



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

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

*REMEMBER THIS IS THE ADDRESS YOUR W2 FORM WILL BE MAILED TO.*

ARE YOU ABLE TO LIFT AT LEAST 50LBS AND CARRY IT 100 YARDS, AS THAT IS PART OF THIS JOB? \_\_\_\_\_  
YES OR \_\_\_\_\_ NO

DO YOU HAVE ANY DISABILITIES? \_\_\_\_\_ YES OR \_\_\_\_\_ NO

DO YOU HAVE A TWIC (TRANSPORTATION WORKER IDENTIFICATION CARD): \_\_\_\_\_ YES OR \_\_\_\_\_ NO

ANY OTHER # WE MAY CONTACT YOU AT: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_  
(CARPENTER, FOREMAN, LABORER, HELPER)

**FOR OFFICE USE ONLY**

DATE OF HIRE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

PAYRATE \_\_\_\_\_

BACKGROUND / DATE: \_\_\_\_\_

DISA TESTED – LAST TEST DATE \_\_\_\_\_

**TRAINING:**

BASIC PLUS – EXPIRES \_\_\_\_\_

CTOT CLASS \_\_\_\_\_

CONFINED SPACE – EXPIRES \_\_\_\_\_

SITE CLASSES - \_\_\_\_\_

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

STATE OF LA (IF APPLICABLE): \_\_\_\_\_

ISNETWORLD REPORTED: \_\_\_\_\_

NEW HIRE SLIP RECEIVED: \_\_\_\_\_

## PREVIOUS EMPLOYERS FOR THE LAST 3 YEARS

**Employer Name:** \_\_\_\_\_ **Pay rate \$** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Years of Experience:** \_\_\_\_\_ in Cooling Towers \_\_\_\_\_ in Carpentry

**Employer Name:** \_\_\_\_\_ **Pay rate \$** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Years of Experience:** \_\_\_\_\_ in Cooling Towers \_\_\_\_\_ in Carpentry

**Employer Name:** \_\_\_\_\_ **Pay rate \$** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Years of Experience:** \_\_\_\_\_ in Cooling Towers \_\_\_\_\_ in Carpentry

## PERSONAL REFERENCES FOR THE LAST 3 YEARS

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **How many years known?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **How many years known?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **How many years known?** \_\_\_\_\_



## Cooling Tower Service \ Repair Technician – General Requirements

Remember, you are a representative of Cooling Towers of Texas, and your appearance is the first impression of the quality of work the customer or others at the jobsite are witness to. Do you look better or worse than the other contractor personnel? Do you look like a professional? You should, you are being paid as one and the customer has enlisted our services and expects professional results.

1. Work Clothes – General Requirements
  - A. Pants – Full length denim or cotton type in good condition; i.e. no holes, rips, or frayed bottoms
  - B. Shirts – Button type preferred with either long or short sleeves, sleeveless or cut off sleeves are not acceptable. Tee type shirts with sleeves are okay, without graphics or writing only.
  - C. Bib overalls or coveralls should be in good condition and worn with shirt and pants.
  - D. Leather boots in good condition only, absolutely no tennis shoes.
  - E. Certain plants will require long sleeve shirts and steel toe boots.
2. Arrival time is up to the foreman, and you are either to meet at the tower or load box prior to start time, arrive ready to work.
3. Minimum tools required:
  - A. Tool belt with pouches
  - B. 20' tape measure
  - C. 16 oz. framing hammer
  - D. 2 each 8" / 10" adjustable wrenches
  - E. One full set of combination wrenches – 7/16" through 15/16"
  - F. Drive ratchet – 3/8" or 1/2"
  - G. One full set of sockets – 7/16" through 15/16"
  - H. Combination or speed square
  - I. Flat pry bar, chalk box, and nail spoon
4. Safety is everyone's responsibility! Check power cords to ensure GFI is installed and tools prior to operation and report any unsafe conditions to foreman immediately! Safety rules to be covered in depth on sign-off sheet.

Our goal is to work as a TEAM, safely with the customer's best interest and satisfaction the main concern.

