

## NEW HIRE CHECKLIST

### Required Documents

- ☐ Job Application – Completed and signed
- ☐ Drug Test
- ☐ Form I-9 – Employment Eligibility Verification
- ☐ Form W-4 – Employee's Withholding Certificate
- ☐ Copies of Two Forms of Identification  
*(e.g., Driver's License, Social Security Card, Passport, etc.)*
- ☐ Acknowledgment of Safety Procedures – Signed acknowledgment form
- ☐ Payroll Sheet – Completed with banking and tax details
- ☐ Issuance of PPE – Personal Protective Equipment issued and documented

### Required Certifications & Training

- ☐ OSHA 10 – *Required for all non-supervisor permanent employees*
- ☐ OSHA 30 – *Required for all supervisors*
- ☐ CPR + AED – *Required for all supervisors*
- ☐ Confined Spaces – *Required as applicable by assigned duties*
- ☐ Safety Cone Training – *Required for all field personnel involved in traffic or site safety setups*
- ☐ Driver's Electronic Device Policy Training – *Required for all employees who operate vehicles for company business*

NEW HIRE \_\_\_\_\_

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

SUPERVISOR \_\_\_\_\_



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No.1615-0047  
Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)							
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code					
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number						
<div><div><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></div><div>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): <input type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any) If you check Item Number 4., enter one of these: <table border="1"><tr><td>USCIS A-Number</td><td>OR</td><td>Form I-94 Admission Number</td><td>OR</td><td>Foreign Passport Number and Country of Issuance</td></tr></table></div></div>								USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance								
Signature of Employee					Today's Date (mm/dd/yyyy)							

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
<b>Acceptable Receipts</b>  May be presented in lieu of a document listed above for a temporary period.  For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"><li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,  
Preparer and/or Translator Certification for Section 1**

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

**USCIS  
Form I-9  
Supplement A**  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code





**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

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

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			



## Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2025**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	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 <b>only one</b> of the following. <b>(a)</b> Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b> <b>(b)</b> Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b> <b>(c)</b> 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . <input type="checkbox"/>
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**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 Dependent and Other Credits</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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	<b>(a) 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>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
<b>Employers Only</b>	Employer's name and address <b>FIELD VIEW CONSTRUCTION CO, INC</b>	First date of employment	Employer identification number (EIN) <b>86-2373104</b>



## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

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

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

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

<ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul>	}	. . . . .	<b>2</b> \$ _____
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- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories 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.



**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550





Please complete all sections of this application. If a section does not apply to you, please write "N/A."

FIELD VIEW CONSTRUCTION CO, INC (FVC) is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability, genetic information, or any other characteristic protected by law. Drug-Free and Alcohol-Free Workplace Policy: FIELD VIEW CONSTRUCTION CO, INC (FVC) is committed to maintaining a safe and productive work environment. The use, possession, sale, or being under the influence of illegal drugs or alcohol is strictly prohibited on company premises, during work hours, and while conducting company business.

#### 1. Personal Information

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### 2. Emergency Contact Information

Please provide the information for someone we can contact in case of an emergency.

Contact Person's Full Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone Number (Optional): \_\_\_\_\_

#### 3. Work Authorization

Are you legally authorized to work in the United States? ☐ Yes ☐ No

If you answered "Yes," please understand that if you are hired, you will be required to provide documentation establishing your identity and authorization to work in the United States as required by federal law. You will be asked to present acceptable documents from the lists provided on the Form I-9, Employment Eligibility Verification, as administered by the U.S. Citizenship and Immigration Services (USCIS).

#### 4. Position Information

Position Applied For: \_\_\_\_\_ Title Through Union: \_\_\_\_\_

Union Affiliation: Are you a member of a union? ☐ Yes ☐ No If yes, which union? \_\_\_\_\_





#### 4.1 Physical Requirements of the Position

To help us assess your ability to perform the essential functions of this position, please answer the following questions

##### **Essential Job Functions**

This position requires the ability to, "lift and carry objects weighing up to 50 pounds or more," "stand for extended periods of up to 4 hours at a time," "frequently bend, stoop, and kneel".

Are you able to perform these essential job functions with or without reasonable accommodation? ☐ Yes ☐ No

##### **Weight Limitations**

Are there any weight limitations that would prevent you from safely lifting or carrying objects as described in the essential job functions above?

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

##### **Prolonged Standing**

Are there any conditions that would prevent you from standing for extended periods as described in the essential job functions above?

☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

#### 5. Driver's License Information (Only complete if required for the position)

Driver's License Number: \_\_\_\_\_

Driver's License Issue State: \_\_\_\_\_

Driver's License Class: \_\_\_\_\_ Driver's License Issue Date: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_

#### 6. Driving Record Verification

If driving is a requirement or essential function of this position, please be aware that your driving record will be checked prior to hiring. By submitting this application, you acknowledge and consent to this verification.





## 7. Work Experience

Instructions: Please list your work experience starting with your most recent job. Include all employment, including part-time and volunteer work.

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

Job Title: \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: Describe your main duties and responsibilities. \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer for a reference? [ ] Yes [ ] No

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

Job Title: \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: Describe your main duties and responsibilities. \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer for a reference? [ ] Yes [ ] No

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

Job Title: \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: Describe your main duties and responsibilities. \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer for a reference? [ ] Yes [ ] No







## 8. Military History (Optional)

Instructions: Providing information about your military service is voluntary. Please complete this section if you have served in the armed forces.

Branch of Service: \_\_\_\_\_

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Military Training and Experience Relevant to the Position: Please describe any military training, skills, or experience that you believe are relevant to the position you are applying for.

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Type of Discharge: \_\_\_\_\_

## 9. Skills

Instructions: List any skills relevant to the position you are applying for. Examples include pipefitting skills, operating skills, technical skills, etc.

Skills:

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## 10. Certifications/Licenses

Instructions: Circle and list any relevant certifications or licenses.

Certification/License

Certification/License Name: \_\_\_\_\_

Issuing Organization: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certification/License

Certification/License Name: \_\_\_\_\_

Issuing Organization: \_\_\_\_\_ Expiration Date: \_\_\_\_\_





## 11. References

Instructions: Please provide professional references only (e.g., former supervisors or colleagues). Do not include personal references.

Reference Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_







12. Signature

"I certify that the information provided in this application is true and complete to the best of my knowledge."

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

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





## Direct Deposit / Paycheck Authorization Form

### Employee Information

**Full Name:** \_\_\_\_\_

### Payment Method Selection

Please choose one of the following options:

- ☐ **Direct Deposit** – Complete the bank information below  
☐ **Paper Check** – I prefer to receive a printed paycheck

### Complete this section only if selecting Direct Deposit

#### Bank Account Information

**Bank Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Routing Number (9 digits):** \_\_\_\_\_

#### Deposit Amount (select one):

- ☐ \$ \_\_\_\_\_ ☐ \_\_\_\_\_ % ☐ Entire Paycheck

#### Account Type (check one):

- ☐ Checking ☐ Savings

**Note:** Please attach a voided check for each account if required.

### Authorization

I hereby authorize **FIELD VIEW CONSTRUCTION CO, INC** to issue payment according to the selection I have made above. If I have chosen direct deposit, this authorization will remain in effect until I submit a written request to change or cancel it.

**Employee Signature:** \_\_\_\_\_

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





### Employee PPE Issuance and Acknowledgment Checklist

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Please check the items you have received below:

- ☐ Safety Vest
- ☐ Gloves
- ☐ Eye Protection
- ☐ Hard Hat
- ☐ Shirts
- ☐ Sweaters
- ☐ Ear Protection

I acknowledge that I have received the items checked above and understand it is my responsibility to wear and maintain them as required for my job duties.

