Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW-4.

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. You may claim exemption from withholding for 2019 if both of the following apply:

• For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
• For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee's Withholding Allowance Certificate

Omit No. 1545-0074

2019

State the name of the current year's employer. The number of withholding allowances that apply to your pay is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial
2 Last name
3 Your social security number

Home address (number and street or rural route)

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 800-772-1213 for a replacement card.

5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)
6 Additional amount, if any, you want withheld from each paycheck
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption:
   • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
   • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here.

Employee's signature

Date

Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)

First date of employment

Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

**Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

**Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0-0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

**Instructions for Employer**

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee’s first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer’s employer identification number (EIN).
### Personal Allowances Worksheet (Keep for your records.)

| A | Enter "1" for yourself |  |
| B | Enter "1" if you will file as married filing jointly |  |
| C | Enter "1" if you will file as head of household |  |
| D | Enter "1" if:  
  - You're single, or married filing separately, and have only one job; or  
  - You're married filing jointly, have only one job, and your spouse doesn't work; or  
  - Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less. |  |
| E | Child tax credit. See Pub. 972, Child Tax Credit, for more information.  
- If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "4" for each eligible child.  
- If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "2" for each eligible child.  
- If your total income will be from $179,051 to $200,000 ($345,851 to $400,000 if married filing jointly), enter "1" for each eligible child.  
- If your total income will be equal to or more than $200,000 ($400,000 if married filing jointly), enter "-0-" |  |
| F | Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.  
- If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "1" for each eligible dependent.  
- If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent; "1" if you have two or three dependents, and "2" if you have four dependents).  
- If your total income will be equal to or more than $179,051 ($345,850 if married filing jointly), enter "-0-" |  |
| G | Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F |  |
| H | Add lines A through G and enter the total here |  |

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1. Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details.  
   
   1 $  

2. Enter:  
   - $24,400 if you're married filing jointly or qualifying widow(er)  
   - $18,350 if you're head of household  
   - $12,200 if you're single or married filing separately  

3. Subtract line 2 from line 1. If zero or less, enter "-0-"  

4. Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)  

5. Add lines 3 and 4 and enter the total  

6. Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)  

7. Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses  

8. Divide the amount on line 7 by $4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction  

9. Enter the number from the Personal Allowances Worksheet, line H, above  

10. Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.
**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.

1. Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don't enter more than “3”.

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.

**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.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

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### Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $45,000</td>
<td>0</td>
</tr>
<tr>
<td>5,001 - 19,500</td>
<td>1</td>
</tr>
<tr>
<td>9,501 - 19,500</td>
<td>2</td>
</tr>
<tr>
<td>19,501 - 35,000</td>
<td>3</td>
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<tr>
<td>35,001 - 40,000</td>
<td>4</td>
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<tr>
<td>40,001 - 48,000</td>
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</tr>
<tr>
<td>46,001 - 55,000</td>
<td>6</td>
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<tr>
<td>55,001 - 60,000</td>
<td>7</td>
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<tr>
<td>70,001 - 75,000</td>
<td>9</td>
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<td>75,001 - 65,000</td>
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<td>95,001 - 125,000</td>
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<tr>
<td>180,001 - 195,000</td>
<td>17</td>
</tr>
<tr>
<td>195,001 - 205,000</td>
<td>18</td>
</tr>
<tr>
<td>205,001 and over</td>
<td>19</td>
</tr>
</tbody>
</table>

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**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 aren't required to provide the information requested on a form that's 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

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
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<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
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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): ______________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
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<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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STOP Employer Completes Next Page STOP

Form I-9  03/08/13 N

Page 7 of 9
## 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 "List 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.)

<table>
<thead>
<tr>
<th>Employee Last Name, First Name and Middle Initial from Section 1:</th>
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<td>Expiration Date (if any) (mm/dd/yyyy):</td>
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<td>Expiration Date (if any) (mm/dd/yyyy):</td>
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| 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.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

### 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): __________________

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

| Document Title: | Document Number: | Expiration Date (if any) (mm/dd/yyyy): |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |

Form I-9 03/08/13 N
Human Resources
Employee Information

IMPORTANT: Read terms of employment carefully. PRINT or type answers to every question. All information on this form will be treated confidentially, FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, and SEX OR DISABILITY.

