



Application Process:

1. Complete ALL of the forms in this application.
 - a. Pre-Employment Packet
 - i. Employee Information
 - ii. Job Requirements
 - iii. Employment History / Experience
 - b. Background Screening
 - c. MVR Consent Form
 - d. Drug & Alcohol Consent Form
 - e. Form I-9
 - f. Form W-4
 - g. Invitation to Self-Identify (Equal Employment)
 - h. Direct Deposit Enrollment (Include Voided Check)
2. Print the entire application.
3. Make sure all required forms are signed and dated.
4. Submit your application via email: fhf@vicsco.com

Applications will NOT be processed until all of the forms listed above are completed and submitted to Vic's Crane & Heavy Haul Inc.



Pre-Employment Packet

Employee Information:

Last Name:

First Name:

Middle Name:

Street Address:

City:

State:

Zip Code:

Daytime Phone:

Alternative Phone:

Birth Date:

Social Security Number:

Email Address:

Driver's License Information:

Driver's License State:

Driver's License Number:

License Class:

License Expiration Date:

Emergency Information:

Please provide contact information for notification in the event of an emergency.

Contact Name:

Phone:

Relationship to you:

Emergency Medical Information:

Are you allergic to any medication(s)?

If yes, please specify:

Any medical conditions we should be aware of?



Job Requirements

Name:

The following statements represent the job requirements and duties for operating engineer positions.

Please indicate on the following statements your ability to perform the duties or have the experience described:

Job Requirements - Please answer the following questions	YES	NO
Are you able to climb in and out of crane or other equipment cabs without restrictions?		
Are you familiar with and have knowledge in heavy equipment safety?		
Are you able to assist in the assembly of lattice booms?		
Can you read, understand, and implement load charts?		
Can you read, understand, and implement manufacturer's precautions, warnings and maintenance requirements?		
Are you able to adapt to weather conditions, work outside year-round, and dress appropriately for the weather?		
Can you give and receive standard crane signals?		
Are you able to sit and stand for extended periods of time (4-6 hours)?		
Are you capable of hammering pins overhead?		
Are you capable of pulling cables?		
Are you able to lift up to 50 pounds (dunnage, outrigger pads, elevator doors, etc.)?		
Are you able to safely climb (on top of cranes or loads, etc.) without restrictions?		
Do you have any knowledge of rigging procedures?		
Are you able to read, understand, and implement rated capacity charts for rigging components?		
Do you have experience assisting in the assembly or disassembly of cranes?		
Are you willing and able to accept responsibility for the safety of others?		
Are you willing and able to adhere to all safety policies set forth by Vic's Crane & Heavy Haul, Inc.?		

Reporting Injuries:

If you are injured on the job while employed by Vic's Crane & Heavy Haul, Inc. you are required to notify your supervisor or safety representative immediately.

Failure to report injuries and complete required forms within 2 hours of the injury occurrence may result in denial or delay of a claim, or the inability to collect benefits. And may also result in the termination of your employment.

I have read and understand the policy and requirements for reporting injuries and the consequences for failing to follow proper procedure.

I have honestly answered all of the above questions to the best of my knowledge and understand the job requirements as set forth in the job description.

Signature: _____



VIC'S
CRANE & HEAVY HAUL INC.

3000 145th Street East, Rosemount, MN 55068
Dispatch (651) 423-7400 Fax (651) 423-7402

NAME: Example Example Example
First Middle Last

DATE: 10.21.15

CRANE OPERATING HISTORY

Need minimum of last two years listed

12 Months = 2000 Hours

EMPLOYER	DATES OF EMPLOYMENT	EQUIPMENT OPERATED	TIME ON EQUIPMENT
XYZ Crane	FROM: Jan 15 - TO: Present	Grove RT 40T, 65T, 90T	YEARS: 9 months HOURS: 1500 hrs
ABC Crane	FROM: Jun 14 - TO: Dec 14	Broderon 8T, 15T Grove 40T	YEARS: 7 months HOURS: 1200 hrs
123 Crane	FROM: Mar 13 - TO: Jun 14	Manitowac 999, 10000, 2250 Grove 40T, 80T Broderon 18T	YEARS: 16 months HOURS: 2750 hrs
987 Crane	FROM: Jan 13 - TO: Mar 13	Manitowoc 14000	YEARS: 3 months HOURS: 520 hrs
	FROM: TO:		YEARS: HOURS:
	FROM: TO:		YEARS: HOURS:
	FROM: TO:		YEARS: HOURS:

FHR requires two years per class (TSS, RT, AT, LBC, etc)

COMMERCIAL DRIVING HISTORY

Driver's License Number: M125649528431 MN 10.15.2020
STATE: EXP. DATE:

Class A B C D

EMPLOYER	DATES OF EMPLOYMENT	EQUIPMENT OPERATED	TIME ON EQUIPMENT
XYZ Truck	FROM: Jan 11 - TO: Present	Combinations, Tankers	YEARS: 11 months HOURS: 1350 hrs
ABC Trucking	FROM: Jun 7 - TO: Dec 10	HazMAT	YEARS: 5 months HOURS: 950 hrs
	FROM: TO:		YEARS: HOURS:
	FROM: TO:		YEARS: HOURS:
	FROM: TO:		YEARS: HOURS:



VIC'S
CRANE & HEAVY HAUL INC.