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

Supervisor/Witness Signature: \_\_\_\_\_

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



### **Injury and Illness Prevention Program (IIPP) Field View Construction Co., Inc.**

In Compliance with California Division of Occupational Safety and Health (Cal/OSHA) Requirements Field View Construction Co., Inc. (FVC) has developed this written Injury and Illness Prevention Program (IIPP) to ensure a safe and healthy work environment for all employees. This program is established in accordance with Title 8 of the California Code of Regulations, including General Industry Safety Order §3203 and Construction Safety Order §1509. It is the policy of Field View Construction to comply fully with these regulations by implementing and maintaining an effective IIPP. Protecting the health and safety of our workforce is our highest priority. We encourage all employees and supervisors to thoroughly review and adhere to the guidelines set forth in this program. A culture of safety can only be achieved through shared commitment and collective responsibility.







## **Basic Objectives of the Injury and Illness Prevention Program**

Field View Construction Co., Inc. is committed to maintaining the highest standards of workplace safety. The fundamental objectives of this Injury and Illness Prevention Program (IIPP) are as follows:

1. To establish and maintain a comprehensive safety program aligned with recognized best practices in the construction industry.
2. To minimize workplace accidents and incidents to the greatest extent possible.
3. To foster a strong culture of safety awareness among management, supervision, and all employees—whether in the field, shop, or the office.
4. To clearly define and assign safety responsibilities at all levels of the organization to ensure the effective implementation and ongoing success of our safety efforts.
5. To provide a structured foundation for continuous safety education and training for all personnel.

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## **Program Elements to Achieve These Objectives**

To meet these objectives, Field View Construction's safety program will include the following components:

1. **Proactive Safety Planning** – Safety considerations will be integrated into all phases of work through task analysis and the application of management's expertise to identify, mitigate, or eliminate potential hazards before work begins.
2. **Engineering Controls and Safeguards** – Mechanical and physical safeguards will be provided and maintained to the highest practicable level.
3. **Routine Safety Inspections** – Regular inspections will be conducted to identify and correct unsafe conditions, practices, or behaviors.
4. **Employee Safety Training** – All employees will receive training on safe work practices relevant to their roles and tasks.
5. **Provision of Personal Protective Equipment (PPE)** – Appropriate PPE will be supplied, and its use strictly enforced.
6. **Enforcement of Safety Rules** – Safety rules will be developed, communicated, and enforced. Employee cooperation with all safety protocols is a condition of employment.
7. **Accident Investigation and Prevention** – All workplace incidents will be investigated promptly to determine root causes and implement corrective measures to prevent recurrence.



## **Responsibilities and Authority for Implementing the Safety Program**

### **Field View Construction Co., Inc.**

At Field View Construction, a safe working environment is a shared responsibility. However, specific roles and authority are assigned to ensure the effective implementation, enforcement, and improvement of the Injury and Illness Prevention Program (IIPP). The structure below outlines who is responsible for what within the program.

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### **Designated Safety Authority**

#### **Sal Flores – Safety Manager / Authorized OSHA Trainer**

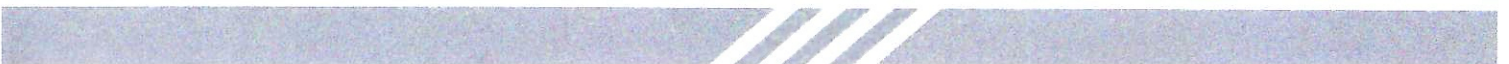
Sal Flores is the only individual authorized by Field View Construction to conduct OSHA-compliant safety training, lead safety instruction, and hold personnel accountable to our IIPP. All safety policies, training sessions, and jobsite safety enforcement are coordinated through Sal to ensure consistency, accuracy, and compliance with Cal/OSHA regulations.

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### **Management Responsibilities**

Company management holds overall responsibility for supporting the safety culture at Field View Construction. Management is expected to:

- Develop and uphold the company's safety program.
  - Appoint qualified personnel to manage and enforce safety policies.
  - Regularly review incidents and evaluate accident records.
  - Participate in field and shop safety inspections.
  - Engage in periodic safety meetings and planning sessions.
  - Establish policies for the safe onboarding and training of new hires.
- 







## Superintendents and Supervisors

Supervisors are key to day-to-day implementation of the safety program in the field and shop. Their responsibilities include:

- Conducting safety orientations for all new and transferred employees.
- Ensuring workers wear proper clothing and personal protective equipment (PPE).
- Leading toolbox or tailgate safety meetings at least every 10 days.
- Monitoring for unsafe practices or hazardous conditions daily.
- Investigating accidents promptly and reporting them to management.
- Enforcing safety rules and following up on any recommendations from the Safety Manager or insurance representatives.

Supervisors are expected to lead by example and foster an environment where safety is prioritized at every level.

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## Employee Responsibilities

Every Field View Construction employee is expected to take personal responsibility for maintaining a safe jobsite. This includes:

- Following the **Code of Safe Work Practices** at all times.
- Reporting unsafe equipment, conditions, or behavior to a supervisor immediately.
- Using tools and PPE correctly and safely.
- Offering safety suggestions to supervisors.
- Keeping workspaces clean, organized, and hazard-free.
- Supporting a team approach to safety by setting a good example for coworkers.





## Subcontractor Responsibilities

Subcontractors working with **Field View Construction Co., Inc.** are responsible for:

- Following all Field View safety rules and procedures
- Providing safety training for their employees
- Supplying appropriate personal protective equipment (PPE)
- Correcting any safety issues immediately when notified

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## Hazard Identification & Prevention

Field View Construction Co., Inc. maintains a proactive system to identify, evaluate, and prevent workplace hazards:

- Regular reviews of applicable Cal/OSHA Safety Orders
- Safety Data Sheet (SDS) review and discussion during meetings
- Thorough documentation and investigation of all incidents and near-misses
- Scheduled inspections of job sites and workstations
- Encouragement of employee hazard reporting through a formal and anonymous system
- Maintenance and distribution of a written **Code of Safe Practices**

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## Hazard Correction Procedure

Unsafe conditions are corrected promptly based on severity:

- Immediate correction when hazards are identified
  - In the case of imminent danger, workers are removed until the area is made safe
  - All corrective actions are documented
-





## Safety Inspections

- **General Inspections** – Conducted periodically by the Safety Officer or Superintendent and documented in safety records
- **Supervisory Inspections** – Performed daily by supervisors to identify unsafe practices or equipment; hazards are red-tagged and shut down until cleared
- **Employee Inspections** – Workers are expected to identify and report unsafe conditions immediately using verbal or anonymous written reports
- **Maintenance Inspections** – Equipment repairs are not signed off until deemed safe by maintenance personnel
- **Special Inspections** – Conducted after any incident, injury, or illness by management or the Safety Officer with a full investigation and documentation

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## Accident Reporting & Investigation

- All incidents and near-misses must be reported immediately
- Supervisors submit reports to the Safety Officer within 24 hours
- Serious accidents must be reported by phone immediately
- Workers' Compensation claims must be initiated within one working day
- Accident investigations include witness interviews, root cause analysis, and corrective actions
- Documentation is filed and maintained by the Safety Officer

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## Employee Communication

Employees are encouraged to report hazards to supervisors, superintendents, or the Safety Officer—no retaliation allowed

- Weekly toolbox talks are held at project sites; monthly safety meetings occur at the main office
- New hires receive safety orientation upon onboarding
- Employee Safety Report Forms are available in the office and shop for anonymous submissions





## Compliance & Training

- All employees receive the **Code of Safe Practices** and are trained to meet the standards set forth by Field View Construction Co, Inc

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## Recordkeeping

**Field View Construction Co., Inc.** is committed to maintaining accurate and thorough records related to workplace safety and health. These records are crucial for evaluating safety performance, ensuring compliance with legal requirements, and continuously improving the safety program. The Safety Officer is responsible for maintaining all records, which will be available for inspection at all times.