PERSONAL INFORMATION

Name: ___________________ ___________________
   Last             First             Middle
SSN: ___________ ___________ ___________
Union/Craft: ____________________________________
Union Local: __________________

Permanent Address: ______________________________________
   Street                     City                State    Zip
Temporary Address: ______________________________________
   Street                     City                State    Zip
Permanent Phone: (____)___________
Cell Phone: (____)___________

EMERGENCY CONTACT

__________________________________ ___________________ (____)___________
   Name             Relationship               Phone

BACKGROUND

EDUCATION   Diploma   G.E.D.   ◼ Other   AA   BA/BS   MS   ◼ Other
   High School                     College:

MILITARY

Branch: ___________ # of Years: _________ Highest Rank: _________

CRIMINAL
Have you ever been convicted of a felony?  □ No  □ Yes

EMPLOYMENT
Have you worked for Haskell before?  □ No  □ Yes

PREVIOUS EMPLOYERS

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Name of Employer &amp; Location</th>
<th>Reason for Leaving</th>
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<tbody>
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</tbody>
</table>

HASKELL CORPORATION   P.O. BOX 917   BELLINGHAM, WA 98227-0197
**WORK CAPABILITIES**

The following informational sections will assist your supervisor with providing you with appropriate tasks and work assignments that suit your abilities.

### YES NO

- Can you climb a 25' vertical ladder?
- Can you work in a respirator?
- Can you safely lift and carry 50 lbs?
- Can you communicate in English?
- Can you stand/walk for 4 hrs at a time?
- Does kneeling or squatting bother you?
- Does overhead reaching bother you?
- Does prolonged sitting bother you?
- Do enclosed/confined spaces bother you?
- Does working at heights bother you?

### YES NO

- *Do you have a medical or physical condition that requires reasonable workplace accommodation, as defined by the ADA, to safely perform this job?*
  
- *Do you have a medical or physical condition that you feel Haskell Corporation needs to be aware of, for safety reasons regardless of accommodation? (serious allergies, significant infections)*
  
- *Are you a Pre'ferred Worker under RCW 51.16.120(3)? (WA-State only)*

*Answers to these questions will not be used for determining eligibility for employment.*

---

### SPECIAL SKILLS & CERTIFICATIONS

Please provide information about any current training that you have.

Attach a photocopy of licenses or list training and expiration dates.

<table>
<thead>
<tr>
<th>Course</th>
<th>Trainer</th>
<th>Issue Date</th>
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<tr>
<td>First Aid/CPR</td>
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<td>TWIC</td>
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<td>C-STOP (or Equiv.)</td>
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<td>NCCCO/ Crane</td>
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<td>Welder Cert.</td>
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<td>CDL Class-</td>
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</table>
EMPLOYEE ACKNOWLEDGMENT

DRUG AND ALCOHOL POLICY
HASSELCORPATION has a commitment to provide a safe work place for our employees and to comply with federal, state and local laws regarding drug and alcohol testing. Haskell has a drug and alcohol policy which includes: pre-employment, for cause, and random testing (where required by customer). If you have any questions concerning the policy contact Haskell Safety Director (360) 734-1200.

_____ I agree to comply with the Haskell Corporation Drug & Alcohol Policy

RETURN TO WORK POLICY
HASSELCORPATION is dedicated to assisting injured workers in returning to their regular job as soon as medically appropriate, following a work-related injury or illness. Injured workers are required to comply with physician recommendations and cooperate with Haskell Safety Department efforts in modifying work assignments to accommodate temporary restrictions.

_____ I agree to comply with Haskell’s Return-To-Work Policy

UNEMPLOYMENT POLICY
HASSELCORPATION will exercise its right and responsibility to dispute invalid or fraudulent unemployment claims filed by terminated employees or current employees who are absent. Claims for personal leaves, quits, drug test failures, or any other reason which does not constitute a legitimate reduction of workforce or other valid cause for termination will be challenged to the fullest extent of the law.

_____ I understand Haskell’s Unemployment Policy

TERMS OF EMPLOYMENT:
I understand that my employment with HASSELCORPATION can be terminated at any time without cause or advance notice (except as provided under union contract). I also understand and agree that labor and craft positions are all temporary employment of limited duration with expectation of layoff or before completion of the job. I further understand that this at will employment relationship can only be altered by a written agreement executed by an officer of the company.

