

R.L. McCoy, Inc. Hired Personnel Card

Name (First, Middle Int., Last) _____

Phone (+area code) _____

Address (+city, state, zip code)

County _____ Race _____ Veteran Yes/No _____

If you are a Vet; write what war you were a part of _____

Date Hired _____ Union Local # _____ Gender _____
Male/Female _____
(Include a copy of your union card, MICCS Card, IUCRC Card, and any training cards)

Journeyman or Apprentice _____ Union Trade _____ Wage _____
(If Apprentice need year/month/hours)

Social Security # _____ Date of birth _____
(Include a copy of your non expired current Driver License)

Height _____ Weight _____ Date of Pre-employment Drug Test _____

Physical Condition _____

Previous Employment

Past Employer #1 _____ Dates _____

Past Employer #2 _____ Dates _____

Reason for leaving #1 _____

Reason for leaving #2 _____

Emergency Contact

Name _____ Phone# _____

New Hire Orientation Checklist

The most effective way to help our employees to do their jobs safely and productively is to supply them with complete and accurate information on their first day. Supervisor is to sit down with employee and review items on this checklist and handbooks . After each item has been discussed and reviewed and the employee understands, both the employee and training supervisor will sign this paper. Return this sheet along with the other new hire paperwork to Corporate Office.

_____ **PPE**

What to wear, when, where to get PPE

_____ **First Aid Kits**

Where they are kept, who to tell if out of item

_____ **Reporting Injuries/Accidents/Near-Misses**

Procedures, Forms, Call list

_____ **Safety Manual**

Supervisor to review safety manual

_____ **MSDS**

Where are they kept, how to read them

_____ **Drug/Alcohol Program**

We do pre-employment, random, post accident, reasonable cause, follow-up

Corporate Office has information on Drug and Alcohol Awareness Program's

_____ **LockOut-TagOut**

Procedures, Tags, who to call

_____ **Fire Extinguishers**

Located where, how to use

_____ **Housekeeping**

Review policy

_____ **Emergency Procedures**

What to do, who to call

_____ **Hazard Communication Program**

Review program

_____ **Designated Health Care**

Where to go

_____ **Checklists, Timesheet**

How to fill out, where to get more forms, when to turn in

Training Supervisor

Date

Employee

Date

Columbia City

Bob Addison	609-6591	Dan McCoy	609-6548	
Tom Brockhaus	609-6695	Mark McCoy	609-6526	
Thom Bunting	609-7304	Teresa McCoy	609-6512	<u>Indot Phones</u>
Matt Butts	229-0464	Vern Saggars	609-6528	229-9100
John Deathe	609-6538	Jeff Shearer	609-6596	229-9101 1-744
Ramon Gonzalez	410-2758	Steve Schueler	609-6517	229-9102 1-744
Ed Glick	609-6532	Mike Shelmadine	609-6573	229-9103 1-744
Phil Hauth	609-6581	Joe Trahin	609-6536	229-8855 1-748
Jan Kuckuck	466-9101	Carl VanAllen	609-6599	
Mike Lowery	609-6534	Jim Miller	388-2182	personal phone

Free Information 800-373-3411 Business 800-466-4411
 Register phone Do Not Call list 888-382-1222 donotcall.gov
 Verizon Rachel/Brian 244-2929 M-F 10-7 Sat 10-5 Sun 12-4 Brain cell 610-9300
 800-922-0204 *228 #2 update mthly, #1 program new phone
 Business insurance claims 888-881-2622
 Tech Support 866-899-4872

RL McCoy Inc		RL McCoy Inc	
7898 E Lincolnway		6885 E 34th St	
Columbia City, In	46725-8818	Indianapolis, In	46226-6125
800-454-0502	260-625-3443	800-320-7867	317-544-0000
260-625-3813	Fax	317-544-0001	Fax
260-625-3034	Eng. Fax	317-784-3751	Midwest phone
244-3936	USE LINE 4 TO MAKE ANY LONG DISTANCE CALLS		
All Emails First and Last Name followed by @rlmccoy.net			
Company website	www.rlmccoy.net		corporate@rlmccoy.net