The company will follow the necessary steps outlined by Cal/OSHA's recordkeeping requirements:

- **Injury and Illness Reports:**  
The Safety Officer will ensure that all incidents, injuries, and illnesses that require medical treatment are reported promptly. A report will be prepared and submitted within the required timeframe.
- **Cal/OSHA Log and Summary:**  
The Safety Officer will maintain a log of all occupational injuries and illnesses, as required by Cal/OSHA (Form 300A). The log will be reviewed and posted annually, no later than February 1st, and will remain posted until April 30th for employee visibility.
- **Supplementary Recordkeeping:**  
All recordable incidents will also be documented on OSHA Form 101 or Workers' Compensation Reports. This will ensure that all relevant details of each case are captured for compliance and review.
- **Retention of Records:**  
**Field View Construction Co., Inc.** will retain safety records for at least five years. These records will include injury reports, safety inspection records, and any other documentation related to safety audits or corrective actions taken.
- **Review and Evaluation:**  
The Safety Officer will regularly review the company's safety records to evaluate the effectiveness of the safety program. This includes identifying trends or patterns in incidents and making necessary adjustments to improve safety protocols and procedures.

### **Documentation of Safety Meetings:**

All safety meetings held, whether daily, weekly, or monthly, will be documented. Attendance, topics discussed, and any corrective actions taken will be recorded and kept in the Safety Officer's files.

By maintaining these records, **Field View Construction Co., Inc.** ensures that it meets regulatory requirements and continuously improves workplace safety.

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## **Conclusion**

Field View Construction Co., Inc. has adopted this Injury and Illness Prevention Program. We encourage all employees, supervisors, and managers to fully engage with the program and work together to maintain a safe and secure workplace for everyone.





## **SAFETY PROGRAM**

### **[INTRODUCTION TO SAFETY PROGRAM]**

- Effective immediately this safety program is adopted by FIELD VIEW CONSTRUCTION CO., INC, Inc. as part of our general policy
- All employees are requested to carefully and completely read this document and to make sure that they are familiar with its requirements.
- Strict and continued adherence to this document is required for all employees.
- These guidelines are established for the health and welfare of our employees, as well as for the effective management of our company
- All new employees are required to wear a **white hard hat with FVC lettering** during their first twelve months of employment. This identifies individuals currently in their initial safety and job training period and allows for quick recognition to help monitor their safety and performance in the field. After completing one full year—and upon demonstrating solid understanding and application of Field View Construction's New Hire Orientation, safety protocols, human resources policies, and on-the-job training related to Field experience—the employee will be officially recognized with our **full diamond logo hard hat**. This transition marks a significant milestone, symbolizing the employee's proven commitment to safety, performance, and long-term dedication to FVC.

### **[IN CASE OF ACCIDENT]**

If an accident should occur while on a work site other than our established company address, the following action should be taken:

- A. Conduct a prompt rescue. Remove accident victims from hazardous or dangerous surroundings, if feasible. Do not move a victim unless it is necessary for safety reasons.
- B. Ensure that the victim has an open airway and give mouth-to-mouth artificial respiration, if you are qualified.
- C. Control severe bleeding.
- D. Administer first aid from the first aid kit supplied in the company vehicle.
- E. Avoid or overcome chilling by using blankets or covers, if available. Protect from sun in cases of extreme heat exposure, if possible.

For life threatening injuries at a work site location, call 911 first. If a company cell phone or personal cell phone is available, notify the Superintendent or office personnel immediately. In doing so, please give the following information:

- A. Name of employee injured
- B. Nature of injury
- C. Location of injured employee

If a company vehicle has no radio, follow Procedure A in emergencies. In an accident, use the nearest phone to call for help. Always remove and safely store keys when parking vehicles or equipment. Report all accidents to your Foreman immediately, even if you're not injured.







#### **[Conduct on the Job]**

- All employees should conduct themselves in a business-like manner. Horseplay on the job has no place in our safety program. Practical jokes often end up as serious injuries.
- Operate all equipment as instructed. Ask Foreman if in doubt.
- Report to work rested and alert in order to give full attention to your job.
- Report any unsafe act or condition to your Foreman/ Superintendent.

#### **[Clothing & Personal Protective Equipment]**

- Loose fitting or torn clothing is dangerous around machinery and should not be worn.
- If near moving parts, avoid wearing gloves, rings, bracelets, and loose sleeves that may get caught.
- Safety glasses or other approved eye protection must be worn at all times.
- Any personal protection equipment provided should be worn and cared for respectfully in order that it may be maintained in good condition.
- Hard hats are required to be worn at all times while working at a jobsite or in the company yard.
- Employees are required to wear good leather work boots & protective toes if required at all times.
- Protective toe boot must be non- metallic and comply with ANSI standard #Z41.
- Pants shall be worn at all times.
- Long hair & earrings / necklaces shall not be worn.
- Safety vest shall be worn at all times.
- Wear leather gloves or other suitable hand protection while performing work functions that could cause hand and skin injuries. Wear leather gloves when handling iron, bars, cable or other material that could cause injury.

#### **[Smoking & Open Flames]**

- Smoking is prohibited in company offices and while riding in company vehicles, operating equipment, handling tools or working in hazardous locations. This includes the use of e-cigarette products.
- All ignition systems should be turned off and no smoking is permitted while refueling vehicles.
- Smoking and open flames are prohibited when working with or near acid in metal containers flammable liquids.
- Never toss matches or butts into trash containers.

#### **[Intoxicants]**

- No alcoholic beverages are allowed to be consumed during the on duty status hours of employment or at lunchtime.
- The consumption of alcoholic beverages while riding in or operating a company vehicle or piece of equipment is prohibited.

#### **[Fire Protection]**

- Fire extinguishers are supplied for office, yard, and warehouse areas. Familiarize yourselves with the location of such devices and use them when necessary for emergency use.
- Keep access to fire extinguishers clear of debris for instant use.



#### **[Work Area Protection]**

- Pick up all items that may cause a slip, trip, or fall.
- Do not bring glass bottles into the work area, only designated meal locations and maintain accountability of all waste.
- Keep materials clear of sidewalks & driveways to avoid blocking traffic or creating trip hazards.
- Keep your work area cleaned up. Do not give fire a place to start or an accident a place to happen.
- Use pathways as directed. Shortcuts behind machines, over conveyors or off platforms are dangerous.
- Keep all work areas properly barricaded at all times.
- Keep all open trenches covered and barricaded at all times.

#### **[Material Lifting, Carrying, Handling, & Storage]**

Storage areas shall be kept free of accumulation of materials that constitute hazards from tripping, fire, or explosion.

- A. Each employee is required to perform pre-shift or pre-lift stretches to help muscles be more flexible and avoid back and muscle injury.
  - B. Employees are required to evaluate the size, weight and circumstance of any item or load before lifting or moving, greater than 50 pounds, (i.e., tampers, hole hogs, etc)
  - C. Do not attempt to lift or move any item or load alone if there is any doubt in your mind about your ability to do so safely.
- For heavy items, always use a two-person lift. Both people should squat down with knees bent, keep their head and back aligned, grip the load with their whole hands (not just fingertips), and lift with their legs. Support the load with your arms and body, keep your head up, and hold the item close to your body to prevent strain.
  - Request help from someone else if material is too heavy for you to handle alone. (Tampers, Hole Hogs & Jackhammers)
  - Never walk under a load which is being lifted by power equipment.

#### **[Rigging]**

- Good rigging is essential for moving construction materials and equipment at the same time, and keeping them under control.
- Never swing loads over the heads of workers in the area.
- Only trained flagmen and signalmen are to direct operation, using hand signals established as standard for the industry.
- Tag lines must be used to control loads and keep workers away.
- Do not overload any part of your rigging. Check loads just off ground for stability before hoisting.
- Never leave a suspended load unattended without securing it.
- Never allow loads, booms, or rigging to approach within 10 feet of energized electrical lines rated 50 KV or lower unless the lines are de-energized. For lines rated greater than 50 KV, follow OSHA regulations.
- Always operate cranes on firm, level ground, or use mats, particularly for near-capacity lifts.
- Rope off or barricade a space 360 degrees around all cranes operating on your job site to the extent of the swing radius of the rear of the rotating structure.