The facts contained in this history are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information on this may result in immediate dismissal. I authorize investigation of all statements contained herein and the release to HASSELCORPATION of any and all information concerning my previous employment or other pertinent information. I acknowledge that I have been informed of the drug and alcohol policy requiring pre-employment, for cause, and random testing, and agree to participate as a condition of employment. I release HASSELCORPATION and any of the above employers or references from any and all liability resulting from release of information regarding my previous employment and suitability for employment with HASSELCORPATION.

I certify that this information is true and complete to the best of my knowledge.

______________________________  _______________________
Employee Signature       Date

______________________________  _______________________
Supervisor Signature    Date

Note: This form is to be completed by new employees after hiring and prior to beginning work. The information is intended to assist with proper job placement, emergency care, and to accommodate needs. Second Injury funds and Preferred Worker programs were created to promote the hiring of handicapped and previously injured individuals. The information requested is necessary for administration of these programs. Information requested herein will not be used in any manner contrary to any Law or Regulation.
SAFETY ORIENTATION

Employee: _____________________________________ Craft: ___________________________

--- Introduction

Haskell Corporation’s commitment to safety and quality is our top priority. Regard for the safety of the general public, our own employees and the employees of our subcontractors are a fundamental responsibility of all levels of our organization. We believe that the principle of a successful safety program is acknowledging that our people are our most important asset.

All details regarding your safety and health may not be covered in this orientation, please request/refer to the complete Safety & Health Policy Manual for clarification. Safe work performance is a condition of employment, and the primary responsibility for safety belongs to each employee and line supervision. Your responsibilities include:

Recommendations to improve our safety program and performance are always encouraged. A copy of the Haskell Safety & Health Manual is on file in the safety office for review.

--- Management Responsibility

It is duty the Haskell Corporation to provide a safe and healthful working environment for all employees. To fulfill this obligation, we commit to developing and maintaining a comprehensive safety and health program that meets or exceeds applicable laws, ordinances, and regulations. To provide training and resources as necessary to provide workers the opportunity to perform their job in a safe manner. To promote excellent Health, Safety and Environmental performance and ensure the overall safety and security of everyone who works for us. To support the communities where we do business and hold in high value the ethical and environmental responsibilities we have as a company.

--- Employee Responsibility

As a condition of employment, all employees are expected to work safely and to follow established policies, procedures and work practices, to ensure that their personal safety and health, and that of their fellow workers, is not jeopardized.

Employees are empowered to correct unsafe conditions and work practices, as they are able to do so, and to report any conditions or activities which cannot be corrected, to your designated supervisor. Every employee should be aware of the types of hazards associated with their work activities and take appropriate steps to minimize potential accidents/incidents.

All employees are expected to be physically and mentally fit to perform their jobs in a safe manner at all times. If you are not able to perform your job or you are taking any medication that might affect your ability to do your job, you are to inform your supervisor immediately.

You may be requested to undergo a new hire medical examination to determine your fitness for duty. In some instances you may be required to undergo additional fitness for duty examinations based on observations of management while you are on the job.
Emergency Procedures
When an accident or injury occurs, employees are to initiate a response by contacting one or both of the numbers below:

- Haskell Safety Manager  360-734-1200  ext.3215
- Site Specific Emergency Number

Evacuation
The primary evacuation routes are posted throughout the facility and will direct you to the nearest assembly point, in the case of an emergency. Please use caution when exiting the building during an emergency. Following an emergency evacuation, make sure that you report to your foreman of supervisor at the assembly point, so that you can be accounted for.

ACCIDENT REPORTING & INVESTIGATION

Reporting
All accidents, injuries, industrial illnesses and near misses no matter how minor are to be reported to your supervisor and the safety department. Your supervisor and the Safety Manager will complete an investigation, prepare a report, and implement corrective actions to prevent additional injury.

In the event you have an unexpected worsening of a work-related condition, observed or occurring during non-working hours, you are required to notify the Safety Manager of the circumstances as soon as practical. If you are unable to report for work, due to a work-related condition, please follow the standard call in procedure.

Investigation
The Safety Manager and your immediate supervisor will complete the appropriate investigation reporting form (accident, incident, near miss). The purpose of the investigation is to record and develop the actual/logical sequence of events that led up to the accident. Our ultimate goal is to determine the surface and root causes for the accident, not to find fault.

Lessons Learned
Once the sequence of events has been developed and the surface and root causes are identified, recommendations for corrective actions will be discussed. Input for corrective actions should come from all participants because different people will see it from different angles and offer varying suggestions.