Teresa	100/221	End/East Shop		226	Shop Office	227
Sandy	222	John/Shop Conf		258	RL Office	234
Mark	223	Carl		229	BaseStairs	257
Conf Rm	224	Dan		231		
Jan	225	House-Kitchen		232	Office	228
		Mark House	244-3909	230	into VM	235

Messages 981
 Music on/Off 86/#86

Indianapolis

Gary Brown	317-442-7401		Mike Brite	317-709-5465
Katrina Brown	317-709-5755		Rob Black	317-294-4956
Jacob Bush	317-847-5327		Jason Viewegh	317-709-5651
Billy Martin	317-709-5456		Mike Berry	317-308-9118
Dennis Hays	317-709-5541		Extra	317-847-9777
Dewayne Wesley	765-744-1634	765-358-4151 Home	Fax/Phone	765-358-4042
Gerald Duncan	317-850-3229		Larry Porter	812-229-2265
dewayne@rlmccoy.net			Robert Clark	317-710-2218
Jimmy Small	609-6594			

Teresa M. McCoy 10/03/2015

R.L. McCoy 03/02/1961
 35-1057237

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)

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: _____	OR	_____	_____	_____
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)
R.L. McCoy, Inc. 7898 E. Lincolnway Columbia City, IN 46725		

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)
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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): _____
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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)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
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	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	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. 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	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	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)

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.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. 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.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "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" additional if you have six or more eligible children 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small;">▶ 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.</p>	OMB No. 1545-2159 2011
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. Note. 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 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶		
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.

1	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	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add 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.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the <i>Personal Allowances Worksheet</i> , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the <i>Two-Earners/Multiple Jobs Worksheet</i> , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <i>Deductions and Adjustments Worksheet</i>)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to 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. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than 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.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	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	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are--	Enter on line 2 above	If wages from LOWEST paying job are--	Enter on line 2 above	If wages from HIGHEST paying job are--	Enter on line 7 above	If wages from HIGHEST 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.

Authorization Agreement for Direct Deposit

I (we) hereby authorize R.L. McCoy, Inc. (The Company) to initiate credit entries to my (our) Checking _____ Savings _____ Account (select one) indicated below and the financial institution named below to credit the same such account. Use other side if depositing in more than one account.

Financial Institution Name _____

City _____ State _____

Routing Transit Number _____

Account Number _____

Net Check _____ yes or Specific Dollar Amount \$ _____

This authority is to remain in full force and effect until the Company has received notification from me of termination of this authorization in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Name(s) _____

Signature _____ Date _____

Signature _____ Date _____

PLEASE ATTACH A COPY OF A VOIDED CHECK IF GOING IN CHECKING ACCOUNT

Fill out if you want additional Indiana State tax taken out



Form WH-4
SF 48845
Revised 7-99

State of Indiana
Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. Each taxpayer is entitled to one exemption. If you wish to claim the exemption, enter "1" _____
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" _____
3. You are allowed one (1) exemption for each dependent. Enter number claimed . Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or (b) if you and/or your spouse are legally blind. Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind Number of boxes checked . (See instructions) Enter the total number of exemptions _____
4. Add lines 1, 2, and 3. Enter the total here _____
5. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) _____
6. Enter the amount of additional state withholding (if any) you want withheld each pay period _____ \$ _____

I hereby declare that to the best of my knowledge the above statements are true.
Signature _____ Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, social security number and home address on the appropriate lines of the Form WH-4. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you did not live or work in Indiana on January 1 of the current year, enter "not applicable" on the line(s). Your county tax withholding is based first on the county where you lived on January 1. If that county has adopted a county income tax, then you are subject to that county's resident tax rate on your earnings for the rest of the year or until you are no longer an Indiana resident. If the county in which you lived has not adopted a county income tax, then you are subject to the nonresident tax rate of the county in which you were employed on January 1 of the current tax year. If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state and federal guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$1,000 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution). Additional Exemptions: You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind up to a maximum of four (4) additional exemptions. Enter the total number of dependents and additional exemptions claimed on the line provided.

Line 4 - Add the total of exemptions claimed on lines 1, 2, and 3. Enter the total in the box provided.

Line 5 - Additional Dependent Exemption: An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter and/or foster child. Enter the total in the box provided.

Line 6 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions increases. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you decreases for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) the person who you claim as an exemption will receive more than \$1,000 of income during the tax year.