**[Welding and Burning]**

- Always clear area below cutting or welding operations so that you do not drop slag on hoses, cables or employees
- Use leak proof welding helmets and burning goggles for eye protection and to prevent flash burns. Always wear eye protection to guard against slag while chipping, grinding, and dressing of welds.
- Use only manual electrode holders specifically designed for arc welding.
- Make sure that all parts subject to electrical current are fully insulated against the maximum voltage encountered to ground.
- A ground return cable shall have a safe current carrying capacity equal to, or exceeding, the specified maximum output capacity of the arc welding unit that it services.
- Place cables, leads, and connections so that there are no fire or tripping hazards.
- Shield all arc welding and cutting operations with noncombustible or flameproof screens wherever practical.
- Keep suitable fire extinguishers readily available when welding, cutting, or heating on the job.
- Be sure the proper ventilation is provided whenever welding, cutting, or heating is performed in a confined space.
- A Burning and Welding Permit is required on any job on which a fire hazard exists. Supervisors are responsible for obtaining permits.

**[Tools]**

- It is imperative that the right tool be utilized for the job and that it be used in a correct manner.
- Keep tools in good working condition. Damaged, worn, or defective tools cause injuries, and shall not be used.
- Do not use tools until you have been properly instructed and authorized to do so.
- Never remove machinery or equipment guards without authorization.
- Never make repairs to tools or equipment unless authorized by your Superintendent.
- Inspect electrical extension cords and other wiring to be certain they are properly insulated prior to use.
- Do not use frayed or damaged cords.
- Take special precautions when using power tools in deep ditch or other locations with limited movement area. Get a good footing, use both hands, keep hoses clear of obstructions, do not overreach.
- Be sure that a power tool is off and motion stopped before setting the tool down.
- Disconnect tool from power source before changing drills, blades, or bits or attempting repair or adjustment. Never leave a running tool unattended.
- Do not use compressed air for cleaning purposes except when pressure is reduced to less than 30 psi and then only with effective chip guarding and proper personal protective equipment.
- Use only company approved tools. No personal tools should be used on the job site.
- Metal measuring tapes, metal measuring ropes, or tapes containing conductive strands may not be used when working near exposed energized parts. Where it is necessary to measure clearances from energized parts, only nonconductive devices shall be used. OSHA - 1910.268 (n) (13) All non-metallic fish tapes or other tools/equipment needed to perform a work function will be approved and provided.





#### **[Machine Operations]**

- Use or maintain machines only if authorized. Know the safety precautions pertaining to machine use.
- Before turning on power, have safety guards in place and check that everyone stands clear.
- Never leave a running machine unattended.
- Do not measure, work, oil, or adjust the machine while it is in motion.
- When stopping a machine, do not use hands or makeshift devices to slow it down.
- Never reach through or over a machine in motion.
- Do not let scrap accumulate in the working area.
- Immediately report to your supervisor any equipment that is not operating properly or that needs service.

#### **[Inspection of Equipment & Vehicles]**

- Daily pre-trip inspection is a must prior to operating a vehicle and equipment.
- Operators shall report all equipment or vehicle defects to the Superintendent.
- Deficiencies affecting the safe operations of the vehicle or equipment shall be corrected prior to use.
- Drivers of company vehicles are responsible for the cleanliness of the vehicles they are driving on a daily basis. Vehicles should be spot checked for any litter or debris.

#### **[Operation]**

- The driver of a vehicle shall be courteous toward other operators and pedestrians. The driver shall operate his vehicle in a safe manner and shall yield the right-of-way to pedestrians and other vehicles when failure to do so might endanger any person or another vehicle.
- The operator of a motor vehicle shall clearly signal his intention of turning, passing, or stopping.
- Drivers shall be prepared to stop and yield the right-of-way in all instances where necessary to avoid an accident.
- The driver shall stay a minimum of 10 seconds behind when following another vehicle so that he can safely stop the vehicle in the clear distance ahead.
- Drivers shall exercise added caution when driving through residential areas and school zones.
- When entering or leaving any building, enclosure, alley, or street where vision is obstructed, a complete stop shall be made and the driver shall proceed with caution.
- All ignition systems shall be turned off and no smoking permitted while refueling.
- When proceeding down grade, the clutch shall not be disengaged. Trucks, particularly if heavily loaded, shall be in a lower gear prior to starting on steep grades.
- The passengers of every COV shall be awake, alert, and act as a second pair of eyes for the driver, while the vehicle is in motion.





#### **[Vehicle & Heavy Equipment Operations]**

Each driver is required to read and understand the drive safe program before operating/driving any company vehicle.

→ The driver is required to apply the “Five (5) ingredients for safe driving” when operating/driving a company vehicle

1. Where are you driving?
2. Eyes are your best tool
3. What is happening around you?
4. Make eye contact for safety
5. Have an escape route

- Only those employees specifically authorized by the company are allowed to operate a company-owned vehicle.
- Each driver is required to read and understand the drive safe program before operating/driving any company vehicle.
- The driver is required to apply the “Five (5) ingredients for safe driving” when operating/driving a company vehicle
- Vehicles shall not be operated at speeds greater than permitted by law. Traffic, road, and weather conditions shall be given consideration in determining the safe speed within the legal limit at which vehicles shall be operated.
- A driver or operator shall not permit unauthorized persons to drive or operate a company vehicle.
- Where seat belts are provided, they must be used at all times.
- Employees shall not permit anyone to ride on the running boards, fenders, or any part of the vehicle or equipment except on the seats provided. No riders are allowed on a backhoe or trencher. OSHA law prohibits anyone to ride except the operator.
- Employees will not jump on or off vehicles that are moving or parked. Use handrails and steps to exit and enter vehicles.
- Employees shall not drive a company vehicle when they are not working for the company.

**[Parking]**

- Trucks or trailers stopped on any public roadway shall be protected by proper warning lights and reflectors.
- Vehicles shall not be parked on bridges or over culverts, except when necessary, proper safeguards shall be taken to avoid possible accidents.
- When it is necessary to park, the driver shall make sure the vehicle is left in a safe position. The engine shall be turned off, the vehicle placed in the lowest gears, or "park" position, and the parking brake set.
- Any time a FVC vehicle is parked, the Driver is required to place a traffic cone in the front and rear of the vehicle/trailer. Before the vehicle is moved, the Driver is required to walk around the unit (vehicle and/or trailer) and conduct a safety review to identify any unsafe condition that could occur when the vehicle is moved from the parked position. Placing of traffic cones in the front and rear is required any time the vehicle unit is parked, including in the construction yard.
- Chalk blocks shall be in place on all construction field vehicles and trailers when they are in a parked position and when conducting pre-trip and post-trip inspections of the unit (s). Chalk blocks shall be placed on all trailers when they are separated from the towing vehicle.

**[Backing]**

- Extreme caution shall be exercised when backing a vehicle to avoid injury to persons and to prevent damage. Use a spotter if **two people are present**.
- When backing a vehicle, the operator shall
- Keep a constant look out in all directions during the entire time he is backing.
- Carefully check any blind areas.
- Back slowly.
- Watch both sides but do not depend entirely on mirrors
- In any difficult backing situation, or obstructed rear vision, enlist the help of another person on the ground as a guide or stop backing and GET OUT AND LOOK (G.O.A. L) .
- When two (2) or more employees are in the vehicle, the employee who is the passenger shall assist the driver.
- When parking a single vehicle, back into park wherever possible.
- The driver of the vehicle is responsible to make sure that all passengers are wearing seat belts prior to moving the vehicle. All occupants must remain belted at all times while the vehicle is moving.







#### **[Stopping on the Highway]**

- Stopping on the highway should be avoided.
- When it is absolutely necessary to stop on the highway, extreme caution shall be used.
- Tail lights/emergency flashers shall be used.
- If work is in progress, traffic control devices (together with a flagman, where necessary) shall be used.

#### **[Trucks & Equipment]**

- Only those persons who are qualified and trained in their use shall operate trucks and equipment.
- Equipment shall always be operated at existing conditions. Safe speed for
- Before moving equipment, the operator shall make sure that no person or objects are in the path of the vehicle.
- Equipment or vehicles shall not be fueled with the engine running.
- No one shall be allowed to ride equipment other than the operator, except on seats provided for this purpose.
- When an operator is driving a one ton or larger, the minimum following distance is increased to 8 seconds, allowing them to come to a safe stop or slow down as necessary.
- Any person who is required to operate equipment in any Pauley workplace must demonstrate that they are competent to do so before they are permitted to operate the equipment. This includes anyone operating or working the knuckle boom truck or aerial lifts.

