



## Employee Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

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

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES ☐ NO ☐

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

### Education

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 ☐

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and 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.*

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

After completing this application, please either email to the following email addresses, or mail it to our office's address.

Thank you,  
Cherry River Construction, LLC

Brian Hinkle – Owner

bhinkle@cherryriverconstruction.net

Austin Hinkle – Office Manager

ahinkle@cherryriverconstruction.net

Cherry River Construction Office

797 New England Ridge Rd  
Washington, WV 26181

CHERRY RIVER  
CONSTRUCTION,LLC  
Parkersburg, West Virginia

SAFETY PROGRAM

**Policy Statement** *(to be signed and dated by employee before beginning work, and placed in his or her personnel file)*

Cherry River Construction,LLC. intends to comply with all laws and continually establish and maintain safe and healthful work environments for each of our employees, while at the same time ensuring that all persons affected by our operations are not exposed to any safety or health risks. The safety and health of our employees is, and will remain, the highest priority of this company. Accident prevention through the elimination of unsafe working conditions will be emphasized in all phases of administrative and field operations. Our ultimate goal is zero accidents and injuries.

Cherry River Construction,LLC. understands that the effectiveness of its safety program depends upon the full cooperation of, and good communication between, all levels of the organization. Each supervisor is required to make the safety and health of himself, his employees, and the general public an integral part of his management function. Additionally, while employed by Cherry River Construction,LLC, each employee will be expected to adhere to all established company safety and health rules and procedures at all times. **This is a condition of employment and there will be no exceptions made. Failure to conform to these established standards will not be tolerated and may result in disciplinary action(s) that could include termination of employment.**

The prevention of occupationally induced injuries and illnesses is of such consequence that it will be given precedence over operating productivity whenever warranted. Employees in doubt about how to perform a task safely are required to ask their supervisor or other qualified person for assistance. In the unfortunate circumstance an unsafe condition is detected or an injury should occur, employees must report the same to management as soon as possible in order for corrective measures to be taken to prevent future incidents.

Cherry River Construction,LLC. has also made a firm commitment to providing a drug free work environment. For pre-employment drug screening, this company will utilize the services of the Tri-State Area Labor Education and Development Program (LEAD) and any other applicable LEAD programs. LEAD provides a substance abuse program in keeping with the Department of Health and Human Services Scientific and Technical Guidelines. Each craftsperson must have a current LEAD card throughout their employment by Chapman-Martin. Details of LEAD drug screening policy are available on request.

Prior to beginning work, management will require every employee to read and sign a copy of Cherry River Construction,LLC. **Policy Statement** signifying his or her understanding of and agreement to the same. Management will also make every effort to provide adequate safety training as necessary.

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

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

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

**WEST VIRGINIA FORM WV/IT-104**  
**EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

**This form has been revised and is effective beginning January 1, 2007**

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages for the taxable year 2007.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

**If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.**

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

If you determine the amount of tax being withheld is insufficient, you may reduce the number of exemptions you are claiming or request additional taxes be withheld from each payroll period. Enter the additional amount you want to have withheld on line 6.

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WV/IT-104  
Rev. 1/07

**WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

Print or Type Full Name		Social Security Number	
Home Address	City or Town	State	Zip Code
1. If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0" .....			
2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.			
(a) If you claim both of these exemptions, enter "2" .....			
(b) If you claim one of these exemptions, enter "1" .....			
(c) If you claim neither of these exemptions, enter "0" .....			
3. If you claim exemptions for one or more dependents, enter the number of such exemptions .....			
4. Add the number of exemptions which you have claimed above and enter the total.....			
5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here.....			
6. Additional withholding per pay period under agreement with employer, enter amount here..... \$			

Note that special withholding allowances provided on Federal Form W-4 may not be claimed on your West Virginia Form WV/IT-104

I CERTIFY, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.

Date .....

Signature .....

NONRESIDENTS - SEE REVERSE SIDE



WV/IT-104  
Rev. 1/07

**WEST VIRGINIA CERTIFICATE OF NONRESIDENCE**

To be completed by employees who reside in Kentucky, Maryland, Ohio, Pennsylvania or Virginia.

If you are a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia and your only source of income from West Virginia is wages or salaries, you are exempt from West Virginia Personal Income Tax Withholding. Upon receipt of this form, properly completed, your employer is authorized to discontinue the withholding of West Virginia Income Tax from your wages or salaries earned in West Virginia.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

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

I hereby certify, under penalties provided by law, that I am not a resident of West Virginia, that I reside in the State of \_\_\_\_\_ and live at the address shown on this certificate, and request is hereby made to my employer to NOT withhold West Virginia income tax from wages paid to me. If at any time hereafter I become a resident of West Virginia, or otherwise lose my status of being exempt from West Virginia withholding taxes, I will properly notify my employer of such fact within ten (10) days from the date of change so that my employer may then withhold West Virginia income tax from my wages.

I certify that the above statements are true, correct, and complete.

Date \_\_\_\_\_

Signature \_\_\_\_\_

# Employee's Withholding Certificate

OMB No. 1545-0074

**2021**

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

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

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

**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 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim</b> <b>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</b> <b>(optional):</b> <b>Other</b> <b>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 <b>pay period</b> .	<b>4(c)</b>	\$

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

## 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: \_\_\_\_\_