Penalties are imposed for willfully supplying false information or information which would reduce the withholding exemption.

R.L. McCoy, Inc. Payroll deductions

I agree to have payroll deductions taken out of my check, below are some of the deductions that could occur.

Uniforms
Union Initiation Dues
Union Dues
Union Voluntary Dues
Direct Deposits
Christmas Club
Non-Union Health Insurance
Personal Expenses
Phone Overages

Employee Name _____ Date _____

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)		SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)		DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____

Signature

Date

Printed Name

Title

Motor Carrier Name

Motor Carrier Address

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

DISCLOSURE UNDER FAIR CREDIT REPORTING ACT

AND

CONSENT TO PROCUREMENT OF MOTOR VEHICLE REPORT

FOR

EMPLOYMENT PURPOSES FORM

The undersigned hereby authorizes R.L. McCoy, Inc. or it's insurance agency/company to obtain copies of Motor Vehicle Reports, which may be classified as a consumer report, pertaining to me for employment purposes and for use in rating and/or underwriting insurance and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Printed Name _____

Signed Name _____

Dated _____

Date of Birth _____

License Number & State Issued _____



R.L. McCoy, Inc.
7898 East Lincolnway
Columbia City, IN 46725
Phone: 260-625-3443
Fax: 260-625-3813

Veteran of the Vietnam Era means a person who:

- (1) Served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964; and May 7, 1975; and was discharged or released therefore with other than a dishonorable discharge, or
- (2) Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975. No veteran may be considered to be a veteran of the Vietnam Era under this paragraph after December 31, 1994.

Circle One:

I am a Veteran of the Vietnam Era

I am NOT a Veteran of the Vietnam Era

Circle One:

I am a disabled Veteran

I am NOT a disabled Veteran

This information is voluntarily provided, and it will be kept confidential, refusal to provide it will not subject the applicant or employee to any adverse treatment. This information will be used only in accordance with Vietnam Era Veterans Readjustment Act.

If you were in any war please list name of war and dates:

Employee Signature _____ Date _____

Criteria Identifying Other Eligible Veterans

Prior to the enactment of the Veterans Employment Opportunities Act of 1998 (Public Law 105-339), the affirmative action obligations of federal contractors and subcontractors regarding veterans, and the VETS-100 reporting requirement, applied to two groups of veterans - Special Disabled Veterans and Veterans of the Vietnam Era. The criteria identifying these two groups are provided in the instructions on the reverse of the VETS-100 Report Form. The new legislation identifies a third category of veterans, identified in general terms as "Other Eligible Veterans," who are entitled to affirmative action in employment and who are to be included in the VETS-100 Reports submitted by federal contractors and subcontractors.

The general category of Other Eligible Veterans includes two key veteran groups. First, it includes veterans who served in a "war." Since the last declaration of war issued by Congress initiated World War II, veterans with active duty service between December 7, 1941 and April 28, 1952 are considered veterans of World War II and are included in the Other Eligible Veterans category. The second veteran group in the Other Eligible Veterans category includes those veterans who served in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded. This includes a number of military engagements that are listed on the reverse side of this page.

While the precise number of service members involved in each of these engagements is not available, it is clear that a relatively large number received the Korean Service Medal for the Korean conflict, but the number of veterans from this conflict who are still in the workforce probably is low. Similarly, it is clear that a relatively large number of service members received the SW Asia Service Medal for service during Desert Shield or Desert Storm against Iraq, and a much larger number of veterans from this conflict will still be in the workforce. For the remainder of these engagements, the number of veterans with qualifying service appears to be smaller and the probability of their participation in the current workforce is likely to be determined principally by the amount of time that has elapsed since the end of the engagement.

The listing provided on the reverse is subject to change, as periods of service end and new medals are added. For that reason, the instructions on the reverse of the VETS-100 Report Form include the address of a web site maintained by the Office of Personnel

Management that is updated to reflect any changes that take place. The current summary of that listing, provided on the reverse side of this page, is provided for the convenience of federal contractors and subcontractors. It is intended to assist federal contractors and subcontractors to prepare for the requirement to include Other Eligible Veterans in next year's VETS-100 Reports. VETS-100 staff also will make every possible effort to assist federal contractors and subcontractors with those preparations. Therefore, if there are further questions regarding the Other Eligible Veterans category, federal contractors and subcontractors can e-mail to othervets@vets100.com and can call (703) 461-2460.