#### **[Driving Record Reporting Policy]**

- All drivers who operate FVC Company vehicles or drive their personal vehicles for work purposes will have their driving records reviewed at least once annually. It is the driver's personal responsibility to immediately notify their supervisor or foremen of any changes or updates in their driving record. The Foremen must then notify HR so that the ongoing driver eligibility can be verified. Failure to comply with this reporting procedure will be viewed as a violation of policy, resulting in disciplinary measures, up to and including termination.

#### **[Authorized Driver Policy]**

For any new hire or new driver work driving privileges will Be Denied for the following reasons:

- Any citation for operating a motor vehicle while impaired or under the influence of alcohol, illicit drugs, medications, etc, or refusal to consent in the past 24 months. Citations include, but are not limited to DUI, OWI, DWAI, DWI, and DWUI (Driving Under the Influence, Operating While Intoxicated, Driving While Alcohol/Ability Impaired, Driving While Intoxicated/Impaired, and Driving While Under the Influence).
- Current interlock license
- Current suspended license
- Ten (10) or more points as assigned by policy, on record in the past 12 months.
- Any driver's license suspension for a moving violation in the past 12 months.
- Gross negligence resulting in an at fault incident





**[For current employees work driving privileges Will Be Suspended for the following reasons]**

- Any citation for operating a motor vehicle while impaired or under the influence of alcohol, illicit drugs, medications, etc, or refusal to consent in the past 24 months. Citations include, but are not limited to DUI, OWI, DWAI, DWI, and DWI (Driving Under the Influence, Operating While Intoxicated, Driving While Alcohol/Ability Impaired, Driving While Intoxicated/Impaired, and Driving While Under the Influence). Driving privileges will be suspended until a clear, state-issued driver's license is received. Once HR has proof of a license with no restrictions, management will determine the driver's status.
- Current interlock license
- Current suspended license
- Ten (10) or more points as assigned by policy, on record in the past 12 months.
- Any driver's license suspension for a moving violation in the past 12 months.
- Gross negligence resulting in an at fault incident
- An employee will be placed on a 6 month probationary driving status if the employee has been involved in an At Fault incident while operating a company vehicle. All points accumulated while on probation will be subject to review by management for possible driver eligibility and driving privileges may be suspended.

**[Driver Point System]**

- Citations issued and convictions of listed offenses will result in the following points being assessed against the employee's company driving privilege status. The violation is considered to have occurred when the citation is issued, not when the final court decision is made.
- Drivers must inform their Supervisor whenever they become disqualified under this policy. Changes needing to be reported include, but are not limited to, OWI/DUI citation, license revocation, and restriction or suspension. Any change in the status of a driver's record resulting in disqualification will result in revocation of the privilege of driving a FVC vehicle or driving one's personal vehicle for work purposes. Failure to report such changes will result in disciplinary action up to and including termination.



**[Speeding]**

21 mph or greater over the posted speed limit	4 points
15-20 mph over the posted speed limit	3 points
10-14 mph over the posted speed limit	2 points
05-09 mph over the posted speed limit	1 point

**[Other moving violations]**

Reckless/careless driving conviction	3 points
Moving violation other than speeding	3 points
Driving on an expired license	2 points
Driving while not in possession of current license	2 points
Citation for driving a vehicle not licensed for	2 points
Expired registration	2 points
Not in possession of current registration	2 points
Driving an unregistered vehicle	2 points

**[At Fault Incidents]**

All at fault incidents	4 points
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**[Driver Disqualification (Prior History and Safety Performance)]**

- If a driver's Prior History and Safety Performance employer verification process reveals that a current FVC employee has had a positive drug and/or alcohol test result within the last 12 months and has not completed a DOT approved SAP (Substance Abuse Provider process), he/she will immediately be placed on the No Drive List. He/she will then have to run through a four week random drug/alcohol testing process. They will be required to submit to a random test one time a week for four weeks. HR will determine the day for each test. If any of these tests produce a positive result, the employee will be terminated immediately under our Zero Tolerance Policy. If all four tests come back clear, the employee will be removed from the No Drive List. If the SAP process has been successfully completed and the documentation has been provided to HR, the current employee's driving status will not be impacted.







#### **[Buried and Underground Work Conditions and Manholes]**

- Walkways, driveways, and sidewalks shall be kept clear of excavated material or other obstructions and no sidewalks shall be undermined unless shored properly.
- If steel plates are used for driveways, roadways, or sidewalks, they shall be laid parallel and fastened together to prevent movement of the plates.
- Daily inspections of excavations shall be made by the Foreman or Crew Leader. If evidence of possible cave-ins or slides is apparent, all work will cease and necessary precautions will be taken to safeguard the employees and public.
- All personnel must be properly trained to use and understand sampling equipment, ventilation and purging. Manhole set ups require the proper work area protection, a manhole guard and traffic control, if needed. Manhole covers are heavy and should be handled with care to avoid personal injury. Manholes must be tested with the proper air sampling device to determine if the air quality is safe to begin the ventilation process with a manhole blower. Employees should not enter a manhole until the testing and purging process is complete.

#### **[Specific Excavating Trenching Requirements]**

- Prior to opening an excavation, the One Call Utility Locate System must be called to determine whether underground (including sewer, telephone, water, fuel, electric lines, etc.) will be encountered.
- Trees, boulders, or other hazardous conditions occurring in the vicinity of the excavation area shall be removed or made safe before excavation is done.
- The Foreman or Experienced Labor if the Company Appointed Qualified Competent Person is not available shall inspect excavations after every rainstorm or other hazardous condition, to protect against slides and cave-ins.
- Diversion ditches, dikes, or other suitable means shall be used to prevent surface water from entering an excavation and to provide adequate drainage of the area adjacent to the excavation.
- If possible, dust conditions shall be kept to a minimum by the use of water, salt, calcium chloride, or other means.
- Exits, such as a ladder or steps shall be provided for employees working in trenches. The ladder shall extend a minimum of three (3) feet above the top of the excavation or trench and be readily accessible.
- Employees exposed to vehicular traffic shall wear warning vests marked with or made of reflective or high visibility material. It is Company policy to wear vests or approved orange shirts at all times.
- At no time should a trencher engine be left running without the operator being on the equipment.





#### **[Trenching & Shoring/Excavation]**

- Trench, ditch or other excavation in excess of five (5) feet deep in material other than solid rock shall be shored, sheeted, braced, or sloped to the angle of response.
- Materials used for sheeting, bracing, and shoring shall be in good serviceable condition.
- Additional precautions by way of shoring and bracing shall be taken to prevent slides or cave-ins when excavations or trenches are made in locations adjacent to back filled excavations, where excavations are subjected to vibrations from railroad or highway traffic, the operation of machinery, or any other source.
- Barricades should be used when working in the public right-of-way when excavation is taking place. Barricades should be erected when hazards to motorists and pedestrians may occur in streets, sidewalks, or alleys due to excavation.
- Excavated materials must be at least two (2) feet from the edge of the trench.
- Working in an unsafe excavation (five (5) feet and greater) is not permitted by any employee of FVC. It is the responsibility of each individual to comply with all Field View Construction Co and OSHA safety regulations and practices. All open pits and trenches must be properly shored and/or sloped, spoil piles must be placed at the required distance from the edge of the opening and ladders must be in place before any employee enters an open pit or trench.

