



Employee Number: \_\_\_\_\_

Working Local: \_\_\_\_\_

Home Local: \_\_\_\_\_

**Application for Employment**

Name: \_\_\_\_\_

We are an Equal Opportunity Employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color or handicap, in the hiring, training, scheduling, transfer, promotion, or payment of employees.

We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices, or terms conditions, and privileges of employment. If you are a person with a handicap, you must request any needed reasonable accommodation to participate in the application process or interview process. This request must be made in writing within 182 days after the need is known. If you are offered employment, it will be subject to the attached Conditional Job Offer, and you will be required to perform, with or without reasonable accommodation certain physical procedures in the course of your prospective job duties.

The duties of this job require the employer to comply with the Federal Motor Carrier Safety Regulations ("FMCSR"). Failure to complete the requested information may result in your application being rejected.

**Personnel Record Form**

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Address City State Zip

If less than 3 years at this address, please provide all prior address for last 3 years:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you attached a copy of your Drivers' License? Yes  No

Driver License Number \_\_\_\_\_

Have you attached a copy of your CDL Med Card? Yes  No  Expiration date \_\_\_\_\_

Do you have an Electrical License? Yes  No  If yes, License # \_\_\_\_\_

Positions applied for \_\_\_\_\_  Daily Work  Storm Work

Do you have a Referral? Yes  No  From which Local \_\_\_\_\_

Position Sought:  Full-Time  Part-Time  Temporary  Union Affiliation

Have you previously been employed by SPE Group? Yes  No

If yes, which company? SPE Utility Contractors Diversified Power

Can you physically and mentally perform the duties for the job you're applying for? YES  NO

Are you able to pass a drug test if tested today? YES  NO

Have you ever been convicted of a crime? YES  NO

If YES, please explain \_\_\_\_\_

Are there any felony charges pending against you? YES  NO

If YES, please explain \_\_\_\_\_

Please list below the schools you've attended. Include Name, Course of Study, Date Attended, Whether you Graduated/GED, if so include the Year, and Degree or Diploma.

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

GRADUATE SCHOOL \_\_\_\_\_

VOCATIONAL TRAINING OR OTHER \_\_\_\_\_

Personal References (other than family members or previous employers)

1. Name/Address/Phone/Relationship or Title

In case of an Emergency contact?

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### **LICENSING INFORMATION**

FMCSR § 383.21 states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license.

State	License Number	Type	Expiration Date

### **Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

**Accident History for Past 3 Years or More (Attach Sheet if More Space is Needed)**

Date	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spills
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

**Traffic Convictions and Forfeitures for the Past 3 Years (Other Than Parking Violations)**

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

**(Attach Sheet if More Space is Needed)**

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No   
If Yes explain: \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? Yes  No
- C. If Yes explain: \_\_\_\_\_

**Previous Employment Record**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous 3 years. You must give the same information for all employers you have driven a commercial motor vehicle for the 7 years prior to the initial three years (total of **10** years employment record).

**You must list the complete mailing address: street number and name, city, state and zip code.**

**Last Employer:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Reason for Leaving:  
\_\_\_\_\_

Any gaps in employment must be explained. Include dates and reason for unemployment:  
\_\_\_\_\_

Were you subject to the FMCSRs while employed by the previous employer? YES  NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES  NO

**Second Last Employer:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Reason for Leaving:  
\_\_\_\_\_

Any gaps in employment must be explained. Include dates and reason for unemployment:

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Were you subject to the FMCSRs while employed by the previous employer? YES  NO   
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES  NO

**Third Last Employer:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Reason for Leaving:

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Any gaps in employment must be explained. Include dates and reason for unemployment:

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Were you subject to the FMCSRs while employed by the previous employer? YES  NO   
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES  NO

**If you need additional space, please use an extra sheet.**

**Substance Abuse**  
**Employee Informed Consent and Release of Liability**

I understand that as an employee of SPE Utility Contractors LLC (Company) and in accordance with company policy, and the Department of Transportation, I am required to participate in the substance abuse screen program pursuant to the written drug and alcohol policy. Further, I freely agree to submit a sample of my urine, blood and/or hair for chemical analysis, upon request. I understand that this analysis will be performed by a laboratory licensed in Clinical Chemistry/Toxicology under the Clinical Laboratories Improvement Act (CLIA), Healthcare Financing Administration, U.S. Department of Health and Human Services, and certified by the National Institute on Drug Abuse (NIDA) for analysis of urine specimens. This authorization is valid in the event I am unconscious or injured.

The purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my urine, blood and/or hair.

I consent freely and voluntarily to this request for a urine, blood and/or hair specimen. I release Company, the collection personnel, the testing laboratory, their employees, agents and contractors from any liability whatsoever arising from this request to furnish my urine, blood and/or hair sample, the testing of my urine, blood and/or hair sample, and decisions made concerning my employment status, based upon the results of the analysis.

I understand that the laboratory will screen my urine, blood and/or hair sample by a method approved by the U.S. Food and Drug Administration (FDA). If positive, my urine, blood and/or hair sample will be confirmed by Gas Chromatography/Mass Spectrometry (GC/MS).

I have been informed that a documented chain of custody exists to ensure the identity and integrity of my provided specimen throughout the collection and testing process. The laboratory report will be reviewed by a licensed physician.

I understand I shall be subject to, and must comply with, the aforementioned company drug and alcohol policy, a copy of which I have read or had explained to me in a language I can understand.

### **Personal Protection Equipment Policy Acceptance**

SPE Utility Contractors, LLC (“Company”) will supply all necessary Personal Protection Equipment (PPE) to Employee in accordance with the Collective Bargaining Agreement which may include rubber gloves, rubber sleeves, safety vest, safety glasses, hard hat, fire retardant clothing, bag and hot boots at no cost to the Employee.

If the PPE is damaged under normal working conditions and it is necessary to replace, Company will replace the damaged PPE at no charge to the employee. However, if any piece of PPE is lost, stolen, misused or abused through fault or neglect of the Employee, the Employee will be responsible for the cost of the replacement PPE.

If an Employee leaves Company (lay off, termination, or other reasons) the Employee will return all PPE to the Company. If the PPE is not returned, Employee authorizes Company to deduct the cost of such PPE from the Employee’s final paycheck.

### **Employee Handbook Policies Acceptance**

I understand that it is my responsibility to read the SPE Utility Contractors, LLC Employee Handbook Policies Manual (“Manual”) or to have someone explain them to me in a language that I understand. I agree to all the conditions set forth in the Manual. I also understand that I have not reasonable expectation to believe these policies will remain in effect indefinitely. I understand that this Manual does not constitute an expressed or implied contract. I understand that the Company reserves a unilateral right to change, withdraw, or add to these policies at any time, and that the policies contained in this manual supersede and replace all previous personnel policies of the Company. I understand a copy of the personnel policies manual is available at the office.

### **Conditional Job Offer**

SPE Utility Contractors LLC (“Company”) is making a Conditional Job Offer for the position applied for based on several contingencies, including but not limited to the following:

- Successful verification and/or completion of the employee’s reference checks, education, employment experience, licenses, certifications, state police criminal history record check, driver’s license and other screening procedures used to assess the applicant’s overall suitability to be employed for this position.
- Applicant’s full cooperation with the production of references, obtainment of signed releases, consent forms, criminal history records, and the obtainment of any other information required

by employer policy or state or federal law. Failure to comply fully with all of the requirements within 10 business days will result in the automatic withdrawal of this offer. If the required screenings and background checks are not completed within 10 business days, then this conditional offer of employment shall be withdrawn.

- Successful completion of the medical examination with drug test screening. Such health screenings will be conducted at a health care facility, clinic or health care professional office selected by Company
- Applicant's ability to submit appropriate documentation establishing identity and his/her right to be lawfully employed in the United States as determined by the Immigration Reform and Control Act of 1989.
- Employer's ability to verify the accuracy and truthfulness of all of the information provided on the job application and throughout the hiring process.

Any information gathered from the background check screening and health screening shall be kept confidential and disclosed only to Company's personnel involved in hiring decisions. The information may also be disclosed to state and federal agencies as authorized by state or federal law.

This conditional job offer does not alter in any way the at-will status of employment.

### **Payroll Directive**

I give the following directive to Company regarding the disbursement of my paycheck.