CAMPAIGN/EXPEDITION	DATES		ORGANIZATIONS PARTICIPATING				
	START	END	ARMY	NAVY	AIR FORCE	MARINE CORP	COAST GUARD
Campaign or Service Medals							
American Defense Service	09/08/39	12/07/41	X	X	--	X	X
Army Occupation of Austria	05/09/45	07/27/55	X	--	X	--	--
Army Occupation of Berlin	05/09/45	10/02/90	X	X	X	X	X
Army Occupation of Germany	05/09/45	05/05/55	X	X	X	--	X
Army Occupation of Japan	09/03/45	04/27/52	X	X	X	X	X
China Service	07/07/37	09/07/39	--	X	--	X	--
China Service Medal (Extended)	09/02/45	04/01/57	--	X	--	--	--
Korean Service	06/27/50	07/27/54	X	X	X	X	X
Navy Occupation of Trieste	05/09/45	10/25/54	--	X	--	X	X
Navy Occupation of Austria	05/08/45	10/25/55	--	X	--	--	--
Navy Occupation of Berlin	05/08/45	10/02/90	--	X	--	X	--
Navy Units of the Sixth Fleet	05/09/45	10/25/55	--	X	--	--	--
SW Asia Service Medal (Desert Shield/Storm)	08/02/90	11/02/95	X	X	X	X	X
Vietnam Service Medal (VSM)	07/04/65	03/28/73	X	X	X	X	X
Armed Forces Expeditionary Medal (AFEM)							
Berlin	08/14/61	06/01/63	X	X	X	X	X
Bosnia and Herzegovina (Joint Endeavor)	11/20/95	12/20/96	X	X	X	X	X
Bosnia and Herzegovina (Joint Guard)	12/20/96	Present	X	X	X	X	X
Cambodia	03/29/73	08/15/73	X	X	X	X	X
Cambodia Evacuation (Eagle Pull)	04/11/75	04/13/75	X	X	X	X	X
Congo	07/14/60	09/01/62	X	X	X	X	X
Congo	11/23/64	11/27/64	X	X	X	X	X
Cuba	10/24/62	06/01/63	X	X	X	X	X
Dominican Republic	04/28/65	09/21/66	X	X	X	X	X
El Salvador	01/01/81	02/01/92	X	X	X	X	X
Grenada (Urgent Fury)	10/23/83	11/21/83	X	X	X	X	X
Haiti (Uphold Democracy)	09/16/94	03/31/95	X	X	X	X	X
Iraq (Northern Watch)	01/01/97	Present	X	X	X	X	X
Korea	10/01/66	06/30/74	X	X	X	X	X
Laos	04/19/61	10/07/62	X	X	X	X	X
Lebanon	07/01/58	11/01/58	X	X	X	X	X
Lebanon	06/01/83	12/01/87	X	X	X	X	X
Libyan Area (Eldorado Canyon)	04/12/86	04/17/86	X	X	X	X	X
Mayaguez Operation	05/15/75	05/15/75	X	X	X	X	X
Panama (Just Cause)	12/20/89	01/31/90	X	X	X	X	X
Persian Gulf (Earnest Will)	07/24/87	08/01/90	X	X	X	X	X
Persian Gulf	08/02/90	01/02/92	X	X	X	X	X
Persian Gulf (Southern Watch)	12/01/95	Present	X	X	X	X	X
Persian Gulf (Vigilant Sentinel)	12/01/95	02/15/97	X	X	X	X	X
Persian Gulf Interception	12/01/95	Present	X	X	X	X	X

