



### **New Hire Checklist**

- ❖ Application Completed (email address)
- ❖ Copy of ID and Social Security Card
- ❖ W4
- ❖ Employee Worker's Compensation Form
- ❖ I-9
- ❖ Company Policy Form
- ❖ Company Credit Card Agreement (if issued)
- ❖ Direct Deposit
- ❖ Property of Busy B's Agreement (if issued any)
- ❖ Hotel/House Agreement
- ❖ OAG Form

**Please return ALL COMPLETED forms to become a new employee at Busy B's Steel Erectors, LLC. We will not be able to process until all forms are completed.**

**Welcome and we appreciate you hard work!**



## Busy B's Steel Erectors

501 Walnut Creek Dr.

Azle, TX 76020

817-752-2131

### Employment Application

#### Application Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ SS # \_\_\_\_\_ DOB: \_\_\_\_\_

Desired Salary \$ \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Are you a citizen of the U.S.? ☐ ☐ If no, are you authorized to work in the U.S.? ☐ ☐  
yes no yes no

Have you ever worked for this company? ☐ ☐ If yes, when: \_\_\_\_\_  
yes no

Have you ever been convicted of a felony? ☐ ☐  
yes no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Diploma: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ ☐  
yes no

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ ☐ Degree: \_\_\_\_\_  
yes no

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ ☐ Degree: \_\_\_\_\_  
yes no

### References

Please list 3 professional references.

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? ☐ ☐  
yes no

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? ☐ ☐  
yes no

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?

☐☐

yes

no

**Disclaimer Signature**

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release of employment with Busy B's Steel Erectors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



**Employee's Withholding Certificate**

OMB No. 1545-0074

▶ **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.****2022****Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? 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.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

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.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(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 . . . ▶ ☐

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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: Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . ▶ \$		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): 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>	\$

**Step 5:  
Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

**Employers  
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------------	--------------------------	--------------------------------------

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3. . . . . 1 \$ \_\_\_\_\_
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. . . . . 2a \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. . . . . 2b \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c. . . . . 2c \$ \_\_\_\_\_
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3 \_\_\_\_\_
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld). . . . . 4 \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-". . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4. . . . . 5 \$ \_\_\_\_\_

**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 with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 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	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<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. (See instructions)	
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**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

STOP Employer Completes Next Page STOP





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

**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 a combination of one document from List B and one document from List C, as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>OR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A		LIST B		LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND	Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



## **Busy B's Steel Erectors Company Policies**

### **Safety:**

*Busy B's employees are to follow ALL safety regulations. Not following safety regulations will result in suspension for the day and a written warning. NO EXCEPTIONS!!*

### **Attendance:**

*Being punctual is very important. A phone call to Bryan or your direct foreman is required if you will be more than 5 minutes late. Habitual tardiness will result in separation from the company.*

### **Dress Code & Tools:**

*If you are not dress properly and have all necessary tools, you will be suspended for the day. You will also receive a written warning.*

### **Substance Abuse:**

*Busy B's reserves the right to drug test any employee at any time for any reason. Substance abuse will not be tolerated. If a drug test is failed, you will be immediately terminated.*

### **90 Day Probation:**

*New hires within the first 90 days of being hired, Busy B's can terminate your employment for any reason.*

*Written Warning – if you receive a written warning you will be placed on a 90-day probation; Busy B's reserves the right to terminate your employment for any reason during this time.*

### **Repayment:**

*If you quit with a 14 business day notice or are terminated: Per diem, lodging, equipment not returned, any cash advances received from Bryan Collins or another employee, and any certifications paid for by Busy B's will be held out of your last pay check.*

### **Written Warning:**

*Busy B's will issue a written warning when it's needed. (Foreman's: payroll mistakes, time mistakes, misuse of company credit cards, safety hazards on jobs, etc.) (Employee's: habitual tardiness, safety hazards, lacking proper tools, etc.) After a written warning you will be placed on a 90-day probation. During this probation, you can be terminated for any reason.*

Signature: \_\_\_\_\_

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



501 Walnut Creek Drive  
Azle, TX 76020

---

### Hotel/House Agreement

I \_\_\_\_\_, agree I am solely responsible for the care and upkeep of any home or motels that I stay in. If anything is damaged, etc, I agree that myself and the crew will be responsible for **ANY AND ALL CHARGES**. The total of the charges will be split between each member in the crew. **I understand this will be withheld from payroll check.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Office personnel

\_\_\_\_\_  
Date

# Intuit QuickBooks Payroll



## Employee Direct Deposit Authorization

### Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

### Account 1

Account 1 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

### Account 2 (remainder to be deposited to this account)

Account 2 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

*attach a voided check for each account here*

### Authorization (enter your company name in the blank space below)

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. 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.

