

WATSON CONTRACTING, INC.



Application for Employment

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

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

Position Applying For:	Name (Last, First, Middle):	Date of Birth: ____-____-____	Other names under which you have attended school or been employed:
Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Cell/Other (Emergency) Contact:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about us?	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
Do you have a valid CDL driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How far (in miles)? <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> 100 +	
Out of Town/Overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long? <input type="checkbox"/> 1-3 Nights <input type="checkbox"/> 3-7 Nights <input type="checkbox"/> Week +	
Are you: married <input type="checkbox"/> or single <input type="checkbox"/> ?	<input type="checkbox"/> Male <input type="checkbox"/> Female	Dependents Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many?	
Ethnicity/Race: Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/>			

EDUCATION

Name of School	Did you graduate?	If No, how many years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

**201 SLOAN ROAD
FRANKLIN, NC 28734**

**PHONE: (828) 524-5880
FAX: (828) 524-5881**

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SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: Watson Contracting, Inc. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> Yes <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> Yes <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> Yes <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

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

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

Applicant Signature: _____
(PLEASE SIGN)

Date: _____

Applicant Signature: _____
(PLEASE PRINT)

Date: _____

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Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

Social Security Number _____

Marital Status

_____ Single _____ Head of Household _____ Married or Qualifying Widow(er)

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) _____

M.I. _____

Last Name _____

Address _____

County (Enter first five letters) _____

City _____

State _____

Zip Code (5 Digit) _____

Country (If not U.S.) _____

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

FORM NC-4EZ: Please use this form if you:

- Plan to claim the N.C. standard deduction
- Plan to claim no tax credits or only the credit for children
- Prefer not to complete the extended Form NC-4
- Qualify to claim exempt status (See line 3 or 4 below)

You may complete Form NC-4, if you plan to claim N.C. itemized deductions, federal adjustments to income, or N.C. deductions.

If you do not plan to claim the credit for children, enter zero (0) on line 1. If you plan to claim the credit for children, use the table below for your filing status, amount of income, and number of children under age 17 to determine the number of allowances to enter on line 1. For married taxpayers, only 1 spouse may claim the allowance for the credit for each child.

Single & Married Filing Separately			Married Filing Jointly & Qualifying Widow(er)			Head of Household				
Income	# of Children under age 17		Income	# of Children under age 17		Income	# of Children under age 17			
	1	2	3	4	5	6	7	8	9	10
	# of Allowances			# of Allowances			# of Allowances			
0-20,000	0	1	2	3	4	5	6	6	7	8
20,001-50,000	0	1	2	2	3	4	4	5	6	6
0-40,000	0	1	2	3	4	5	6	6	7	8
40,001-100,000	0	1	2	2	3	4	4	5	6	6
0-32,000	0	1	2	3	4	5	6	6	7	8
32,001-80,000	0	1	2	2	3	4	4	5	6	6

1. Total number of allowances you are claiming for 2014 (Enter zero (0), or the number of allowances from the table above) _____

2. Additional amount, if any, withheld from each pay period (Enter whole dollars) _____ .00

3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions:
• Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and
• For tax year 2014, I expect a refund of all State income tax withheld because I expect to have no tax liability Check Here

4. I certify that I am exempt from North Carolina withholding because I meet the requirements of the Military Spouses Residency Relief Act and I am legally domiciled in the state of _____ (Enter state of domicile) Check Here

If line 3 or line 4 above applies to you, enter the effective year 20 _____

5. I certify that I no longer meet the requirements for exemption on line 3 or line 4 (Check applicable box)
Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on line 1 and any amount entered on line 2. Check Here

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

Employee's Signature _____ Date _____

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or 4, whichever applies.