Deliver my check/stubs to jobsite: I understand that if I am no longer on the jobsite when payroll is processed, my checks/stubs will be mailed to the address on file with the Company. I understand that the Company is not responsible for deliveries made by the U.S. Postal Service.

Mail my check/stubs to the current address on file with the Company

Direct Deposit: This selection authorizes the Company to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below. This authorizes the financial institution holding the Account to post all such entries. **This authorization will be effective until 14 days after the Company receives a written termination notice from the employee.**

Employee's Bank Name: \_\_\_\_\_

Bank Routing # (ABA#) \_\_\_\_\_ Account # \_\_\_\_\_

Account Type (check one):      Checking \_\_\_\_\_ Savings \_\_\_\_\_

### **Please provide a VOIDED CHECK**

DO NOT ATTACH A **DEPOSIT SLIP** AS THE ROUTING NUMBERS ARE NOT ALWAYS THE SAME IF THERE ARE ERRORS YOUR CHECK, AND YOUR DEPOSIT WILL NOT BE PROCESSED!

**READ AND SIGN THIS ACKNOWLEDGEMENT AND AUTHORIZATION  
BEFORE SUBMITTING THIS APPLICATION**

\_\_\_\_\_  
Name

- By signing this Application, I certify that I have read and to the best of my knowledge the information contained on this application is true. I agree to be bound by the terms and conditions stated herein. I understand that nothing contained in this employment application is intended to create a contract between me and this Company for either employment or any benefits, and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and the CEO of the Company. I understand that I may be terminated in the event anything in this statement or other employment forms is incorrect.
- I authorize SPE Utility Contractors LLC and its insurers to investigate my license(s). I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:
  - Review information provided by current/previous employers;
  - Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
  - Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree in the accuracy of the information.
- By signing this Application, I authorize my prior employers to release and forward the information requested by concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from the date of this application. I understand that in compliance with 49 CFR 40.25(g) and 391.23(h) the information provided by my previous employer must be made in written form that ensures confidentiality, such as fax, e-mail or letter.

This certifies that this Application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Hiring Agent

\_\_\_\_\_  
Date



**SPE Utility Contractors LLC**  
**4400 Dove Road**  
**Port Huron, MI 48060**  
**(810) 364-3331**

**CONSENT TO BACKGROUND CHECK**

I understand that, as a condition of my consideration for employment with SPE Utility Contractors, LLC (“Company”), or as a condition of my continued employment with Company, it, and its designated agents and representatives may obtain a background report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal records, DMV records, any other public records and any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Company’s procurement of such a report and to use the information I have provided in my employment application. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that, pursuant to the federal Fair Credit Reporting Act, the Company will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report. If I request

I hereby release SPE Utility Contractors, LLC and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release.

I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Printed Name



# MI-W4

(Rev. 8-08)

## EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

▶ 1. Social Security Number		▶ 2. Date of Birth	
▶ 3. Type or Print Your First Name, Middle Initial and Last Name		4. Driver License Number	
Home Address (No., Street, P.O. Box or Rural Route)		▶ 5. Are you a new employee? <input type="checkbox"/> Yes If Yes, enter date of hire . . . . . <input type="checkbox"/> No	
City or Town	State	ZIP Code	
6. Enter the number of personal and dependent exemptions you are claiming		▶ 6. <input type="text"/>	
7. Additional amount you want deducted from each pay (if employer agrees)		7. \$ <input type="text"/> .00	
8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions): a. <input type="checkbox"/> A Michigan income tax liability is not expected this year. b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____ c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____			
<b>EMPLOYEE:</b> If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.		<i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.</i>	
<b>INSTRUCTIONS TO EMPLOYER:</b> Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010.		9. Employee's Signature <span style="float: right;">▶ Date</span>	
		Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury. 10. Employer's Name, Address, Phone No. and Name of Contact Person	
		▶ 11. Federal Employer Identification Number	

### INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

**Line 5:** If you check "Yes," enter your date of hire (mo/day/year).

**Line 6:** Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

**Line 7:** You may designate additional withholding if you expect to owe more than the amount withheld.

**Line 8:** You may claim exemption from Michigan income tax withholding ONLY if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call the Michigan Tele-Help System, 1-800-827-4000. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

