

# Midwest Demolition Company

## Application

Name \_\_\_\_\_

### Office Only (below)

Date Hired: \_\_\_\_\_

Starting Wages: \_\_\_\_\_

Position: \_\_\_\_\_

Project Location: \_\_\_\_\_

Comments: \_\_\_\_\_

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Date \_\_\_\_\_

MWE Services dba Midwest Demolition  
Employment Application

**Personal Information**

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

Address: \_\_\_\_\_ APT. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email address: \_\_\_\_\_

Social Security: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Have you ever been convicted of a felony? Yes or No

If yes, Explain: \_\_\_\_\_

Are you able to Travel (out of State) from 1 week up to 12 weeks? Yes or No

Position applied for: \_\_\_\_\_

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you speak any foreign languages fluently? Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Where did you hear about us? (Circle one) Friend \_\_\_\_\_ Internet (website) Sign out front

**Former Employers**

Company Name	Salary/Hourly	Position	How long were you there?

**Emergency Contact**

In case of Emergency Notify: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Work environment

Are you able to work from a ladder or a lift? Yes / No

Are you able to work inside and outside? Yes / No

Do you have experience using power saws and drills? Yes / No

If yes please describe tool: \_\_\_\_\_

Are you able to carry up to 50 pounds? Yes / No

Do you have any travel restrictions? Yes / No

If yes please describe: \_\_\_\_\_

Do you know how to operate a bobcat/ skid loader? Yes / No

Do you know how to operate a lift (boom/ scissor)? Yes / No

Do you have any certifications such as Osha 10 hour/ Operator / Asbestos awareness / Scaffolding certified/ or any other certifications that you feel we should be aware of? Yes / No

If yes please describe: \_\_\_\_\_

(A copy may be requested at time of hire)

Do you know how to operate a cutting torch? Yes / No

Have you ever worked on scaffolding? Yes / No

If required are you able to work on Saturdays or Sundays? Yes / No

In the construction work schedule may vary, are you able to work 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> shift if necessary? Yes / No

Do you have any prior injuries or illnesses that may affect your daily activities? Yes / No

If yes please describe: \_\_\_\_\_

Do you have steel toed boots? Yes / No

Do you have a valid driver's license? Yes / No

Do you have any qualifications that you feel would be an asset to our company? Yes / No

Please describe: \_\_\_\_\_

## EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of Midwest Demolition Co., to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such a test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN ANY WAY IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name – Printed



**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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 [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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



## Employee's Withholding Certificate

OMB No. 1545-0074

**2021**

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	<p>Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.</p> <p>Do <b>only one</b> of the following.</p> <p>(a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3–4); <b>or</b></p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; <b>or</b></p> <p>(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ <input type="checkbox"/></p> <p><b>TIP:</b> To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p>
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**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$</p> <p>Multiply the number of other dependents by \$500 . . . . . ▶ \$</p> <p>Add the amounts above and enter the total here . . . . . <b>3</b> \$</p>	
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b> \$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b> \$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b> \$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ <b>Date</b>
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

**Job applicant's signature ►**

**Date**

**MANCON**  
**TAX INCENTIVE SERVICES**

P.O. Box 24001  
Greenville, SC 29616-9919  
(864) 458-8868  
1-800-688-8582  
Fax (864) 458-8851

**AUTHORIZATION FOR RELEASE OF INFORMATION**

→ I, \_\_\_\_\_

→ (SSN) \_\_\_\_\_ (DOB) \_\_\_\_\_

hereby request and authorize: Mancon, Inc. to obtain from:

\_\_\_\_\_  
Name of Agency or Person holding Information

\_\_\_\_\_  
Address

the following information from my records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the purpose of Work Opportunity Tax Credit Certification.

I hereby authorize Mancon to act on my behalf to do whatever necessary to obtain a WOTC certification in my name. All information to be obtained from this agency will be held strictly confidential and cannot be released by the recipient except in the course of retrieving the WOTC certification. I understand that this authorization will remain in effect for the period necessary to complete all transactions on accounts related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

→ \_\_\_\_\_  
Date

\_\_\_\_\_  
Date

→ \_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Witness (Title)



**CONFIDENTIAL WORK OPPORTUNITY TAX CREDIT QUESTIONNAIRE**

***MIDWEST DEMOLITION COMPANY MDC 01 OMAHA, NE***

Employee Name: \_\_\_\_\_ Hire Date \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address (NO P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County that you live: \_\_\_\_\_

**PLEASE READ AND ANSWER ALL QUESTIONS. THIS IS FOR A TAX CREDIT FOR THE COMPANY AND WILL NOT AFFECT YOUR JOB.**

- 1) Have you ever participated in a State or Veterans Vocational Rehabilitation job training program? **Yes or No**

