

EMPLOYMENT APPLICATION INSTRUCTIONS
Review all enclosed information

Please complete the employment application pages that are stapled together and return to Conway Construction Company.

Please provide a copy of your Driver License, and Social Security Card.

Complete the Drug Test Screening **before** you report to work. Instructions and locations for the drug screening are enclosed.

Contact Vanessa Torjusen, Office Assistant at (360) 887-3022 if you have questions.

Thank you.

Conway Construction Company is an Equal Opportunity Employer

Conway Construction Company
6620 NW Whitney Rd, Suite 100, Vancouver, WA 98665
Phone: (360)887-3022 Fax: 360-326-7005
Employment Application Form

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

OFFICE USE ONLY:
Date Received: _____
Reviewed By: _____

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last
First
Middle
Maiden

Mailing Address: _____
Street
(Apt No.)
City
State
Zip

How long at current address _____ Social Security No. _____

Contact Information: () _____ () _____
Home Telephone
Mobile
Email

Are you currently authorized to work in the United States?* Yes No
**Proof of eligibility will be required if hired.*

POSITION SOUGHT: _____ **Available Start Date:** _____

Desired Pay Range: _____ **How many hours can you work weekly** _____
By Hour or Salary

Employment desired Full-Time Only Part-Time Only Full or Part Time

Days/Hours Available to Work

No Preference _____ Tue _____ Thu _____ Sat _____
Mon _____ Wed _____ Fri _____

EDUCATION

	Name and Location	Years Completed	Major / Degree
High School			
College or University			
Specialized Training, Trade School, etc...			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position. You may include hobbies, volunteer experience and any other activities you believe relevant.

Do you have a driver's license? Yes No Type Operator Commercial (CDL) Chauffeur

What is your means of transportation to work? _____

Driver's License Number _____ State of Issuance _____ Expiration Date _____

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying?* Yes No

*A Conviction record will not necessarily disqualify you from employment.

If yes, explain the number of conviction (s), nature of offense (s) leading to conviction (s) how recently such offense (s) was/were committed, sentence imposed and type(s) of rehabilitation.

WORK EXPERIENCE

Please list your work experience for the **past 10 years** beginning with your most recent job. If you were self-employed, give your firm name. **Attach additional sheets if necessary. Do not substitute a resume.**

Name of Employer Address City, State, Zip Code Phone Number	Supervisor's Name	Employment	Salary
		From: To:	Start: Final:
Position Held	May we contact employer?	Yes	No
Reason for leaving (Be specific)			
List duties performed, skills used and/or learned, advancements or promotions, number of people supervised while employed with this company.			
Name of Employer Address City, State, Zip Code Phone Number	Supervisor's Name	Employment	Salary
		From: To:	Start: Final:
Position Held	May we contact employer?	Yes	No
Reason for leaving (Be specific)			
List duties performed, skills used and/or learned, advancements or promotions, number of people supervised while employed with this company.			
Name of Employer Address City, State, Zip Code Phone Number	Supervisor's Name	Employment	Salary
		From: To:	Start: Final:
Position Held	May we contact employer?	Yes	No
List duties performed, skills used and/or learned, advancements or promotions, number of people supervised while employed with this company.			

PLEASE READ CAREFULLY

As indicated that you have read and understood each sentence, please write you initials in the spaces provided below.

Conway Construction Company is an equal employment opportunity employer and does not discriminate based on race, color, religion, gender, national origin, citizenship, age, disability, or veteran status. _____

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I under that misrepresentation or material admission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment any misrepresentation or material omission which becomes known to Conway Construction Company will result in immediate termination of my employment. _____

I understand that if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with Conway Construction Company. _____

I understand that in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. _____

I consent to the release of consumer or investigative consumer reports, as defined above, to Conway Construction Company in conjunction with my employment application. I further understand that, should I be hired, this consent will apply for the duration of my employment with Conway Construction Company and that it will remain in effect until revoked in a written document signed by me. _____

I understand that in connection with the routine processing of my employment application, the Company may request my driving record from the state. I authorize the relevant state agency to release my driving record to the Company. I further understand that, should I be hired, this consent will apply for the duration of my employment with Conway Construction Company and that it will remain in effect until revoked in a written document signed by me. _____

I certify that I have received a copy of the Conway Construction Company's Drug and Alcohol Policy and Sick Leave Policy. I consent to pre-employment drug testing by a doctor of Conway Construction Company's choice. I understand that random drug and alcohol testing is a condition of my employment with Conway Construction Company. _____

Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. _____

I understand if hired, it is my sole responsibility to make arrangements for transportation to and from work. I also understand that Conway Construction Company has many different job site locations and that I may be transferred to or from any of these job sites without notice and if said transfer occurs I am still responsible for my own transportation to and from work. _____

In consideration of my employment, I agree to conform to the instructions, rules and policies of Conway Construction Company. My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. _____

Signature of Applicant _____ Date _____

Thank you for completing this application form and for your interest in our business.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2026

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 surviving spouse <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.)		

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

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 the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a)	\$	
	(b) Multiply the number of other dependents by \$500	3(b)	\$	
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here	3	\$	

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 <input type="checkbox"/>
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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)

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**):
- 0.5%
 1.0%
 1.5%
 2.0%
 2.5%
 3.0%
 3.5%
- 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 2.0% 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. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

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.

Part-Time or Seasonal Employees

Part-time or seasonal employees whose service to their employer consists solely of labor in connection with the planting, cultivating, harvesting or field packing of seasonal agricultural crops may request their employer withhold Arizona income tax from their compensation. Complete this form to elect Arizona income tax withholding.

NOTE: *Arizona law requires that part-time or seasonal agricultural employees whose principal job duties are operating any mechanically driven device must have Arizona income tax withheld from their paychecks.* They are not exempt from Arizona withholding and must complete this form to select a percentage of gross taxable wages they wish to have withheld from their paychecks.



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification** on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.