

EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

PRINT CLEARLY: COMPLETE ALL ITEMS USING A BALL POINT PEN DATE: _____

Position _____ Years Exp. _____ Salary expected _____

Last Name _____ First _____ Home (____) _____

Street Address _____ Cell # (____) _____

City _____ State _____ Zip _____ Work # (____) _____

Social Security # _/_/_/_/_/_/_/_/_/_ U.S. Citizen? _____ Alien # _____

Notify in case of Emergency:

Name: _____ Relationship: _____ Phone #: (____) _____

Are you legally permitted to work in the United States? _____ __Yes__ __No

Would you take a drug test if required? _____ __Yes__ __No

Do you have your own transportation? _____ __Yes__ __No

Do you have a valid driver's license? _____ __Yes__ __No

Have you ever been convicted of a felony within the last 7 years? _____ __Yes__ __No

(A conviction does not constitute an automatic bar to employment)

Have you ever been fired or let go from a job? _____ __Yes__ __No

If yes – Please Explain _____ __Yes__ __No

Were you ever employed under another name? __Yes__ __No If yes – What Name? _____

EDUCATION	Name & Location of School	Course of Study	Years Completed	Date Graduated	Degree or Diploma
College					
Technical/Trade Business					
High School					

Professional Licenses and Certifications:

Type of License	State	Date Issued	Expiration Date	Number

Previous Work History:

Employer's Name _____ Phone # (____) _____
Address _____ City _____ ST. ____ Zip _____
Type of Business _____ # of Employees _____
Supervisor Name _____ Your Job Title _____
Work Performed _____
Reason for Leaving _____
Employment Date: From _____ To _____ Salary: Start _____ End _____

Employer's Name _____ Phone # (____) _____
Address _____ City _____ ST. ____ Zip _____
Type of Business _____ # of Employees _____
Supervisor Name _____ Your Job Title _____
Work Performed _____
Reason for Leaving _____
Employment Date: From _____ To _____ Salary: Start _____ End _____

Employer's Name _____ Phone # (____) _____
Address _____ City _____ ST. ____ Zip _____
Type of Business _____ # of Employees _____
Supervisor Name _____ Your Job Title _____
Work Performed _____
Reason for Leaving _____
Employment Date: From _____ To _____ Salary: Start _____ End _____

Explain any gaps in employment of 6 months or more. _____
Give any other information that you believe would assist us in considering you for employment. _____

Three personal references. (Exclude former supervisors and relative.)

Name	Occupation	Phone Number
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____

AGREEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I hereby grant permission to any company, or individual, to furnish Construction Temps with information regarding my prior employment, including but not limited to: period of employment classifications, salary and reason for termination. I hereby release any company or individual from any liability connected with furnishing such information.

I have read the above statements and understand them fully.

Applicant's Signature _____ Date _____

TRADE _____
HOURLY PAY RANGE _____
NAME _____

DATE _____

DESCRIBE YOUR EXPERIENCE

ROUGH CARPENTRY _____

FINISH CARPENTRY _____

ELECTRICAL _____

MASONARY _____

DRYWALL _____

PLUMBING _____

PAINTING _____

HEAVY EQUIPMENT _____

OTHERS _____

TOOLS YOU OWN _____

YEAR & MAKE OF AUTO _____

Form W-4 (2008)

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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F	_____
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.		
	• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.		
	• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____
	For accuracy, complete all worksheets that apply. <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> <ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 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. </div>		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2008</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (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)

CONSTRUCTION TEMPS RULES AND INFORMATION SHEET

EMPLOYER: CONSTRUCTION TEMPS is your representative. We give you your paychecks. All of the companies that you will be sent to work for are under written agreement not to hire you directly. If you should be contacted directly by any company, contact Construction Temps **IMMEDIATELY**.

PAYDAY: Our workweek runs from Monday through Sunday. You must turn in a fully completed signed time card to the office no later than Sunday to be paid Friday. A door slot is provided for after hours drop off. Incomplete, late, or unsigned time cards will be processed the following pay period. **NO EXCEPTIONS.**

PAYCHECKS: Paychecks are to be picked up on Friday between the hours of 9:00 am and 5 pm. If you are not on time to pick up your paycheck by the hours given, your check will be **MAILED**.

WAGES: CONSTRUCTION TEMPS is responsible for your wages, not the companies that you will be sent to. Raises are determined by on the job evaluations and length of employment.

WORK HABITS: A large part of your evaluation will be based on your work habits. If for any reason you are going to be late or unable to go to a job you have accepted, **YOU MUST CALL CONSTRUCTION TEMPS IMMEDIATELY**. A voicemail is provided if you can't reach us during office hours.

JOB STATUS: If you find that the assignment you are on is ending or will be ending soon, contact us so that we can get to work finding you another job.

UNSAFE JOBS: If at any time, you are asked to do anything that you know is unsafe call Construction Temps **IMMEDIATELY**.

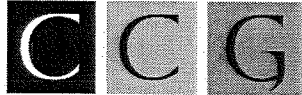
I understand that if I do not report to a job as scheduled, or call **CONSTRUCTION TEMPS** with valid reason for not reporting I will be **FIRED**.

1. Never perform work that you feel would put you in an unsafe position.
2. No alcohol or drugs will be used by or in the possession of employees.
3. Protective clothing/devices must be worn/used at all times.
4. Use common sense and think tasks through before attempting them.
5. **DON'T RUSH:** Most injuries occur because people hurry.
6. All injuries must be reported immediately.
7. You have claimed no physical conditions that could affect your ability to perform your work except those noted as follows: _____

I have read and understand the above rules.

Signature

Date.



THE CALIFORNIA CREDITS GROUP | LLC

AUTHORIZATION FOR RELEASE OF RECORDS

To: **State of California
Employment Development Department**

I, _____, authorize the Employment
(TYPE OR PRINT) NAME OF INDIVIDUAL WHO IS THE SUBJECT OF THIS REQUEST

Development Department (EDD) to release a copy of the following records pertaining to myself:

- Unemployment Insurance Payment History
- Disability Insurance Payment History
- Wages by quarter as reported by my employers
- Other Abstract including employer's address
(SPECIFY TYPE OF RECORD)

covering the period from _____ to _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

To the following individual or entity:

LaShelle Wilson or Marianne Serpa
NAME OF PERSON TO WHOM RECORDS ARE TO BE SENT

The California Credits Group, LLC
NAME OF ORGANIZATION

234 E. Colorado Blvd. Suite 700
ADDRESS

Pasadena, CA 91101
CITY, STATE, ZIP CODE

I also authorize CCG to release the above information to the vouchering agencies responsible for issuing the Enterprise Zone (EZ) hiring credit vouchers for the purpose of verifying my eligibility for the EZ hiring credit and issuance of vouchers.

This Authorization shall remain in effect for 90 days from the date signed below

or until 12/31/2009
ENTER OTHER EXPIRATION DATE

Date: _____ Signature: _____
MONTH/DAY/YEAR INDIVIDUAL WHO IS THE SUBJECT OF THE REQUEST

Social Security Number: _____

The disclosure of your social security number is voluntary. However, since most EDD records are filed by social security number, EDD may be unable to locate any or all of the records requested without disclosure of your social security number.