*If yes to Question #1, please answer the following:*

- a) When were you in the Voc Rehab program? \_\_\_\_\_  
b) Did you complete this program? \_\_\_\_\_

Please list the name of the Voc Rehab, city and state that it is located in (please include address or phone number if known):

Name of Voc Rehab: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

- 2) Have you received any Supplemental Security Income (SSI) within the last 3 months? **Yes or No**

*If yes to Question #3, please answer the following:*

- a) Was the SSI disability for you and not for a child? **Yes or No**

**Please remember SSI is not regular social security or reg social security disability, or SSDI.**

- 3) Have you or any family members living in your household received any SNAP Benefits (Food Stamps) within the last 6 months? **Yes or No**

*If yes to Question #3, please answer the following:*

- a) Whose name does the SNAP Benefits come in: \_\_\_\_\_
  - b) How are they related to you? \_\_\_\_\_
  - c) What City & State is the SNAP Benefits received in? \_\_\_\_\_
  - d) Are there any children included in your SNAP Benefit case? **Yes or No**
- 4) Have you or any family member in your household received any TANF Welfare Assistance within the last 12 months? **Yes or No**

*If yes to Question #4, please answer the following:*

- a) Whose name does the TANF Welfare Assistance come in?  
\_\_\_\_\_
- b) What City & State is the TANF Welfare Assistance received in?  
\_\_\_\_\_
- c) Are there any children included in the TANF Welfare Assistance? **Yes / No**

- 5) Have you been out of work—working no jobs at all in the last 6 months and received any Unemployment Benefits in the past 6 months?

**Yes or No**

*If yes please answer the following:*

(Approximate) Dates received Unemployment: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

When was your last day worked? \_\_\_\_\_

- 6) In the last twelve months, have you been convicted of a **Felony** or released from prison due to a **Felony** conviction? **Yes / No**

*If yes to Question #6, please answer the following:*

- a) (Approximately) when were you convicted of the felony? \_\_\_\_\_
- b) What city and state were you convicted in? \_\_\_\_\_
- c) (Approximately) when were you released? \_\_\_\_\_

d) Are you currently on Parole or on Probation? **(Circle one)**

e) Who is your Parole or Probation Officer? \_\_\_\_\_

Do you know your inmate number? \_\_\_\_\_

Officer's direct phone number and city they are located in?

\_\_\_\_\_

\_\_\_\_\_

***If currently incarcerated in a Work Release, Transitional Center, or Halfway House, please complete the following:***

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

Facility Location: Address / City / State / Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7) Have you ever been in the Active Military Service? **Yes or No**

***If yes to Question #2, please answer the following:***

a) What Branch of the military were you in? \_\_\_\_\_

b) Approximately when did you enter the military service? \_\_\_\_\_

c) Approximately when were you discharged? \_\_\_\_\_

d) What was your paygrade at discharge? \_\_\_\_\_

e) Do you have a Military Disability? **Yes / No** What percentage? \_\_\_\_\_

f) Can you provide the HR office with a copy of your DD214? **Yes / No**

g) Have you received any Unemployment Benefits in the past 6 months?

**Yes or No** ***If yes please answer the following:***

(Approximate) Dates received Unemployment: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

h) Have you or anyone in your household received SNAP Benefits in the last 12 months? **Yes or No** ***If yes please answer the following:***

Whose name does the SNAP Benefits come in: \_\_\_\_\_

City and state is it received in: \_\_\_\_\_

Thank you for taking the time to complete this questionnaire. The information you gave will be kept confidential and only used for tax credit purposes. We appreciate your participation.

## PPE Items Sign Out

- |                     |                        |
|---------------------|------------------------|
| • 1 Hard Hat        | Replacement Cost: \$15 |
| • Safety Glasses    | Replacement Cost: \$3  |
| • 1 Pair of Gloves  | Replacement Cost: \$8  |
| • 1 Pair of Sleeves | Replacement Cost: \$10 |
| • Vest              | Replacement Cost: \$12 |

I understand and agree that the PPE item/s listed above are being issued to me by Midwest Demolition Co. and I will be responsible for the replacement cost of PPE item/s if lost or damaged through negligence. PPE items showing normal wear and tear can be replaced through Midwest Demolition Co. at no charge to me. Items will be issued the 1<sup>st</sup> day of work to all new employees.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Personal hotel charges and Damages

I understand and agreed that while I am working for Midwest Demolition and staying at a company provided facility, I will be responsible to reimburse Midwest Demolition for any personal charges and damages that may be charged to the company account. These charges may include but not limited: personal phone calls, room service, smoking in nonsmoking rooms, lost keys, broken items, stains and/or excessive cleaning charges.