Drug and Alcohol Policy (Non DOT)

Haskell Corporation has a zero tolerance policy regarding illicit drugs. Violation of Haskell Corporation’s drug and alcohol policies will result in immediate termination of employment. Haskell Corporation prohibits the following at all of its facilities and job sites:

- Use, possession, purchase, sale or distribution of alcohol or illicit drugs
- Misuse of legal or prescription drugs
- Working under the influence of alcohol or illicit drugs
- Working under the influence or possession of Marijuana on any Haskell project.
- Presence of detectable levels of illicit drugs or alcohol as determined by drug screening.
- Submitting a fake or adulterated sample, or providing fake or adulterated samples to other employees.
- Submitting a sample that is not your own, or providing a sample for another employee.

Employees working on sites where client requirements for drug and alcohol are more stringent or include random testing, will be tested in accordance with those requirements. Unannounced searches of employees and their personal property for drugs or alcohol may be conducted while on company property or on the property of Haskell Corporation’s clients whose policies mandate such actions.
SAFETY ORIENTATION

Employees involved in serious accidents (defined as any accident requiring medical treatment or causing property damage) will be tested in accordance with Haskell’s Post-Accident Drug Testing Policy. An employee, whose conduct or behavior is suggestive of drug or alcohol impairment in the opinion of two supervisory personnel, will be tested in accordance with the Reasonable Suspicion provision of the Haskell Drug & Alcohol Policy. All potentially positive lab test results will be reviewed/verified by a licensed physician who is a qualified medical review officer (MRO).

_____

Reporting for work

If you will not be reporting to work during any scheduled shift, you are expected to call in to the Haskell project office at least one hour prior to the start of shift on the day you will be absent. Please provide the following information to the attendant:

- Your full name and your supervisor’s name.
- The reason for your absence: e.g. Car trouble, family emergency, personal business, illness. In case of illness, please be specific. *Example: “I have the flu” or “I have a sore [body part]” would be sufficient.*

_____

Hazard Communication

In order to provide a safer work place, a Hazard Communication Program has been developed. All job locations of Haskell Corporation are included in this program. The written program shall be available in the home office or the field offices for review by any interested employee.

Safety Data Sheets (SDS’s) contain the following kind information:

- The chemicals contained in the product.
- Manufacturer contact information.
- The chemical and physical characteristics of the product and its chemical form (solid, liquid, gas), color and density.
- Flammability and reactivity data.
- How to recognize sign and symptoms of exposure.
- What to do if exposed.
- Short and long term health effects
- Protective equipment
- Proper disposal of spilled or used product

Container labeling: All employees shall ensure that all containers including secondary containers need to be clearly labeled as to the contents with either an extra copy of the original manufacturer’s label or with a generic label, which has a block for identity and blocks for the hazard warning.
Harassment

Haskell Corporation is committed to providing a work environment free of all forms of discrimination. Any statements or actions, which constitute harassment, including sexual harassment, will not be tolerated.

Sexual harassment is defined by the Equal Employment opportunity Commission (EEOC) guidelines as those statements or actions which (1) have the purpose or effect of unreasonably interfering with a individual’s work performance or serve to create and intimidating, hostile, or offensive work environment, or (2) either explicitly or implicitly indicate that submission to a sexual advance is a term or condition of employment, and that such submission to or rejection of a sexual advance will be used as a basis for employment decisions affecting that individual.

Other types of impermissible harassment include slurs, jokes, stereotyping, and written or graphic material, which are directed at someone’s race, color, religion, gender, national origin, age or disability.

If you believe that you or another employee is being subjected to harassment, you should notify your supervisor, Safety Supervisor, or another member of management. Your report will be kept confidential, or limited to the individual involved in resolving the situation.

Code of safe practices

- Horseplay, fighting, gambling, possession of firearms and possession of alcohol or illicit drugs is strictly prohibited on company or client property.
- Smoking is not allowed in the office nor within 25’ of any window or door.
- Sexual harassment and inappropriate behavior is strictly forbidden including jokes with any sexual content, whistling, or other unprofessional behavior is grounds for immediate termination.
- Running is prohibited except under extreme emergency.
- Avoid taking shortcuts – use appropriate ramps, stairs, walkways, ladders, etc.
- Do not block aisle, fire exits, and emergency equipment.
- Always store materials in a safe manner – tie-down or support loose materials to prevent falling, rolling or shifting.
- Housekeeping is everyone’s responsibility – keep your work area clean.
- Do not remove, deface or destroy any warning, danger sign or barricade, or interfere with any form of accident prevention device or practice provided for your use or that is being used by others.
- Use proper lifting techniques and know your personal limitations, when lifting heavy or bulk materials.
- Be familiar with the location of fire extinguishers, first aid supplies, and the procedure for summoning help.
- Respect others and property.