Authorized signature: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

# Texas Employer New Hire Reporting Form



Submit within 20 calendar days of new employee's first day of work to:  
**ENHR Operations Center, P.O. Box 149224**  
 Austin, TX 78714-9224  
 Phone: 1-800-850-6442 FAX: 1-800-732-5015  
 Online: [www.employer.texasattorneygeneral.gov](http://www.employer.texasattorneygeneral.gov)

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C

1 2 3

## Employer Information

1. Federal Employer ID Number (FEIN):  
Please use the same FEIN that appears on quarterly wage reports.  
 8 3 2 7 1 7 1 9 5

2. State Employer ID Number (Optional):  
 1 6 1 4 8 0 3 4 7

3. Employer Name:  
 B U S Y B ' S S T E E L E R E C T O R S L L C

4. Employer Address (Please indicate the address where the Income Withholding Orders should be sent):  
 8 8 9 3 5 F M 7 3 0

5. Employer City (if US):  
 B o y d

6. State (if US):  
 T X

7. ZIP Code (if US):  
 7 6 0 2 3 -

8. Province/Region (if foreign):

9. Country (if foreign):

10. Postal Code (if foreign):

11. Employer Telephone (Optional):  
 8 1 7 7 5 2 2 1 3 1

12. Employer FAX (Optional):

13. New Hire Contact Person (Optional):

## Employee Information

14. Social Security Number (SSN):

15. Date of Hire (MM/DD/YYYY):

16. Employee First Name:

17. Employee Middle Name:

18. Employee Last Name:

19. Employee Home Address:

20. Employee City (if US):

21. State (if US):

22. ZIP Code (if US):

23. Province/Region (if foreign):

24. Country (if foreign):

25. Postal Code (if foreign):

26. State Where Employee Was Hired (Optional):

27. Employee DOB (MM/DD/YYYY) (Optional):

28. Employee's Salary (Dollars and Cents) (Optional):

29. Salary Frequency (Check One ONLY) (Optional):  
☐ Hourly ☐ Weekly ☐ Biweekly ☐ Semi-Monthly ☐ Monthly ☐ Annually



8893 S. FM 730  
Boyd, TX 76023  
Office: 817-752-2131

## STOP WORK AUTHORITY PROGRAM

### PURPOSE

The purpose Stop Work Authority (SWA) Program is to provide employees and contract workers with the responsibility and obligation to stop work when a perceived unsafe condition or behavior may result in an unwanted event. Busy B's Steel Erectors, LLC. considers no activity to be so urgent or important that its standards for environmental protection, safety or health may be compromised. Employees and contract workers have the right and responsibility not to perform tasks or activities they feel pose undue risk to themselves, co-workers or the environment.

Stop work actions take precedence over all other priorities and procedures.

It's Busy B's Steel Erectors, LLC. policy that:

- All employees, contractors and employees of contractors have the authority and obligation to stop any task or work when the control of health, safety and environmental (HSE) risks are not clearly established or understood.
- No work will resume until all SWA issues and concerns have been adequately resolved.
- No form of retribution or intimidation directed at any employee exercising their stop work authority will be tolerated.

### SCOPE

This program applies to all Busy B's Steel Erectors, LLC. employees and contract workers at Busy B's Steel Erectors, LLC. job sites.

### STOP WORK AUTHORITY ROLES AND RESPONSIBILITIES

- **Busy B's Steel Erectors, LLC. employees and contract workers** are responsible for initiating stop work intervention when appropriate, supporting the intervention of others, reporting all stop work actions and assisting in the investigation of SWA matters.
- **Foremen, supervisors and managers** Foremen, supervisors and managers should promote a culture where SWA is exercised freely, work to investigate and address SWA concerns and ensure all SWA concerns are addressed before work resumes. These individuals ensure all necessary stop work follow-up is completed and that all stop work reports are filed and reviewed.
- **Safety directors** Safety directors provide training on workplace HSE risks. They also provide training materials, support employees, maintain associated documentation and monitor compliance of the SWA program. All SWAs concerns will be documented by the safety director to assess trends and share lessons learned.