#### **[Electrical and Working Aloft]**

- When working on high voltage, it is mandatory that proper equipment (as appropriate) be used, i.e., fiberglass hot sticks, fiberglass buckets, rubber pads, high voltage grips on all tools, and rigging equipment. High voltage equipment must be tested at specified intervals to insure integrity of equipment.
- Apprentices are always to be under the direct supervision of a journeyman electrician and are never to work on energized equipment or circuitry.
- Whenever de-energizing is impossible, two journeymen must be on the job whenever the voltage is 250 volts to ground or above.
- An assured grounding schedule must be adhered to at all times. This requires the monthly checking of all electrical equipment on the job site plus using a color-code system to ensure correct polarity and grounding on all equipment.
- Employees shall visually check the bucket at the first job each day the bucket is used. The bucket should be inspected for cracks or damage to ensure that it is safe to use (including annual inspection of vehicle and boom) . With the bucket empty, the controls shall be operated and checked before anyone goes aloft.
- All employees working in the bucket shall wear an approved body harness with a shock-absorbing lanyard properly attached to the boom or factory approved attachment point.
- Climbers shall not be worn by the employee who is working in a bucket.
- No tools or equipment shall be placed in such a manner to cause the bucket to become unstable. Good housekeeping shall be exercised in the bucket at all times.
- Wear dielectrically-tested, rubber gloves with leather protectors whenever contact with energized circuits is possible.



**[Disciplinary Action for Safety Program]**

- Any employee that is not performing in accordance with our safety standards shall be notified by his Superintendent or Area Manager. It is the Superintendent's responsibility to make sure that our safety standards are adhered to.

**[Safety Meetings]**

- All Foremen and Superintendents are responsible for conducting weekly safety meetings. A Safety Meeting Attendance Report will be submitted to the Safety Coordinator/Corporate Office after each meeting for record retention.

**[Safety Checklist/Job Hazard Analysis]**

- The safety checklist shall be attached to each job/work order completed by the competent person before commencing work.







#### **[SUBSTANCE ABUSE POLICY]**

##### **PURPOSE OF POLICY**

- Field View Construction Co believes that it is important to promote a drug-free community, to maintain safe, healthy, and efficient operations, and to protect the safety and security of the employees, facilities, and property of FVC. Drugs or alcohol may pose serious risks to the user and all those who work with the user and the security of Company employees, facilities, and property. In addition, the use, possession, sale, transfer, manufacture, distribution, and dispensation of alcohol or illegal drugs is prohibited in the workplace. Substance abuse, while at work or otherwise, seriously endangers the safety of employees, as well as the general public, and creates a variety of workplace problems, including increased injuries on the job, increased absenteeism, increased health care and benefit costs, increased theft, decreased morale, decreased productivity, and a decline in the quality of products and services provided by Pauley Construction. For all those reasons, Field View Construction Co has established this Substance Abuse Policy.

#### **[SCOPE OF POLICY]**

- This Policy applies to all Company employees, including management, administration, and temporary employees, and to all applicants who have received conditional offers of employment with Field View Construction Co.
- Depending upon their specific job duties, certain employees may be subject to additional requirements under state or federal regulations, including additional restrictions on drug or alcohol use, and additional provisions for drug and/or alcohol testing.

#### **[DISSEMINATION OF POLICY]**

- All employees will receive a copy of this Policy, and will be required to sign an appropriate acknowledgment and receipt.
- All applicants who have received conditional offers of employment with FIELD VIEW CONSTRUCTION CO, INC (FVC) will be required to read this Policy before hire, and will be required to sign an appropriate acknowledgement and receipt.

#### **[DEFINITIONS]**

- Illegal Drugs "Illegal drugs" means any controlled substance, medication, or other chemical substance that (1) is not legally obtainable under federal law; or (2) is legally obtainable under federal law but is not legally obtained, is not being used legally, or is not being used for the purpose (s) for which it was prescribed or intended by the manufacturer. Thus, "illegal drugs" may include even over-the-counter medications, if they are not being used for the purposes) for which they were intended by the manufacturer. Marijuana is specifically included in the definition of "illegal drug."



#### [Legal Drugs]

- "Legal Drugs" means prescribed or over-the-counter drugs that are legally obtained by the employee and used for the purposes) for which they were intended by the manufacturer.

#### [Company Property]

- Company property" and "Company equipment, machinery, and vehicles" means all property, equipment, machinery, and vehicles owned, leased, rented, or used by Field View Construction Company.

#### [ON DUTY]

- "On duty" means all working hours, as well as meal periods and break periods, regardless of whether on Company property, and all hours when an employee represents Field View Construction in any capacity.

#### [WORK RULES]

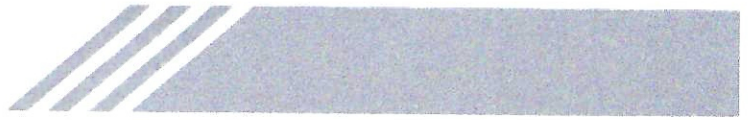
- Substance Abuse by Employees

#### [Alcohol]

- Employees may not use, possess, sell, or transfer alcohol while on duty, while working, while on Company property, or while operating Company equipment, machinery, or vehicles.
- Employees may not work or report to work with detectable levels of alcohol in their systems at 0.04 or greater.
- Employees who violate either of these rules will be subject to discipline, up to and including immediate discharge. Field View Construction may make exceptions to these rules for certain business or social functions sponsored or approved by Field View Construction Co.

#### [Illegal Drugs]

- Employees may not possess illegal drugs or engage in the illegal use of drugs while on duty, while working, while on Company property, or while operating Company equipment, machinery, or vehicles.
- Employees may not work or report to work with detectable levels of illegal drugs or metabolites of illegal drugs in their systems.
- Employees may not manufacture, distribute, dispense, transfer, or sell illegal drugs.
- Employees who violate any of these rules will discipline, up to and including immediate discharge. be subject to and including immediate discharge.



#### **[Legal Drugs / Medication]**

Any employee who has reason to believe that the legal use of drugs, such as a prescribed medication, may pose a safety risk to any person or interfere with the employee's performance of his or her job must report such legal drug use to his or her supervisor. FVC shall then determine whether any work restriction or limitation is indicated. Failure to report the legal use of: a drug that may pose a safety risk could result in disciplinary action.

#### **[Criminal Drug Convictions]**

- Any employee who is convicted of violating any criminal drug statute while in the workplace will be subject to discipline up to and including immediate discharge.
- Employees are required to report any criminal drug statute conviction occurring in the workplace to their immediate supervisor within five days.

#### **[Inspection Of Property, Equipment, and Vehicles]**

- All persons on Company property or who are performing services on Company project, and all property, equipment, and vehicles on Company property or being used in connection with the performance of work on Company project, (including without limitation all vehicles, containers, desks, and file cabinets), are subject to unannounced inspection by FVC. You should not expect that any property or items that you bring to work with you or that you use at work are private. If employees do not want any property or items inspected, do not bring them to work. Employees who refuse to permit inspections under this Policy or who fail to cooperate with inspections under this Policy will be subject to discipline, up to and including immediate discharge.

#### **[DRUG AND ALCOHOL TESTING]**

- Field View Construction Co may require that employees and applicants provide urine, blood, breath, and or other samples for drug and alcohol testing under any of the following circumstances:

##### **[Pre-Employment Testing]**

- All applicants who have received conditional offers of employment with FVC are required to undergo drug alcohol testing as a condition of employment.

##### **[Reasonable Suspicion Testing]**

Field View Construction Company may require any employee to undergo drug and alcohol testing if management has a reasonable suspicion that the employee:

- Has violated FVC's prohibiting the use, possession, sale, or transfer of alcohol and/or illegal drugs while on duty, while working, while on property, while operating Company equipment, machinery, or vehicles;
- Appears to be or is under the influence of alcohol and/or illegal drugs while on duty, while working, while on company property, or while operating company equipment, machinery, or vehicles;





- Is impaired by alcohol and/or illegal drugs; or may be affected by the use of alcohol and/or illegal drugs and that the use may adversely affect job performance or the work environment.

#### **[Post-Accident Testing]**

- Post-accident, injury, and/or illness drug testing is limited to situations in which there is a reasonable possibility that the use of drugs by the employee was a contributing factor to the reported accident, injury, and/or illness. For example, it would likely not be reasonable to drug test an employee who reports a bee sting or a repetitive strain injury. Exceptions to this policy include state and/or federal laws, rules, regulations that require post- accident, injury, and/or illness drug testing, regardless of the type of accident, injury, and/or illness. If an employee has a commercial driver's license and fails a test for a controlled substance, the employee will be required to follow the same policy for return to work to a safety sensitive position as required by the Federal Highway Administration of the Department of Transportation.