As a representative of the company, Midwest Demolition asks that you maintain your respect and dignity while staying in the company provided hotel facilities. Failure to adhere may result in termination.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



1935 Yolande Ave. • Lincoln, NE 68521  
(402) 475-1600 • Fax (402) 475-1966

## N95 Respirator Voluntary Use Waiver

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I have read Appendix D of OSHA regulation 29 CFR 1910.134, and hereby  
(circle one)

**accept / decline**

the VOLUNTARY USE of a company provided NIOSH Approved N95 respirator with  
exhalation valve when working in an environment with potential dust/silica exposure.

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NAME (Printed): \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

## MIDWEST DEMOLITION TRAVEL TIME POLICY

Midwest Demolition has established the following policies for travel time, all of which are intended to comply with the requirements of the Fair Labor Standards Act and Nebraska law.

Midwest Demolition's standard work hours are **6:00 am – 3:30 pm** (allowing for a 30 minute lunch), Sunday through Saturday. Actual work hours may vary depending on the requirements of particular jobs. Any travel during standard work hours will be compensable. Travel outside of the standard work hours is not compensable.

### **Drive Time vs Ride Time**

**Travel during standard work hours will be compensable at different rates, depending on the type of travel.**

**Drive Time:** Employees that operate a company vehicle will be compensated at their regular rate of pay for time spent driving to or from an out-of-town job. If the employee works more than 40 hours in a week (including time spent driving), overtime will be paid for each hour worked over 40. Overtime will be paid at 1.5 times the employee's regular rate of pay. Employees will clock in for driving time under our standard time tracking system (Exact Time).

**Ride Time:** Employees accompanying a driver in a company vehicle will be compensated at Nebraska Minimum wage\* for time spent traveling to or from an out-of-town job. If the employee works more than 40 hours in a week (including time spent riding in a vehicle to or from an out-of-town job), overtime will be paid for each hour worked over 40. Overtime will be paid at 1.5 times the Nebraska minimum wage for those hours over 40 that result from time spent riding in a company vehicle. All other overtime hours will be paid at 1.5 times the employee's regular rate of pay. Ride time will be tracked by the employee or Supervisor using a Ride Time tracking sheet. These sheets will be turned in to the office by Tuesday after each work week. Acceptable forms of submission include faxing, email, photo text.

### **Normal Commute**

The normal commuting area for Midwest Demolition's business is 60 miles. Travel time for an employee's normal commute is not compensable unless the employee is performing actual work during the commute. Drive time is considered actual work if the driver is hauling employees and or equipment to the jobsite or from the jobsite to the shop.

### **Employees choosing a personal vehicle for travel**

All employees are required to accompany a driver in a company vehicle for travel to out-of-town jobs, except in special circumstances approved by a Supervisor. If the employee chooses to travel to or from an out-of-town job site in a personal vehicle, travel that occurs during standard work hours will be compensable, but no other expenses related to the travel (for example, gas or mileage) will be paid. Prior approval is required, and ride time sheets must be submitted. Midwest Demolition will not be responsible for any liability that the employee may incur during travel in a personal vehicle. Employee is expected to arrive to the jobsite at the designated start time for that job. Travel related to personal issues are not compensable.

**\*NEBRASKA MINIMUM WAGE RATE IS \$9.00 as of Jan 1, 2016.**

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EMPLOYEE SIGNATURE

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DATE

# Midwest Demolition Employee Handbook

### Acknowledgement of receipt and understanding

I acknowledge that I have received the Midwest Demolition Employee Handbook and that I have read and understand the policies.

I understand that this Handbook represents only current policies and benefits, and that it does not create a contract of employment. Midwest Demolition retains the right to change these policies and benefits, as it deems advisable.

Unless expressly proscribed by statute or contract, my employment is "at will." I understand that I have the right to terminate my employment at any time, with or without cause or notice, and that the Company has the same right. I further understand that my status as an "at will" employee may not be changed except in writing and signed by the President of the Company.

I understand that the information I come into contact with during my employment is proprietary to the Company and accordingly, I agree to keep it confidential, which means I will not use it other than in the performance of my duties or disclose it to any person or entity outside the Company. I understand that I must comply with all of the provisions of the Handbook to have access to and use Company resources. I also understand that if I do not comply with all provisions of the Handbook, my access to Company resources may be revoked, and I may be subject to disciplinary action up to and including discharge.

I further understand that I am obligated to familiarize myself with the Company's safety, health, and emergency procedures as outlined in this Handbook or in other documents.