### Web Site

Visit the Treasury Web site at:  
[www.michigan.gov/businessstax](http://www.michigan.gov/businessstax)

# 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>        </u>			
<b>B</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 style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> . . . . .	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}	<b>B</b>	<u>        </u>
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}				
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	<u>        </u>			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>        </u>			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>        </u>			
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>        </u>			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have three to six eligible children or <b>less "2"</b> 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 . . . . .	<b>G</b>	<u>        </u>			
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>        </u>			

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 <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <h1 style="margin: 0;">2014</h1>
1 Your first name and middle initial <span style="float: right;">Last name</span>		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. <b>Note.</b> 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 <u>        </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>        </u>
7 I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>        </u>
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 2014 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, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2014 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 2014 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2014 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 \$3,950 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 2014. 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 2014. 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 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.



# 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	Zip Code
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):

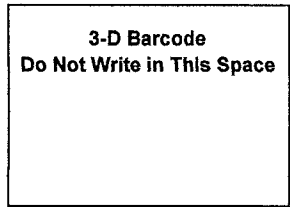
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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

**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



**Employer Completes Next Page**



**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):
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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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**



**SPE Utility Contractors LLC**  
**4400 Dove Road**  
**Port Huron, MI 48060**  
**(810) 364-3331**

**Safety Performance History Records Request**

**PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, \_\_\_\_\_  
 Name Social Security Number

Hereby Authorize:  
 Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax No: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_  
 (Employment Application Date)

To: Prospective Employer: **SPE Utility Contractors, LLC**  
 Attention: Yvonne Sweet  
 Street: 4400 Dove St. Port Huron, MI 48060

In compliance with 49 CFR 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's Phone: 810-364-3331  
 Prospective employer's fax number: 810-364-3332  
 Prospective employer's email address: [ysweet@spepower.com](mailto:ysweet@spepower.com)

\_\_\_\_\_  
 Applicant's Signature Date

This information is being requested in compliance with 49 CFR 40.25 (g) and 391.2

**PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**Accident History**

The applicant named in **PART 1** was employed by us.  Yes  No  
 Employed as: \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you?  Yes  No If yes what type ?  Straight Truck  Tractor-Semitrailer  Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_
2. Reason for leaving your employ:  Discharged  Resignation  Lay Off  Military Duty

If there is no safety performance history to report, check here , sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here , if there is no accident register data for this driver.

<i>Date</i>	<i>Location</i>	<i># of Injuries</i>	<i># of Fatalities</i>	<i>Hazmat Spill</i>

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

\_\_\_\_\_  
 \_\_\_\_\_  
 Any Other Remarks:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature Date Title

**PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**  
**DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of **PART 3**, sign and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  
YES NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?  YES  NO
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? YES NO  
If yes, please send documentation back with this form.
6. For a driver who successfully completed a SAP's rehabilitation referral and reminded in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?  YES  NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)

Faxed to previous employer Mailed Emailed Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_ Recorded by: \_\_\_\_\_

Method (check one):

Fax Mail Email Telephone Other: \_\_\_\_\_

Recorded By: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<p><b><u>PAGE 1 PART 1: Prospective Employee</u></b></p> <ul style="list-style-type: none"> <li>▪ Complete the information required in this section</li> <li>▪ Sign and Date</li> <li>▪ Submit to the Prospective Employer</li> </ul> <p><b><u>PAGE 2 PART 4a: Prospective Employer</u></b></p> <ul style="list-style-type: none"> <li>▪ Complete the information</li> <li>▪ Send to Previous Employer</li> </ul> <p><b><u>PAGE 1 PART 2: Previous Employer</u></b></p> <ul style="list-style-type: none"> <li>▪ Complete the information required in this section</li> <li>▪ Sign and Date</li> <li>▪ Turn page to complete <b><u>PART 3</u></b></li> </ul>	<p><b><u>PAGE 2 PART 3: Previous Employer</u></b></p> <ul style="list-style-type: none"> <li>▪ Complete the information required in this section</li> <li>▪ Sign and Date</li> <li>▪ Return to Prospective Employer</li> </ul> <p><b><u>PAGE 2 PART 4b: Prospective Employer</u></b></p> <ul style="list-style-type: none"> <li>▪ Record receipt of the information</li> <li>▪ Retain the form</li> </ul>
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