority groups? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Black (not Hispanic Origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native



APPLICATION FOR EMPLOYMENT

EMPLOYMENT

Position Desired: _____ Salary Desired: _____

Check appropriate box for type of employment:
 Full-time Part-time Temporary

What days and hours are you available to work? _____

Are you available for overtime? Yes No When are you available to begin work? _____

Are you over 18 years of age? Yes No If under 18, can you provide a work permit? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No
 If no, describe the functions that cannot be performed: _____

(NOTE: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary to eligible applicants to perform essential functions) if you require accommodation to complete this application, please contact the Personnel department for assistance.

EDUCATION

Type of School	Name & Location of School	No. Of Years Completed	Graduated? Yes - No	Degree(s) Diploma(s)	Major Field(s) of Study
High School or Trade School					
Business or Tech. School					
Jr. College and/or University					
Other Training (Explain)					

SKILLS

Do you speak, write or understand any foreign language? Yes No
 If yes, which languages? _____

Operate Personal Computer? Yes No Types of Software: _____
 List other office machines you can operate: _____

Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

Answer the following if you are applying for a professional, licensed or certified position.

Are you licensed/certified for the job applied for? Yes No Issuing State: _____

Name of License/Certification: _____

License/Certification Number: _____

Has your license/certification ever been revoked or suspended? Yes No
 If yes, explain: _____



APPLICATION FOR EMPLOYMENT

Experience: **Please account for all employment within the last five (5) years**, beginning with your current or more recent employer. In addition, please indicate any other experience that you believe is relevant to the position for which you are applying (e.g. volunteer experience, military service, experience gained over five (5) years prior, etc.) Attach an additional sheet if extra space is needed.

Positions Held

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary	Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____	
City, State, Zip	Specific Job Duties 1		
Telephone No.	2		
Supervisor	3		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?		

Positions Held

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary	Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____	
City, State, Zip	Specific Job Duties 1		
Telephone No.	2		
Supervisor	3		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?		

Positions Held

Company Name	Dates Employed <i>From</i> _____ <i>To</i> _____	Starting Salary	Ending Salary
Street Address	Job Title	Hours Worked <i>From</i> _____ <i>To</i> _____	
City, State, Zip	Specific Job Duties 1		
Telephone No.	2		
Supervisor	3		



APPLICATION FOR EMPLOYMENT

Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving?
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill you demonstrated on the job?

PERSONAL REFERENCES

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

Name	Address	Phone No.
Name	Address	Phone No.

APPLICANT'S STATEMENT
(Initial each numbered item as read)

1.	The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the company or its agents.
2.	I authorized all the schools, persons and organizations named in this application to provide and relevant information in their possession or knowledge to the agents of the company, for use in deciding whether or not to offer me employment and specifically waive any required notification. I hereby release the Company, my former employers and all other persons from any claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3.	I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
4.	I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company. There will be no agreement, expressed or implied, between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
5.	I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing four (4) statements.

ACKNOWLEDGMENT OF RECEIPT OF DEBCO CONSTRUCTION'S STATEMENT OF POLICIES

I acknowledge that I have received a true copy of Debco Construction's Statement of Policies. I further acknowledge that I have read the policies and understand them. I understand that the Policies apply to each and every individual working for Debco Construction including those working in a temporary capacity; and to third parties doing business with Debco Construction such as suppliers, vendors, couriers, etc. and that failure to comply with these policies may result in disciplinary action up to and including discharge from employment.

Employee Signature

Date : _____



APPLICATION FOR EMPLOYMENT

The following pages are to be filled out if hired:

Not necessary for application only.

We do Direct Deposit ONLY. You will need a Bank Account if hired.

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Form W-4 (2014)

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 2014 expires February 17, 2015. 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 \$1,000 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 2014. 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: <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 _____
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 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 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	Employee's Withholding Allowance Certificate	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2014</div>
▶ 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.		

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 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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.

X Employee's signature (This form is not valid unless you sign it.) ▶	X Date ▶
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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)
ASCORP INC dba DEBCO PO BOX 363 OROFINO		82-0449929

FD
83544



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		E-mail Address		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):

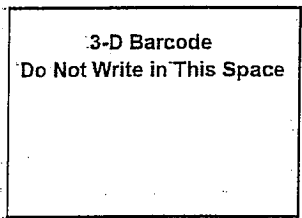
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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):				

3-D Barcode
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<p align="center">LIST A ONLY Documents that Establish Both Identity and Employment Authorization</p>	<p align="center">OR LIST B Documents that Establish Identity</p>	<p align="center">AND LIST C Documents that Establish Employment Authorization</p>
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>	<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>3. School ID card with a photograph</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p>a. Foreign passport; and</p> <p>b. Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport, and</p> <p>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p>	<p>4. Voter's registration card</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
<p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p>5. U.S. Military card or draft record</p>	<p>5. Native American tribal document</p>
	<p>6. Military dependent's ID card</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
	<p>8. Native American tribal document</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
	<p>9. Driver's license issued by a Canadian government authority</p>	
	<p align="center">For persons under age 18 who are unable to present a document listed above:</p>	
	<p>10. School record or report card</p>	
	<p>11. Clinic, doctor, or hospital record</p>	
	<p>12. Day-care or nursery school record</p>	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.