Signature

Date \_\_\_\_\_

Please Print Your Name

## Authorization for Direct Deposit – Employee Form

This authorizes MWE Services dba Midwest Demolition Co. to send credit entries (and appropriate debit and adjustments entries) electronically to my account indicated below. This authorizes the financial institution holding the Account to post all such entries.

### Account

Type:

Checking ☐

Savings ☐

\_\_\_\_\_  
Bank Name

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

\_\_\_\_\_  
Account #

Please attach a voided check here.

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date





# New Hire Paperwork Checklist

I ACKNOWLEDGE THAT I HAVE RECEIVED THE MIDWEST DEMOLITION NEW HIRE PAPERWORK AND I HAVE READ, UNDERSTOOD, AND FILLED OUT ALL THE FOLLOWING PAPERWORK:

- Midwest Demolition Welcome/New Hire Information sheet.
- Employee Agreement & Consent to Drug/Alcohol Testing.
- 8850 Form (Pre-Screening Notice and Certification Request for the Work Opportunity Credit).
- W-4 Form (Employee's Withholding Allowance Certificate).
- I-9 Form (Employment Eligibility Verification).
- Mancon Authorization for Release of Information.
- Social Security Administration Consent for Release of Information.
- Confidential Work Opportunity Tax Credit Questionnaire.
- PPE Items Sign Out.
- N95 Respirator Voluntary Use Waiver/OSHA Appendix D information
- Authorization for Direct Deposit Form & View my Paycheck instructions.
- Midwest Demolition Employee Handbook
- Midwest Demolition Travel Time Policy

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Print Name

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Signature

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Date



1935 Yolande Ave. • Lincoln, NE 68521  
(402) 475-1600 • Fax (402) 475-1966

EMPLOYEES NAME: \_\_\_\_\_ DATE HIRED: \_\_\_\_\_

TO WHOM IT MAY CONCERN

RE: Insurance Benefits

Dear Sir or Madam:

Please be advised that after you have worked for Midwest Demolition Company for Sixty (60) days you will be eligible for these insurance benefits.

1. Health Insurance-BlueCross BlueShield (3 different plans):
  - BCBS Plan A (FHC20) which costs \$49.80 per week (employee only)
  - BCBS Plan B (FPD20) which costs \$43.06 per week (employee only)
  - BCBS Plan C (FHA20) which costs \$53.93 per week (employee only)
2. Dental Insurance Package (Includes Vision & \$10,000 Life Insurance):
  - Humana which costs \$7.29 per week (employee only).
3. Voluntary Benefits:
  - Unified Benefits: \*Accident (Transamerica) \$4.37 per week
  - \*Cancer (Transamerica) \$7.59 weekly
  - \*20 Year Term Life (Transamerica) Costs depending on age an amount selected.

If you do not wish to enroll in any of the insurances offered at the time of eligibility please sign the waiver(s) and return them to the office.

Thank you for your cooperation in this matter.

Sincerely,

Katie Cederburg  
President

# **ACCESS YOUR PAYCHECKS AND W-2'S ONLINE** **WITH QUICKBOOKS WORKFORCE:**

Learn how to access your paychecks, W-2's, and other info from your employer using QuickBooks Workforce.

QuickBooks Workforce makes it easy and secure for you to view and manage your paychecks, W-2's, and other employee info. If your employer just sent you an email invite to Workforce, we'll help you get started.

## **ACCEPT WORKFORCE INVITE FROM YOUR EMPLOYER**

Your invite is valid for up to 30 days from when it was sent by your employer.

1. Look for an email from Intuit Services (QBOPayrollNoReply@intuit.com) with a subject "Finish setting up with MWE Services, Inc. "Note: Don't see the invite? Check your spam folder. Or let your employer know about it. It's possible they used an incorrect email.
2. Open the email, then select the **Get access for paychecks** link to accept the invite. Remember that you can only use this link once.
3. Create an Intuit account, or sign in with your existing one. Note: An Intuit account lets you access multiple Intuit services using a single login. If you have a Mint or TurboTax account, you can use the same login for your QuickBooks Workforce.

## **If you already have an existing Workforce account**

1. Don't worry. You can accept multiple invites so you can access pay stubs, and W-2's from multiple employers. Just make sure to provide them the same email address you use for your existing Workforce account.

## **SIGN IN TO QUICKBOOKS WORKFORCE**

1. Open a browser on your computer or mobile device. QuickBooks Workforce runs smoothly on latest versions of Chrome, Firefox, and Safari (for Mac).
2. Go to [workforce.intuit.com](https://workforce.intuit.com) and sign in. Note: If you forgot your password or user ID, select the **I forgot my user ID or password** link and follow the onscreen instructions.

