

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 *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027

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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Complete Form ID W-4 so your employer can withhold the correct amount of state income tax from your paycheck. Sign the form and give it to your employer. **Use the information on the back** to calculate your Idaho allowances and any additional amount you need withheld from each paycheck. If you plan to itemize deductions, use the worksheet at tax.idaho.gov/w4.

Withholding Status

Check the "A" box (Single) if you're:

- Single with one job or single with multiple jobs
- Filing as head of household

Check the "B" box (Married) if you're:

- Married filing jointly with one job and your spouse doesn't work
- A qualifying widow(er)

Check the "C" box (Married, but withhold at Single rate) if you're:

- Married filing jointly and both people work (or you have multiple jobs)
- Married filing separately



WITHHOLDING STATUS (see information above)

A (Single) **B** (Married) **C** (Married, but withhold at Single rate)

1. Total number of Idaho allowances you're claiming _____
2. Additional amount (if any) you need withheld from each paycheck (Enter whole dollars) _____

Your Social Security number (required)
--

Your first name and initial	Last name	
Current mailing address		
City	State	ZIP code

Under penalties of perjury, I declare that to the best of my knowledge and belief I can claim the number of withholding allowances on line 1 above.

Your signature	Date
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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 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)					
					<input type="checkbox"/> 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.