WATSON CONTRACTING, INC.



Application for Employment

Watson Contracting, Inc. is an Equal Opportunity Construction Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position. Position Applying

Name (Last, First, Middle):

Position Applying For:	Name (Last, First, Middle):			Date of Birth:		Other names under which you have attended school or been		
						employed:		
Address:		-	City, S	State & Zip:				
Social Security Number: Home Ph		Home Phone:		Work Phone:		Cell/Other (Emergency) Contact:		
Are you eligible to wor			lo	How did you hear a	bout us?			
Are you 18 years of age	or older?	☐ Yes ☐ î	No	If NO, what is your current age?				
Do you have a valid dri	ver's license?	Yes Di	No	If YES, State of issuance, license #, and expiration dat			ration date	::
Do you have a valid CDL driver's license?		e? Yes 🗆 r	No	o				
Are you willing to trave	:1?	☐ Yes ☐ I	No	How far (in miles)?				
Out of Town/Overnight		Yes 1		How long? ☐ 1-31	Nights 🗀 :	3-7 Nights 🗀	Week +	
Are you: married	or sin		emale	How long? 1-3 Nights 3-7 Nights Week + Dependents Yes No If Yes, how many?				
Ethnicity/Race: Ca	ucasian/White 🗌	Native American [J	African American	His	panic/Latino		ther
EDUCATION								
दियान जीडियोच्यी	4.6	y Judy		If No. () of years left to reproducte	ilt Yes, d	ate of 🔑 De	gree.	and the second
SETTING (AUSTONIA)		Starin	ite?,	ignimal ganges	Gradua	tion, rec	eived	Major
		Baie Lit 1	78.0	1724 (300 -171)		e de la companya de La companya de la companya de l	1.94	Mar
High School:		□Yes [□ No					
GED:		□Yes [□ No					
Other School:		□Yes [□No					
College:		□Yes	□ No					
College:		□Yes	□ No					
College:		☐Yes	□ No					
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.								
	•	, ,		- 12 me jeo(o) tot will	on you are	~bbiling.		

201 SLOAN ROAD FRANKLIN, NC 28734 PHONE: (828) 524-5880 FAX: (828) 524-5881

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SKILLS: Please list technical skills, clear software packages of which you have a w	rical skills, trade skills, etc., relevant to this position or the proficion of pro	on. Include relevant computer systems and		
	g same that you to or profice	incy (basic, intermediate, expert)		
may be considered falsification of informs PLEASE DO NOT complete this inform	our entire work history. Begin with your current of ail each position separately. Attach additional she ation. Please explain any gaps in employment. In ation with the notation "See Resume." nc. reserves the right to contact all current and for	tets if necessary. Omission of prior employment clude full-time military or volunteer commitments.		
Dates Employed (most recent position) From: To	Full time Part-time	Title:		
Tioni. 10	If part-time, # hrs./wk:			
Starting Salary:	Organization Name and Address:			
Final Salary:	1			
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: Yes Only if Lower Figure 2.11		
Primary duties:	•	Only if I am a finalist candidate Reason for Leaving:		
Dates Employed (most recent position) From: To	Full time Part-time	Title:		
	If part-time, # hrs./wk:			
Starting Salary:	Organization Name and Address:			
Final Salary:	-			
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: ☐ Yes ☐ Only if I am a finalist candidate		
Primary duties:		Reason for Leaving:		
Dates Employed (most recent position) From: To	Full time Part-time	Title:		
Construction Color	If part-time, # hrs./wk:			
Starting Salary:	Organization Name and Address:			
Final Salary:				
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: Yes Only if I am a finalist candidate		
Primary duties:		Reason for Leaving:		

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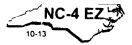
PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Watson Contracting, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Watson Contracting, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits eligible basis, I understand that I would be required to make mandatory contributions to the Watson Contracting, Inc. Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right

Applicant Signature:		Date:		
	(PLEASE SIGN)			
Applicant Signature:	(DI FACE DRIVED)	Date:		
	(PLEASE PRINT)			

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Social Security Number

Employee's Withholding Allowance Certificate North Carolina Department of Revenue

Marital Status

	Single _	Head of	Household	_ Married or Quali	fving Widow(er)
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)	M.I.	Last Nam			, gco(or)
Address		·		-	County (Enter first five lette
City		State	Zip Code (5 Digit)	Country (# n	
					