**I HAVE READ AND UNDERSTAND THE ABOVE REQUIREMENTS IN THEIR ENTIRETY AND AGREE TO COMPLY.**

---

DATE

---

SIGNATURE



## **COOLING TOWERS OF TEXAS WORKING CONDITIONS/SAFETY RULES**

1. ALL EMPLOYEES SHALL COMPLY WITH ALL APPLICABLE OSHA STANDARDS. QUESTIONS SHOULD BE DIRECTED TO THE SITE SUPERINTENDENT. A COPY OF OSHA 2202 WILL BE ON THE JOB SITE AT ALL TIMES.
2. MATERIAL SAFETY DATA SHEETS WILL BE AVAILABLE ON ALL MATERIALS AND ALL CONTAINERS WILL BE CLEARLY LABELED.
3. TO AT ALL TIMES CONDUCT OPERATIONS IN A MANNER TO AVOID THE RISK OF BODILY HARM TO PERSONS OR RISK OF DAMAGE TO ANY PROPERTY, SITE SUPERINTENDENT SHALL CONTINUOUSLY INSPECT WORK, MATERIALS, AND EQUIPMENT TO DISCOVER AND DETERMINE ANY SUCH CONDITION AND TAKE ACTION TO CORRECT THAT CONDITION.
4. SAFETY HARNESSSES AND DOUBLE LANYARDS PROVIDING 100% TIE OFF WILL PROTECT PERSONNEL WORKING OVER 6'. THIS PROVIDES FOR TIE OFF OF 1 LANYARD WHILE MOVING AROUND THE COLUMNS.
5. SAFETY GLASSES AND HARD HATS MUST BE WORN AT ALL TIMES AND ARE MANDATORY.
6. FOOTWEAR MUST BE LEATHER AND IN REASONABLE CONDITION. CANVAS SHOES, ATHLETIC FOOTWEAR, ETC. ARE NOT PERMITTED. STEEL-TOED SAFETY SHOES ARE HIGHLY RECOMMENDED.
7. ALL PERSONNEL SHALL WEAR LONG PANTS AND SHIRTS (BUTTONED) AT ALL TIMES. SHIRTS SHALL BE OF SUFFICIENT LENGTH TO BE TUCKED INTO TROUSERS. LOOSE FITTING CLOTHES ARE NOT RECOMMENDED IN GENERAL, AND SHALL NOT BE WORN WHEN WORKING NEAR OR ON MECHANICAL EQUIPMENT.
8. THERE WILL BE A FIRST AID KIT AT JOB BOX AT ALL TIMES.
9. SITE SUPERINTENDENT SHALL HOLD REGULAR SAFETY MEETINGS/TOOL BOX TALKS EACH MONDAY MORNING AND INSTRUCT PERSONNEL ON SAFETY PRACTICES, OPERATION OF MECHANICAL EQUIPMENT, ETC. AND ENFORCE THE USE OF SAFETY EQUIPMENT.
10. TO COOPERATE AND WORK IN HARMONY WITH CUSTOMER PERSONNEL AND OTHER CONTRACTORS SO ALL WORK IS COMPLETED IN LEAST POSSIBLE TIME WITHIN NORMAL WORKING HOURS.
11. WORK ORDERS SHOULD BE FOLLOWED, ERECTION DRAWINGS USED, CHECKING THAT FIELD MEASUREMENTS ARE CORRECT. SITE SHOULD BE AS CLEAN AS POSSIBLE AND DEBRIS REMOVED DAILY.
12. TOOLS THAT ARE PROPERTY OF COOLING TOWERS OF TEXAS SHOULD BE RETURNED IN GOOD CONDITION.
13. SITE SUPERINTENDENT SHALL MEET WITH CUSTOMER REPRESENTATIVE FOR PRECONSTRUCTION CONFERENCE TO LEARN CUSTOMER SAFETY RULES AND ANY OTHER SPECIAL CONDITIONS OR REQUIREMENTS ON THE JOB SITE, PRIOR TO PROJECT START.