Operation								
Quemoy and Matsu Islands	08/23/58	06/01/63	X	X	X	X	X	X
Somalia (Restore Hope)	12/05/92	03/31/95	X	X	X	X	X	X
Taiwan Straits	08/23/58	01/01/59	X	X	X	X	X	X
Thailand	05/16/62	08/10/62	X	X	X	X	X	X
Vietnam and Thailand	07/01/58	07/03/65	X	X	X	X	X	X
Vietnam Evacuation	04/29/75	04/30/75	X	X	X	X	X	X
<u>Navy Expeditionary Medal and Marine Corp Expeditionary Medal</u>								
Cuba	01/03/61	10/23/62	--	X	--	X	--	--
Indian Ocean/Iran	11/21/79	10/20/81	--	X	--	X	--	--
Iranian/Yemen/Indian Ocean	12/08/78	06/06/79	--	X	--	X	--	--
Lebanon	08/20/82	05/31/83	--	X	--	X	--	--
Liberia (Sharp Edge)	08/05/90	02/21/91	--	X	--	X	--	--
Libyan Area	01/20/86	06/27/86	--	X	--	X	--	--
Panama	04/01/80	12/19/86	--	X	--	X	--	--
Panama	02/01/90	06/13/90	--	X	--	X	--	--
Persian Gulf	02/01/87	07/23/87	--	X	--	X	--	--
Rwanda (Distant Runner)	04/07/94	04/18/94	--	X	--	X	--	--
Thailand	05/16/62	08/10/62	--	X	--	X	--	--

Updated 06/01/2007



R.L. McCoy, Inc.
7898 East Lincolnway
Columbia City, IN 46725
Phone: 260-625-3443
Fax: 260-625-3813

I have been requested by the management of R.L. McCoy, Inc., my current employer, to refer other minorities and females for recruitment as potential candidates for employment at R.L. McCoy, Inc.

Employee Signature _____ Date _____



R.L. McCoy, Inc.
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I have received a hardhat, safety glasses, dust mask, ear plugs and ant other personal protective equipment needed.

I am responsible for this personal protection equipment.

If any of these are damaged, I may return them to my foreman for replacement.

If I lose or misplace any of my personal protective equipment, I could be charged according for replacements.

I will return all personal protective equipment at time of dismissal, I could be charged according.

Employee Signature _____ Date _____



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Drug-Free Workplace Policy

I. Because R.L. McCoy, Inc. has contracts with the Federal Government and the State of Indiana, it is covered by the Drug-Free Workplace Act of 1988 and its Final Rule published May 25, 1990, and Executive Order No. 90-5, issued April 12, 1990 by Governor Evan Bayh. We certify to the Federal Government and the Indiana Department of Administration that we will provide a drug-free workplace. This notice is given in compliance with requirement. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in our workplace is prohibited.

ii. Controlled substances are those identified in Schedules I through V of Section 202 of the Controlled Substances Act and in Regulation 21 C.F.R. Section 1308.11-.15 and in Ind. Code 35-48-1-1 through 35-48-2-12. Copies of these Schedules and Regulation may be reviewed in the Corporate Office of the President. Violations of this provision will result in discipline up to and including termination and/or a requirement that the employee satisfactorily participate in a drug abuse assistance or rehabilitation program approved by a Federal, State, or local agency.

iii. The Company will establish an ongoing drug-free awareness program to inform employees of: (a) the dangers of drug abuse in the workplace, (b) the Company's policy of maintaining a drug-free workplace, (c) any available drug counseling, rehabilitation or employee assistance programs, and (d) penalties that may be imposed for drug abuse violations. Additional information on drug-free awareness is available at the Corporate Office. If needed, required R.L. McCoy Inc. will incorporate any Contractors Drug/Alcohol Policies/Guidelines per job.

iv. If an employee is convicted of violating any criminal drug statute and that violation occurred in the workplace, the employee must notify the Company in writing of this fact no later than 5 calendar days after the conviction. Then the Company will notify the contracting Federal and State agencies and the Indiana Department of Administration of the employee's conviction in writing within 10 calendar days after receiving notice of the conviction. The Company's notice will include the employee's name and position/title. If an employee is convicted for a criminal drug statute violation that occurred in the workplace, within 30 calendar days after receiving notice of that fact, the Company will take appropriate personnel action against the employee up to and including discharge and/or will require the employee's satisfactory participation in a Drug Abuse Assistance or Rehabilitation Program.

v. The Company does pre employment drug testing, post accident testing, and random testing and others. As a condition of continued employment with R.L. McCoy, Inc. employees must abide by the terms of this Notice. Any questions about this notice or the requirements of the Drug-Free Workplace Act of 1988 or Executive Order No. 90-5 should be addressed to the President. An employee undergoing prescribed medical treatment with any drug which may alter his/her physical or mental ability must report this treatment to their Supervisor, who will report to the Safety Officer. The Safety Officer will determine whether a temporary change in the employee's job assignment during the period of treatment is warranted.