- **Senior management**—Senior management creates a culture that promotes SWA, allows SWA to be exercised freely, establishes clear expectations and responsibilities, resolves SWA conflicts when they arise and holds accountable anyone who chooses not to comply with established SWA policies. They also hold employees and contractors accountable for full compliance with the SWA program. All stop work reports will be reviewed by senior management.

#### **STOP WORK AUTHORITY PROCEDURES**

SWA is executed using a several-step process that generally includes STOP, NOTIFY, INVESTIGATE, CORRECT, RESUME, FOLLOW UP and DOCUMENT. While situations may differ, the following steps should be the framework for all SWA interventions.

1. **Stop work**—When a person identifies a perceived unsafe condition, act, error, omission or lack of understanding, a : 1 SWA intervention shall be immediately initiated with the person(s) potentially at risk. Once a stop work intervention has been initiated, all work must stop immediately. If the supervisor is readily available and the affected person(s), equipment or environment is not in imminent danger, coordinate the stop work action through the supervisor. The stop work action should be clearly identified as a stop work action and initiated in a noncombative manner directly with those at risk. Stop work interventions should be initiated in a positive manner by briefly introducing yourself and starting a conversation with the phrase "I am using my stop work authority because." Using this phrase will clarify the user's intent and set expectations as detailed in this procedure.
2. **Notify**—Notify all affected personnel and supervisors of the stop work action. If necessary, stop work activities that are associated with the work area in question. Make the area(s) as safe as possible by removing personnel and stabilizing the situation.
3. **Investigate**—Once the work is stopped and all affected personnel and supervisors are notified, the issue will be investigated to determine the cause of the unsafe condition, act, error, omission or lack of understanding and potential ways to correct the issue.
4. **Correct issues**—If all parties come to an agreement that the condition or behavior is safe to proceed without modifications, then resume work. If it is determined and agreed that the stop work issue is valid, then every attempt should be made to resolve the issue to the satisfaction of all affected persons before work is restarted. This may require modifications of the working environment or the introduction of new controls. If the stop work issue cannot be resolved immediately, suspend work until a proper resolution is achieved. When opinions differ as to the validity of the stop work issue or adequacy of the resolution actions, Busy B's Steel Erectors, LLC. makes the final determination.
5. **Resume operations**—The affected area(s) will be reopened for work by personnel with restart authority. All affected employees and contractors will be notified of what corrective actions were implemented and that work will recommence. No work will resume until all issues and concerns have been addressed.



6. **Conduct follow-ups**—The desired outcome of any SWA intervention is to address safety concerns to the satisfaction of all involved persons/parties prior to resuming work. While most issues can be resolved in a timely fashion, occasionally additional investigation and corrective actions may be required to identify and address root causes of the safety concern. SWA interventions that require additional investigation or follow-up will be handled utilizing Busy B's Steel Erectors, LLC. existing protocols and procedures for examining HSE risks.

7. **Document**—All SWA interventions initiated under the authority of this program shall be documented on Busy B's Steel Erectors, LLC. "Stop Work Authority Reporting Form." Reports should include as much detail about the intervention as reasonably possible. At minimum, all reports should include the following information:

- a. Date of the SWA intervention;
- b. Employee(s)/worker(s) involved;
- c. Description of the unsafe condition or hazard that triggered the SWA intervention;
- d. Corrective action used to correct the condition or hazard, if applied; and
- e. Remaining unsafe conditions or hazards that must be addressed.

All SWA incident report forms will be reviewed by Busy B's Steel Erectors, LLC. safety directors and senior management to ensure compliance with this program, determine the quality of intervention, identify and address workplace hazards, and identify opportunities for improving the program.

All SWA incident reports will be maintained by Busy B's Steel Erectors, LLC. for a minimum **(2) Years**

#### STOP WORK AUTHORITY TRAINING

Training regarding this SWA program will be conducted as part of all new employee and contractor orientations.

#### **This training will include education on:**

- The importance of SWA
- The benefits of SWA
- Busy B's Steel Erectors, LLC. Account's commitment to SWA
- SWA roles and responsibilities
- The contents of this program and SWA procedures