#### **[Post-Injury Testing]**

- Field View Construction Company will require any employee who has sustained a work-related injury to undergo drug and alcohol testing, as pertains based on the statements listed above.

#### **[Random Testing]**

- All employees are subject to periodic unannounced drug and alcohol testing on a random selection basis.

#### **[SPECIMEN COLLECTION AND TESTING PROCEDURES]**

- Specimen Collection Procedures

#### **[Privacy]**

- Appropriate professional personnel will supervise the collection of urine and blood specimens for testing. In the absence of a reasonable suspicion that the person will alter or substitute a urine specimen, the collection personnel will not directly observe the collection of the urine specimen.

#### **[Chain of Custody Procedures]**

- Field View Construction Company will take steps to preserve the chain of custody of specimens, in order to ensure testing accuracy.

#### **[Specimen Testing Procedures]**

- Specimens will be tested only by laboratories that are properly approved to conduct drug and alcohol testing by the National Institute on Drug Abuse, the Department of Health and Human Services, or the College of American Pathologists.
- Specimens will be tested only for the presence of alcohol, illegal drugs, and their metabolites.
- Field view Construction Co will rely only on positive initial screening test results that also have been confirmed by Georgia A. Staton chromatography/mass spectrometry or other methods of confirmatory analysis provided for by the





National Institute on Drug Abuse, the Department of Health of Human Services, or the College of American Pathologists ("confirmatory test").

**[Cost of Testing]**

- Field View Construction Company will pay for any drug and alcohol test that it requests or requires.

**[Suspensions Pending Test Results]**

- Pending receipt of test results and written explanations and requests for retests of positive confirmatory test results, employees may be temporarily suspended. If an employee is suspended and the final confirmatory test result is negative, the employee will be reinstated immediately with full back pay.

**[Test Result Reports]**

- Field View Construction Co will promptly communicate test results to persons being tested.

**[CONFIDENTIALITY OF TEST RESULTS]**

- Field View Construction Company will not disclose test results except as authorized by the person or as authorized, permitted, or required by applicable law.

**[CONSEQUENCES OF REFUSAL]**

- Employees and applicants may refuse to undergo drug and alcohol testing. However, employees who refuse to undergo testing or who fail to cooperate with the testing procedures will be subject to discipline, up to and including immediate discharge. Applicants who refuse to undergo testing or who fail to cooperate with the testing procedures will not be hired and will not be reconsidered for employment.

**[RIGHT TO EXPLAIN TEST RESULTS]**

Any person who tests positive on a confirmatory test requested by FVC may:

- Submit additional information to the contracted Medical Review Officer in a confidential setting, to try to explain the confirmed test result; and
- Request in writing a confirmatory retest of the original sample, at his or her own expense, provided that Field View Construction Co Human Resources Manager receives the request within 24 hours after the person has been informed of the confirmed positive test result.
- Confirmatory retests requested and paid for by the person may be conducted only by laboratories that are properly approved to conduct drug and alcohol testing by the National Institute on Drug Abuse, the Department of Health and Human Services, or the College of American Pathologists.

**[CONSEQUENCES OF CONFIRMED POSITIVE TEST RESULTS]**

**[Applicants]**

- Any applicant who tests positive on a confirmatory test on any drug and alcohol test required by Field View Construction Company and who does not timely and successfully refute the test results by explanation or retesting will not be hired and will not be reconsidered for employment.





#### **[Employees]**

- Field View Construction Company has a Zero Tolerance Policy for drugs and alcohol in the workplace. Employees are prohibited from possessing, distributing or consuming drugs or alcohol on company premises. Employees who violate this policy will be subject to discipline, up to and including termination.
- Field View Construction Co reserves the right to terminate employment immediately on confirmed positive drug or alcohol test results. Positive test results will be reviewed by the contracted Medical Review Officer. Any employee who is covered by DOT's SAP (Substance Abuse Program) requirements and who tests positive on any drug and alcohol test required by Field View Construction Co and who does not timely and successfully refute the test results by explanation or retesting will be suspended until successfully completing a SAP (Substance Abuse Program). Any employee who is not covered by DOT's SAP (Substance Abuse Program) requirements and who tests positive on any drug or alcohol test required by FVC and who does not timely and successfully refute the test results by explanation or retesting will be terminated.

#### **[Unemployment Compensation Benefits/Workers' Compensation Benefits]**

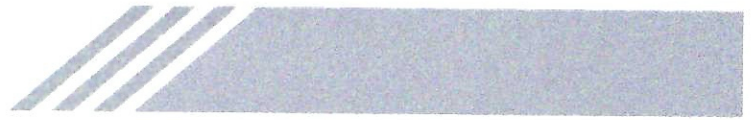
- Any employee who refuses to take, to cooperate with, or who tests positive on a confirmatory test on any drug or alcohol test required by Field View Construction Company after a workplace accident or injury and who does not timely and successfully refute the test results by explanation or re-testing will be subject to loss of workers' compensation benefits.
- Field View Construction Co requires that any employee injured on the job will be drug tested on the same day of the injury. Employees are encouraged to approach their supervisor at any time with any questions they have about Field View Construction's Substance Abuse Policy.

#### **[OCCUPATIONAL HEALTH & SAFETY ADMINISTRATION]**

- Nothing in this policy is intended to prohibit, prevent, or otherwise discourage any employee from exercising his or her right to report a workplace illness and/ or injury. The Company strictly prohibits discrimination against or discharge of any employee for reporting a work-related illness and/or injury.







**[DISCIPLINARY POLICY]**

**ANY AT FAULT ACCIDENTS INVOLVING COMPANY VEHICLES OR VEHICLES USED FOR COMPANY OPERATIONS AND OR OFFICIAL BUSINESS.**

**1st Occurrence:** Written warning by the supervisor, forwarded to the personnel file, and a copy to the safety director.

**2d Occurrence:** Written warning to employee personnel file. Suspension of driving privileges for 30 days. Accident reviewed by safety committee and insurance carrier.

**3rd Occurrence:** The safety committee will review the accident and make recommendations to senior management.

**Options:**

- Company driving privileges suspended for up to six months.
- Three months probation.
- Possible termination.

**[RIDING ON CONSTRUCTION EQUIPMENT NOT DESIGNED FOR PASSENGERS]**

**Backhoes, forklifts, and one ton, other than one ton with crew cabs.**

**1st Occurrence:** Three day suspension without pay.

**2nd Occurrence:** Referred to senior management with safety recommendation to terminate.

**3rd Occurrence:** Immediate termination.

**[BACKING A TRUCK OR A PIECE OF EQUIPMENT WITHOUT A SPOTTER, EXCEPT IN SITUATIONS WHEN A SPOTTER IS NOT READILY AVAILABLE]**

**1st Occurrence:** A written warning by the supervisor, forwarded to the personnel file, and a copy to the safety director.

**2nd Occurrence:** Written warning to employee personnel file. Employees and supervisors will discuss proper backing procedures at the monthly safety committee meeting.

**3rd Occurrence:** Safety committee will review circumstances, make recommendations to senior management.

**Options:**

- Company driving privileges suspended for up to thirty days.
- Three months probation.
- Possible termination.





**[FAILURE TO WEAR PERSONAL, PROTECTIVE EQUIPMENT (PPE) , INCLUDING BUT NOT LIMITED TO VEST, EYE PROTECTION, HARD HAT, SAFETY GLASSES, AND WORK BOOTS (BASED ON WORK FUNCTION)]**

**1st OCCURRENCE:** Written warning by the supervisor, forwarded to the personnel file, and a copy to the safety director.

**2nd OCCURRENCE:** Written warning to employee personnel file. Suspension of driving privileges for 30 days.

**3rd OCCURRENCE:** The employee and supervisor will report to the respective Superintendent to consider further corrective measures.