14. ALL ACCIDENTS MUST BE REPORTED IMMEDIATELY TO SUPERINTENDENT. IF MEDICAL ATTENTION IS REQUIRED YOU WILL IMMEDIATELY REPORT TO THE NEAREST MEDICAL FACILITY AS DIRECTED BY SUPERINTENDENT. REFUSAL TO FOLLOW SUPERINTENDENT'S INSTRUCTIONS COULD RESULT IN IMMEDIATE TERMINATION. EMPLOYEE SHALL BRING DOCTOR'S RELEASE FORM UPON RETURNING TO JOB SITE.
15. ALL EMPLOYEES ARE REQUIRED TO NOTIFY THEIR DIRECT SUPERVISOR AS SOON AS POSSIBLE TO LET THEM KNOW THEY WILL BE TARDY. FAILURE TO DO SO MAY RESULT IN TERMINATION.
16. ALL EMPLOYEES WHO ARE A "NO CALL, NO SHOW" MUST PROVIDED WRITTEN DOCUMENTATION OF ABSENCE. IF WRITTEN DOCUMENTATION (I.E. DOCTOR'S EXCUSE, JURY DUTY, ECT.) IS NOT PROVIDED YOU WILL BE TERMINATED. COOLING TOWERS OF TEXAS HAS THE RIGHT TO FILL ANY POSITION VACATED BY AN EMPLOYEE WHO IS A "NO CALL, NO SHOW".
17. IF YOU ARE ASSIGNED TO A JOB WHERE TRAVEL PAY AND PER-DIEM ARE PAID YOU WILL ONLY BE PAID FOR THE DAYS YOU WORK. **IF YOU DO NOT COMPLETE THE JOB YOU FORFIET YOUR TRAVEL PAY AND ALL TRAVEL PAY WILL BE PAYROLL DEDUCTED FROM YOUR LAST CHECK.**
18. ANY PROPERTY BELONGING TO COOLING TOWERS OF TEXAS (NOMEX, HARD HATS, COMPANY TOOLS ECT.) MUST BE RETURNED IMMEDIATELY UPON TERMINATION OR IF YOU QUIT. **YOUR PAYROLL CHECK WILL NOT BE RELEASED UNTIL YOU HAVE RETURNED ALL PROPERTY BELONGING TO COOLING TOWERS OF TEXAS.**

**\*\*\*COOLING TOWERS OF TEXAS PERSONNEL POLICY\*\*\***

**UPON VIOLATION OF THE ABOVE WORKING CONDITIONS/SAFETY RULES, SUPERVISOR WILL EITHER ISSUE A VERBAL WARNING OR RENDER AN IMMEDIATE TERMINATION DEPENDING ON THE VIOLATION OF POLICY. DISCIPLINARY ACTION IS THE IMMEDIATE SUPERVISOR'S DISCRETION.**

---

EMPLOYEE SIGNATURE

---

DATE



**DRIVING RECORD**

***SUPERINTENDENT AND FOREMAN ONLY***

I am either employed by or applying for a job at Cooling Towers of Texas which may require me to operate a motor vehicle. I understand that my employment may be contingent upon satisfactory checks of my Motor Vehicle Record, past and future.

I hereby authorize Cooling Towers of Texas to obtain my driving record, either itself or through its authorized insurance agency.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Driver's License Number**

\_\_\_\_\_  
**State in which License was issued**

\_\_\_\_\_  
**Expiration Date of Driver's License**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**



**BACKGROUND CHECKS  
ALL EMPLOYEES**

I understand that my employment may be contingent upon completion of a satisfactory background check of my past and future.

I hereby authorize Cooling Towers of Texas to obtain my background, either itself or through its authorized agency.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
DATE OF BIRTH



ACKNOWLEDGMENT

**MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE RECEIVED A COPY OF THE SAFETY RULES AND PROCEDURES OF COOLING TOWERS OF TEXAS. I THOROUGHLY UNDERSTAND AND AGREE TO ABIDE BY THESE RULES AND PROCEDURES AT ALL TIMES. I FURTHER UNDERSTAND THAT IT IS MY RESPONSIBILITY TO COME FORWARD IF I HAVE ANY QUESTIONS REGARDING ANY PORTION OF ITS CONTENTS.**

---

**Employee Printed Name**

---

**Employee Signature**

---

**Employee Social Security Number**

---

**Date**

# Form W-4 (2011)

**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 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**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 Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>        </u>			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> . . . . .	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}	<b>B</b>	<u>        </u>
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}				
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	<u>        </u>			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>        </u>			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>        </u>			
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>        </u>			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children . . . . .	<b>G</b>	<u>        </u>			
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>        </u>			
	For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}		
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2011</span>
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. <b>Note.</b> 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 <u>        </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u>        </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>        </u>
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 (This 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)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You 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.