Disciplinary Action

It is Haskell Corporation’s commitment to provide to all of our employees, including Sub-contractors a safe working environment. To achieve this goal, compliance to the safety rules and procedures are a mandatory requirement and are considered a condition of employment for employees at all levels.

Employees and Sub-contractors found to be in non-compliance with the safety procedures and policies of Haskell Corporation, our clients and General and Prime Contractors, shall be counseled to discuss the infraction and to inform the individual(s) of the rule or procedure that was violated and the corrective action to be taken. Discipline may be Verbal,
SAFETY ORIENTATION

Written, up to and including termination of employment.

It shall be the responsibility of Project Managers, the Safety Department, Superintendents, and Foremen to enforce the program. Any discipline system may not be followed in all situations. Haskell Corporation’s management shall determine on a case-by-case basis, whether to follow these guidelines or depart from them; depending on the circumstances of the case. Generally, Haskell Corporations discipline policy is progressive consisting of 1) Verbal Warning (this is documented in the employee file) 2) Written Warning 3) Termination from employment.

Minimum Attire

All employees and visitors are required to comply with the following minimum dress/attire requirements:

• Shirts shall have a minimum 4” sleeve length;
• Pants shall be made of full-length durable materials;
• Boots shall be made of leather and suitable for construction.
• Employees shall contain or remove all loose clothing, long hair, or jewelry that could become tangled or caught in tools, equipment, or machinery, or otherwise pose a danger to the employee or a co-worker.
• Office personnel and visitors to any Haskell production or construction operation or facility shall comply with the above minimum requirements with the exception that work boots are not required if the visit does not involve persons getting into close proximity to the work activities. All office personnel and visitors who are in production areas must wear closed toed shoes. Sandals, Slippers or “Romeo” style shoes are not allowed.

I ________________________________ have completed the required orientation training, understand the safety requirements of this job, and accept my responsibilities. I am aware that additional training in specific procedures may be conducted and required at a later date. I understand that violation of Haskell Corporation Safety procedures could result in the occurrence of a serious injury to others or myself and may be cause for dismissal.

Employee: ___________________________________ Date: __________________________

Haskell Representative: ___________________________ Date: __________________________
Haskell Corporation’s commitment to safety is our top priority. Regard for the safety of employees and subcontractors is a fundamental responsibility of all levels of our organization. We believe that the driving principle of a successful safety program is acknowledging that our people are our most important asset.

All details regarding your safety and health may not be covered in this orientation, please request/refer to the complete Safety & Health Policy Manual for clarification. Safe work performance is a condition of employment, and the primary responsibility for safety belongs to each employee and line supervision.

Please initial and sign below

I know:
- Who to call in case of emergency (Ray Pierce 360-739-4558)
- What to do in case of an emergency (Evacuation, Reporting, etc.)
- Where to find information about chemicals (SDS Files)
- Where to find general safety information (APP, Policy Manual)

I Will:
- Follow site safety policies and procedures
- Report all unsafe acts or conditions
- Report all injuries or illnesses
- Keep my work area clean
- Wear required PPE during work hours
- Get help when moving heavy loads
- Stop work, if I believe someone is in danger
- Contact my supervisor if unable to show up for work

I Will Not:
- Participate in horseplay, fighting, gambling, or harassment
- Be in possession of firearms, alcohol, or illicit drugs
- Smoke within 25’ of any window, door, or restricted area
- Run or take shortcuts through the project
- Block walkways or emergency exits/equipment
- Remove or destroy any warning/danger sign or device or guard

I, ________________________________, have completed the Haskell- orientation, understand the safety requirements of this job, and accept my responsibilities. I am aware that additional training in specific procedures may be conducted and required at a later date. I understand that a violation of Haskell safety policies and procedures could result in the occurrence of a serious injury to others or myself and may be cause for dismissal.

Haskell Representative: ________________________________ Date __________________________

Employee: ________________________________ Date: _________________________