Important: You must complete a new Form NC the number of allowances for tax year 2014 will and as a result, more taxpayers should claim z exemption for yourself, your spouse, your chil	ara (0) alla			t of recent law cr s will not be entit o longer allowed	langes, how you determit led to as many allowance to claim a N.C. withholdit
DRM NC-4EZ: Please use this form if you:					
Plan to claim the N.C. standard deduction Plan to claim no tax credits or only the credit for children Prefer not to complete the extended Form NC-4 Qualify to claim exempt status (See line 3 or 4 below)					
u may complete Form NC-4, if you plan to claim N.C. ite	mized deducti	ons, federal a	djustments to inco	ome, or N.C. dedu	ctions
you do not plan to claim the credit for children, enter zero nount of income, and number of children under age 17 to ay claim the allowance for the credit for each child.	/A) 11 - 4 - 16				
	ed Filing Join	tly & Qualifyi	ng Widow(er)	He	ad of Household
Income # of Children under age 17 In	come #	of Children ι	inder age 17	Income	# of Children under age
1 2 3 4 5 6 7 8 9 10	1	2 3 4 5	6 7 8 9 10		1 2 3 4 5 6 7 8 9
# of Allowances 0-20,000	0,000 0	# of Allov			# of Allowances
			5 6 6 7 8	0-32,000	0 1 2 3 4 5 6 6 7
40,00	1-100,000 0	1 2 2 3	4 4 5 6 6	32,001-80,000	0 1 2 2 3 4 4 5 6
. Total number of allowances you are claiming for 2	014 (Enter ze	ero (0), or the	number of allowar	oces from the table	a a have l
. Additional amount, if any, withheld from each pay				ices nom the table	: above)
			•	_	.0
 I certify that I am exempt from North Carolina with Last year I was entitled to a refund of all State inco For tax year 2014, I expect a refund of all State inco 	Me tay withhal	id hecques I i	And made and 11 at 122		Check Here [
. I certify that I am exempt from North Carolina withho of the Military Spouses Residency Relief Act and	olding because I am legally d	e I meet the r lomiciled in t	equirements the state of (Ent	ter state of domicile) Check Here [
If line 3 or line 4 above applies to you, enter the effect	tive year 20)			
. I certify that I no longer meet the requirements for	exemption o	n line 3 🔲 d	or line 4 (Ch	eck applicable box	d
Therefore, I revoke my exemption and request that number of allowances entered on line 1 and any ar	mv emplove	r withhold N	orth Carolina inc	ome tax based o	n the Check Here
CAUTION: If you furnish an employer with an Empressonable basis and results in a lesser amount of information, you are subject to a penalty of 50% of the subject to	TOY DEILIG M	iuineio inan	WOILIG DAVA DAA	e that contains ii n withheld had y	nformation which has no ou furnished reasonable
Employee's Signature					
				Date	



Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

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Important: You must complete a new Form NC-4 EZ or NC-4 for tax year 2014. As a result of recent law changes, how you determine the number of allowances for tax year 2014 will differ from previous years. Most taxpayers will not be entitled to as many allowances, and as a result, more taxpayers should claim zero (0) allowances. Additionally, you are no longer allowed to claim a N.C. withholding exemption for yourself, your spouse, your children, or any other qualifying dependents.

PURPOSE - Complete Form NC-4, Employee's Withholding Allowance Certificate, so that your employer can withhold the correct amount of State income tax from your pay. If you do not provide a new NC-4 to your employer, your employer is required to withhold based on single with zero allowances.

FORM NC-4 EZ - A new form was created for tax year 2014 for taxpayers who intend to claim either: exempt status, or the N.C. standard deduction and no tax credits or only the credit for children.

FORM NC-4 BASIC INSTRUCTIONS - Complete the Allowance Worksheet. The worksheet will help you figure the number of withholding allowances you are entitled to claim. The worksheet is provided for employees to adjust their withholding allowances based on N.C. itemized deductions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, or N.C. tax credits. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file another NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be head of household after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

TWO OR MORE JOBS - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the Multiple Jobs Table to determine the additional amount to be withheld on line 2 of Form NC-4 (See Allowance Worksheet).

NONWAGE INCOME - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40 to avoid underpayment of estimated tax interest. Form NC-40 is available on our website at www.dornc.com under individual income tax forms.

HEAD OF HOUSEHOLD - Generally you may claim head of household 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. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

QUALIFYING WIDOW(ER) - You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

- Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
- You were entitled to file a joint return with your spouse in the year of your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will each complete the Allowance Worksheet based on married filing jointly or married filing separately.

- For married taxpayers completing the Allowance Worksheet based on married filing jointly, you will consider the sum of both spouses incomes, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.
- For married taxpayers completing the worksheet on the basis of married filing separately, each spouse will consider only his or her portion of income, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this	s certificate to your employer. Kee	ep the top portion for your	records.
NC-4 Employee's V	Vithholding Allow Carolina Department o	/ance Certific f Revenue	ate
 Total number of allowances you are claiming for 20 (Enter zero (0), or the number of allowances from Page)14 e 2, line 16 of the NC-4 Allowan	ce Worksheet)	
2. Additional amount, if any, withheld from each pay p	period (Enter whole dollars) Marital Status	***	.00
	○ Single	Head of Household	Married or Qualifying Widow(er)
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)	M.I. Last Name		
Address			County (Enter first five letters)
City	State State	Zip Code (5 Digil)	Country (If not U.S.)
Employee's Signature I certify, under penalties provided by law, that I am entitled to the r	number of withholding the		Date