**Have multiple employers?** To see your list of companies, go to the **small arrow ▼** icon next to the name of the company you have open. Then, select a company to switch to.

## **VIEW, DOWNLOAD, OR PRINT YOUR PAYCHECKS**

1. Go to **Paychecks**.
2. View, download, or print your latest paycheck or past paychecks.

### **LATEST PAYCHECK**

Quickly check info about your latest paycheck, including net pay, total hours worked, and pay date.

To see your paycheck's breakdown or to download a PDF version you can save and print, select **View detail**.

Your latest paycheck

**\$219.24**  
NET PAY

**40**  
HOURS WORKED

PAID ON Feb 01, 2019  
PAY PERIOD Feb 07 - Feb 13,  
2019

**View detail**

### PAST PAYCHECK

From the "Past paychecks" list, select the paycheck you want to view or download as PDF. If you need a printed copy, just print the PDF version of your paycheck.

Past paychecks			View	Last 5 Paychecks ▼
Paid on Feb 01	Pay period Feb 07 - Feb 13, 2019	Net pay \$219.24		
Paid on Oct 12	Pay period Oct 04 - Oct 10, 2018	Net pay \$246.64		
Paid on Apr 13	Pay period Apr 05 - Apr 11, 2018	Net pay \$475.02		

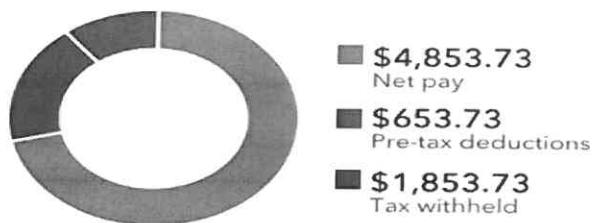
### YEAR TO DATE

Know your year-to-date gross and net earnings, withholding, and deductions at a glance.

Year to date

**\$6,490.90**

GROSS PAY



### VIEW, DOWNLOAD, OR PRINT YOUR W-2'S

You can view your W-2 copies B, C, and 2 from the W-2 screen. For added security, you might have to verify your phone number or some of your personal info first.

1. Go to **W-2** menu.
2. Select the W-2 copy that you want to view or download (and then print).

### TURN ON NOTIFICATIONS FOR NEW PAYCHECKS

Make sure to get an email reminder every time your new paycheck is available.

1. Go to **Settings** ⚙️.
2. Under Settings, select **Email Notification**.
3. Select **Send me an email when new pay stubs are available**.

### UPDATE YOUR EMAIL ADDRESS OR PASSWORD

If you need to change your email or password for your account, here's how.

1. Go to **Settings** ⚙️.
2. Select **Account settings**.
3. Edit your login and personal info under **Sign & Security** and **Personal Info**.

**KEEP THIS SHEET FOR YOUR  
INFORMATION/RECORDS**

**OSHA** **OSHA QuickTakes**

## **Occupational Safety & Health Administration**

### **Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

- 1.** Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
- 2.** Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
- 3.** Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
- 4.** Keep track of your respirator so that you do not mistakenly use someone else's respirator.

**KEEP THIS SHEET FOR YOUR  
INFORMATION/RECORDS**

## ATTENTION NEW HIRES

We would like to welcome you to the team. Here is some information that we expect you to follow while you work for Midwest Demolition Company.

- Employee provides Boots. Employer provides hard hat, safety glasses, sleeves, gloves and vest are required at all time.
- T-Shirts & Pants (no shorts), no holes.
- 4 inch T-Shirt sleeves. Work shirts are available for \$8.50 in the office.
- No cell phones use on job site.
- At no time will any friends/family be allowed on job site.
- All jobs are on non-smoking facilities. Please discuss if and when you can smoke with your Foreman. (Smoking is allowed on lunch breaks only).
- Bring your lunch and jug of water
- Schedules are posted every Friday at 4:30 for the following weeks work.
- We pay weekly by Direct Deposit. You need to set up your direct deposit before your first paycheck.
- Please pay attention to the NO-SHOW policy. 3 Strikes non excused absences.
- If you have a meeting/appointment of any kind ex. Doctor, parole, court that may interfere with your schedule the office needs to know by Friday before the week's schedule is posted.
- If you are traveling and you need to come back to Lincoln for personal reasons you are responsible for transportation back.
- Parking spots are limited. If you can't find a spot available in our parking lot you will have to find a spot on the street. If you use the spots for the business next door your vehicle will be towed.
- No Advances.

Office Phone: 402-475-1600 Fax: 402-475-1966