**Instructions****Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

**What Is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

**When Should Form I-9 Be Used?**

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

**Filling Out Form I-9****Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

**Preparer/Translator Certification**

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer**

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

**Employers must record in Section 2:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employers must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  - 2. Record the document title, document number, and expiration date (if any) in Block C; and
  - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

#### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

#### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

#### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

#### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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 Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)	
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	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

COOLING TOWERS OF TEXAS  
SKILL EVALUATION TEST  
FOR EMPLOYEE

1. When doing elevated work 100% tie off is mandatory no exceptions when you are
  - A. 6 feet
  - B. 4 feet
  - C. 2 feet
  - D. just when you get to where you are going to work at
2. When going into a confined space you do not need an attendant.
  - A. True
  - B. False
3. When pitching blades a \_\_\_\_\_ is needed to get the degree on the blades.
  - A. compass
  - B. level
  - C. protractor
  - D. all of the above
4. After the bolts are tighten on the fan blades you do not need to torque the bolts if you believe they are tight enough.
  - A. True
  - B. False
5. What are the two main bolt sizes used on the tower frame work.
  - A. 7/16
  - B. 9/16
  - C. 3/8
  - D. 5/8
  - E. 1/2
6. What are the two main bolt sizes used on the tower fan stacks.
  - A. 7/16
  - B. 3/8
  - C. 9/16
  - D. 5/8
  - E. 1/2
7. The splash box is installed under the \_\_\_\_\_ \_\_\_\_\_.
8. When aligning the drive shaft you need to put a \_\_\_\_\_ on the motor and gear reducer coupling face for the alignment.
  - A. dial indicator
  - B. chain indicator
  - C. magnetic stand
  - D. none of the above
  - E. a combination of the above
9. D. E. does not matter how they are installed as long as they are put on the right slope and sealed properly.
  - A. True
  - B. False

10. If the bays at the bottom of the tower are 6 foot by 6 foot what will the bay sizes be at the top. \_\_\_\_\_
11. It is ok to work on the mechanical with out a lock out/tag out as long as you have a permit
  - A. True
  - B. False
12. When operating power tools inspect them before using and always use \_\_\_\_\_
  - A. an extension cord
  - B. a G. F. I.
  - C. proper P. P. E.
  - D. all of the above
  - E. ( A & B )
  - F ( B & C )
13. Always take out all the bad lumber first before putting in the new lumber.
  - A. True
  - B. False
14. It does not mater where the holes are drilled as long as the tie is bolted to the column.
  - A. True
  - B. False
15. You do not have to use wood treat as long as the board is in the wet area.
  - A. True
  - B. False
16. You can install bolts and nuts with out washers if you run out of washers.
  - A. True
  - B. False
17. Caulking is to be used only on the bottom two rows of louvers.
  - A. True
  - B. False
18. As long as most of the bolts are tight the job is complete.
  - A. True
  - B. False
19. It is ok to climb the structure if the ladder is too far.
  - A. True
  - B. False
20. It is ok to use the wrong tool for the job as long as the job gets done.
  - A. True
  - B. False
21. When lifting more than 50 lb. you should.
  - A. get help
  - B. try to pick it up
  - C. leave it there and walk away

**Hand Tool Quiz**



1.) \_\_\_\_\_



2.) \_\_\_\_\_



3.) \_\_\_\_\_



4.) \_\_\_\_\_



5.) \_\_\_\_\_



6.) \_\_\_\_\_



7.) \_\_\_\_\_



8.) \_\_\_\_\_



9.) \_\_\_\_\_



10.) \_\_\_\_\_



11.) \_\_\_\_\_



12.) \_\_\_\_\_



13.) \_\_\_\_\_



14.) \_\_\_\_\_



15.) \_\_\_\_\_



16.) \_\_\_\_\_



17.) \_\_\_\_\_



18.) \_\_\_\_\_



19.) \_\_\_\_\_



20.) \_\_\_\_\_



21.) \_\_\_\_\_



22.) \_\_\_\_\_



25.) \_\_\_\_\_



26.) \_\_\_\_\_



27.) \_\_\_\_\_



28.) \_\_\_\_\_



29.) \_\_\_\_\_



30.) \_\_\_\_\_



31.) \_\_\_\_\_



32.) \_\_\_\_\_



33.) \_\_\_\_\_



34.) \_\_\_\_\_



35.) \_\_\_\_\_



36.) \_\_\_\_\_



37.) \_\_\_\_\_



38.) \_\_\_\_\_



39.) \_\_\_\_\_



40.) \_\_\_\_\_