- In any twelve month period. All disciplinary actions are subject to review by the Safety Manager. If you have any questions please see your supervisor.

**NOTE:** Any at fault accident will require the employee to attend a remedial driving course. The driver will also be required to take a drug test at an approved testing facility.

**[METAL FISH TAPES]**

- Failure to get prior approval from your supervisor to use a metal fish tape shall result in.

**1st Occurrence:** Written warning by the supervisor, forwarded to the personnel file, and a copy to the safety director.

**2nd Occurrence:** Recommendation to terminate. Referred to senior management with safety committee's

**3rd Occurrence:** Immediate termination.

**[Company Vehicles and Equipment Seat Belts]**

- Failure to follow the company vehicle seatbelt policy will result in the following disciplinary actions.

**1st Occurrence:** Written warning by the supervisor, forwarded to the personnel file, and a copy to the safety director.

**2nd Occurrence:** One-week suspension without pay.

**3rd Occurrence:** Recommendation to terminate. Referred to senior management with safety committee's

**[Non Approved Cutting Tools]**

The use of box cutters, utility knives, pocket knives, etc, will result in the following disciplinary measures. The only approved cutting tool is the sheath knife and snips stowed in the sheath when not in use.

**1st Occurrence:** One day suspension without pay, and a written warning, forwarded to the personnel file, and a copy to the safety director.

**2nd Occurrence:** The employee and supervisor will report to their respective Manager to consider corrective measures, up to and including termination.



#### **[IMMEDIATE TERMINATION POLICY]**

- If an employee is found to have violated any of the safety areas listed below, each specific safety practice is covered in full detail in the other sections of this manual.

#### **[FIELD OPERATIONS]**

##### **→ Trench Safety**

- If an employee enters an unsafe excavation or open trench (5 feet in depth or more) that is NOT properly shored, ladders are NOT in place for entrance and exits, and spoils are NOT placed the required distance from the edge of the trench.

##### **→ Manhole Safety**

- If an employee enters a manhole before the manhole atmosphere is tested and ventilation or purging parameters are completed.

#### **[VEHICLE OPERATIONS]**

##### **→ Bucket Truck Safety**

- Employees are NOT permitted to elevate in the aerial bucket without wearing the proper safety harness and verifying that the annual inspection of the lifting equipment and vehicle is current.

#### **[PERSONAL PROTECTIVE EQUIPMENT (PPE)]**

##### **→ Dielectric Gloves**

- Tested (current) rubber gloves with leather protectors must be worn whenever contact with an energized circuit is possible.







#### **[MOBILE DEVICE DISTRACTED DRIVING POLICY]**

It is Field View Construction's policy to conduct its business in a manner that protects the safety of employees, customers, and the public. Safely operating a motor vehicle requires a driver's total attention. In order to improve employee safety and eliminate unnecessary risks behind the wheel, Field View Construction co has enacted this Mobile Device Distracted Driving Policy. The following rules shall apply to all employees at all times while driving a Company vehicle or while operating a personal or rental vehicle when engaged in Company business:

- Employees are required to follow all applicable traffic rules, laws, and regulations at all times. In the event that applicable laws are stricter than this policy, the employee shall comply with the law.
- The Company does not require Employees to use cellular devices while driving for the purposes of conducting work
- All work-related conversations must be conducted while the employee is on-the-clock. Employees are prohibited from working off-the-clock.
- 'Hand-held and Hands Free devices' are not to be used while driving under any circumstances.
- If an employee driver needs to engage in phone use, whether for personal or work-related matters, the employee must pull over to a safe, legal parking space, prior to answering the call.
- Reading, responding to, typing, or sending emails, instant messages, and text messages is prohibited at all times while operating a vehicle.
- Navigation devices must be configured before the trip begins. If adjustments are needed to the navigation device or app, the employee driver must safely pull over and reconfigure the route.
- Managers must not engage in communications with employees when they know the employee is driving, including text messaging, emailing, instant messaging, or voice calling.
- Additionally, employees are required to comply with the Cellcontrol policy as stated below.

#### **[Mobile Device Use Progressive Discipline Guideline]**

The following guideline will be used when employees are found on DriveCam, or by any other means, using a mobile device or electronic device (Company or Personal) while driving in violation of company policy:

**1st occurrence:** 3 day suspension

**2nd occurrence:** 5 day suspension

**3rd occurrence:** Termination

**Or termination based on management's discretion.**

Using a mobile or electronic device to include hands free while driving will go on an employee's record and will count towards termination for the duration of an employee's term of employment at Field View Construction.

This portion of the policy is not part of the rolling 60 day period



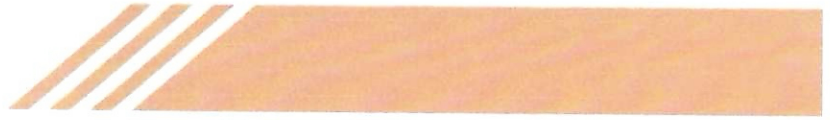


## Bad Apple Internal Policy

The "Bad Apple Policy" at Field View Construction Company is designed to foster a positive, respectful, and safe work environment for all employees. This policy emphasizes the importance of maintaining a constructive attitude, mutual respect, and a strong work ethic. It encourages collaboration, exceptional craftsmanship, and a firm commitment to safety. Additionally, the policy establishes clear expectations for professional development, adherence to safety protocols, and the maintenance of high professional standards across the organization. Ultimately, the policy ensures that every employee plays an active role in the company's success, collectively working to uphold Field View Construction's reputation as an emerging leader in the industry.

- **No Bad Apples:** Every team member is expected to maintain a positive, professional attitude at all times—no exceptions. A positive mindset, respect, and a willingness to work together are essential to promoting a productive and motivating work environment on the job site.
- **Mutual Respect:** Treat all colleagues with respect and kindness, regardless of role or position. Whether on-site or in the office, respect is fundamental to creating a collaborative and efficient construction team.
- **Generosity and Politeness:** We encourage a workplace culture that values generosity, politeness, and mutual support. Be considerate of your coworkers and their well-being, as well as the overall safety and success of the team. Treat everyone with the care and respect you would extend to your own family.
- **Craftsmanship:** Field View Construction Company takes pride in delivering high-quality work. Always strive to perform at your best, ensuring the exceptional craftsmanship that our company is known for is upheld on every project.
- **Team Success:** We are all working together towards a common goal, and success is shared by all. Discussions about pay are discouraged, as we are all Union-based employees working as one cohesive team, united in our efforts.
- **Hard Work:** Understand that the work we do is challenging. Success requires dedication, effort, and a strong work ethic. Approach every task with a positive attitude, knowing that perseverance and commitment are key to achieving the results we strive for.
- **Accident Prevention:** Accidents are preventable, and reckless or careless behavior will not be tolerated. Avoid unnecessary risks or actions that could compromise safety. Prioritize safety in every task to ensure a safe work environment for all employees.
- **Workplace Safety:** Adhere to all safety guidelines and procedures at all times. The safety of yourself and your coworkers is of utmost importance. Always take the necessary precautions to prevent accidents and promote a culture of safety on the job site.
- **Leadership:** Follow the proper leadership chain for any inquiries or concerns. This ensures effective communication and a smooth workflow within the company.
- **Professional Growth:** Success comes with consistent effort. Show up, put in the work, and follow the guidelines, and your professional growth will reflect that.
- **Union Commitment:** As a Union-based company, we uphold Union values. All employees should respect and work within the framework of these principles, ensuring fairness for all.

Our mission is to position FVC as the top choice in the industry. We achieve this by upholding high standards in the quality of our work, fostering a positive attitude, and promoting strong team spirit across every project and task we undertake.



### **Acknowledgment of Safety Procedures and Measures**

I hereby acknowledge that I have been informed of and understand all safety procedures and measures adopted by **Field View Construction Co., Inc.** I recognize the importance of these safety protocols and agree to adhere to them to the best of my ability in order to maintain a safe and compliant work environment.

**Employee Signature:** \_\_\_\_\_

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