Employee Signature _____ Date _____

Employee Statement

I will abide by all company safety rules which reflect the Construction Safety Act and the Williams-Steiger and Health Act of 1970, OSHA and Company EEO Policy, all of which is in the employee handbook and which I have read. My signature will acknowledge my understanding of this statement. I am aware of who the EEO and Safety Officer for R.L. McCoy, Inc. is.

Drug Free Workplace

I have read the Drug Free Workplace Policy of R.L. McCoy, Inc. and I will comply with this Drug Free Workplace Policy. My signature will acknowledge my understanding and concurrence with the procedure outlined in the Drug Free Workplace Policy. It is my consent to give a urine sample and/or the current procedure to be used for drug and alcohol analysis. I will notify R.L. McCoy, Inc. of any conviction for a drug related offense committed in the workplace, within five days of the conviction.

Training Session on Hazardous Communications

I know where the Material Safety Data Sheets for my work are kept. I understand the safe work procedures and precautions to be taken when working with these products including the use of protective equipment and/or apparel. I also know where the emergency supplies are kept. I was told and know where the emergency phone numbers and Hazard Communications information are posted.

I am aware that I may review copies of the hazardous chemical list, the MSDS, and I have in hand at the time of employment of the Company's written program. My signature will acknowledge my understanding of this training.

**The prime contractor will have posted at the job site pertinent information on Hazardous Communication that is not pertinent to our job function but could be located near our employees. If for any reason it is not posted, please make your foreman aware of the situation.

Employee Signature _____ Date _____

My signature states that I have read and will comply with the rules and regulations set forth by R.L. McCoy, Inc. If I should have any further questions I will report to my foreman and/or call the EEO and Safety Officer at the Corporate Office.

R.L. McCoy, Inc.
Acknowledgment of [Receipt and] Understanding
Read and Sign Immediately

Keep: Employee Copy

I understand and agree that:

- The statements contained in the Information Handbook for Employees of R.L. McCoy, Inc. are intended to serve as general information concerning R.L. McCoy, Inc. and its existing policies, procedures, practices of employment and employee benefits.
- Nothing contained in the Information Handbook for Employees of R.L. McCoy, Inc. is intended to create (nor shall be construed as creating) a contract of employment (express or implied) or guarantee employment for a definite or indefinite term.
- From time to time R.L. McCoy, Inc. may need to clarify, amend and/or supplement the information contained in the Information Handbook for Employees of R.L. McCoy, Inc. and that the Company will inform me when changes occur.
- As part of my New Hire Orientation I have received and reviewed a copy of the Information Handbook for Employees of R.L. McCoy, Inc., including all policies and procedures. I have read and understand the information outlined in the handbook, have asked any questions I may have concerning its contents and will comply with all policies and procedures to the best of my ability.

Employee's Name Printed _____

Employee's Signature _____

Date Signed _____

Supervisor _____

**** KEEP EMPLOYEE COPY****
(This page)

R.L. McCoy, Inc.
Acknowledgment of [Receipt and] Understanding
Read and Sign Immediately

Return: Corporate Office Copy

I understand and agree that:

- The statements contained in the Information Handbook for Employees of R.L. McCoy, Inc. are intended to serve as general information concerning R.L. McCoy, Inc. and its existing policies, procedures, practices of employment and employee benefits.
- Nothing contained in the Information Handbook for Employees of R.L. McCoy, Inc. is intended to create (nor shall be construed as creating) a contract of employment (express or implied) or guarantee employment for a definite or indefinite term.
- From time to time R.L. McCoy, Inc. may need to clarify, amend and/or supplement the information contained in the Information Handbook for Employees of R.L. McCoy, Inc. and that the Company will inform me when changes occur.
- As part of my New Hire Orientation I have received and reviewed a copy of the Information Handbook for Employees of R.L. McCoy, Inc., including all policies and procedures. I have read and understand the information outlined in the handbook, have asked any questions I may have concerning its contents and will comply with all policies and procedures to the best of my ability.

Employee's Name Printed _____

Employee's Signature _____

Date Signed _____

Supervisor _____

**** TURN IN TO CORPORATE OFFICE WITH NEW HIRE PAPERWORK****
(This page)