3000 145th Street East, Rosemount, MN 55068
Dispatch (651) 423-7400 Fax (651) 423-7402

FORK LIFT OPERATING HISTORY

Construction Fork Lift Operator Credentials:

Local 49 12.15.2018
ACCREDITED THROUGH EXP. DATE

EMPLOYER	DATES OF EMPLOYMENT	EQUIPMENT OPERATED	TIME ON EQUIPMENT
XYZ Construction	FROM: Jan 12 - TO: Present	Straight Mast	YEARS: 5 months HOURS: 170 hrs
ABC Construction	FROM: Jun 10 - TO: Dec 12	Tele - Handler	YEARS: 11 months HOURS: 950 hrs
123 Construction	FROM: Mar 9 - TO: Jun 10	Straight Mast	YEARS: 9 months HOURS: 540 hrs
	FROM: TO:		YEARS: HOURS:
	FROM: TO:		YEARS: HOURS:

PLEASE INDICATE WHAT APPLIES TO YOU AND YOUR PAST EXPERIENCE

NCCO CERTIFIED OPERATOR

☒ YES

☐ NO

IF YES, WHAT CATEGORIES

LBT

LBC

☒ TSS

☒ TLL

SGP

RIG

LIFT DIRECTOR

EXPIRATION DATE OF NCCO CERTIFICATION: 7.11.2018

OSHA 10 CERTIFIED DATE: 12.1.2009

☒ YES

☐ NO

PRO 10 CERTIFIED DATE: N/A

YES

☒ NO

QUALIFIED RIGGER & SIGNAL PERSON

☒ YES

☐ NO

CURRENT HEALTH CARD EXP DATE: 4.7.2017

☒ YES

☐ NO

HAVE YOU EVER WORKED IN A REFINERY

☒ YES

☐ NO

WHEN? 2010 WHERE? CORPUS CHRISTI

HAVE YOU EVER WORKED FOR VIC'S CRANE

☒ YES

☐ NO

WHEN? N/A

By providing your signature below you acknowledge that the information supplied is true and accurate to the best of your ability and account.

SIGNATURE:

DATE:



Employment History

Name: _____

Crane Operation Experience

Employer:	Dates of Employment:	Equipment Operated:	Time On Equipment:
	Begin:		Years:
	End:		Hours:
	Begin:		Years:
	End:		Hours:
	Begin:		Years:
	End:		Hours:
	Begin:		Years:
	End:		Hours:

Commercial Driving Experience

Driver's License State:

Driver's License Number:

Driver's License Expiration:

Class:

Employer:	Dates of Employment:	Equipment Operated:	Time On Equipment:
	Begin:		Years:
	End:		Hours:
	Begin:		Years:
	End:		Hours:
	Begin:		Years:
	End:		Hours:
	Begin:		Years:
	End:		Hours:

Forklift Operation Experience

Construction Forklift Operation Accreditation:

Accreditation Expiration Date:

Employer:	Dates of Employment:	Equipment Operated:	Time On Equipment:
	Begin:		Years:
	End:		Hours:
	Begin:		Years:
	End:		Hours:
	Begin:		Years:
	End:		Hours:
	Begin:		Years:
	End:		Hours:

Additional Experience

NCCO Certification:

NCCO Certified:

Expiration Date:

NCCO Certified Categories LBT LBC TSS TLL SGP RIG LIFT DIRECTOR

OSHA:

OSHA 10 Certified:

Date:

PRO 10 Certified:

Date:

Other:

Qualified Rigger & Signal Person:

Current Health Card:

Expiration Date:

Have you ever worked in a refinery?

If yes, when and where?

Have you ever worked for Vic's Crane & Heavy Haul, Inc.?

If yes, when?

I acknowledge that the information supplied is true and accurate to the best of my ability and account.

Consent to Obtain Consumer Reports for Employment Purposes

In connection with, and for the duration of my employment (including contract for services) with you, I understand that you may obtain consumer reports for employment purposes that relate to my criminal and driving history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies.

AISS will treat this information in strict confidence and not utilize or sell any information except for the stated purpose to perform background checks for employment at FHR Facilities.

I authorize, without reservation, any party, institution, or agency contacted by AISS or this employer to furnish the above mentioned information:

Applicant Name	Date of Birth	Social Security Number
Alias/Previous Name(s)	Email Address:	
Current Address	City & State	Zip Code
Driver's License #	State	Prospective Employer

☐ **California, Minnesota & Oklahoma Applicant Only:** Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy directly from AISS. California applicants may receive a copy from either the prospective employer or AISS.

Notice to California Applicants

Under section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your reports via telephone.

Under section 1786.16(a)(2)(B)(vi) of California Civil Code and Section 1024.5 of California Labor Code, you are notified that a credit report may be ordered if you are applying for a position involving access to confidential or proprietary information.

Notice to New York Applicants

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A or the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

APPLICANT SIGNATURE _____ DATE _____

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:
Background check for employment

Reason (s) for using CBSV: (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> Other |

with the following company ("the Company"):

Company Name: Sterling Infosystems, Inc (dba Sterling Talent Solutions)

Company Address: P.O. Box 1048, Bothell, WA 98041

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

Computer Information Development LLC 713 W. Duarte Rd #106, Arcadia, CA 91007

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 90 days from the date signed. _____ (Please initial.)

Signature:

Date Signed:

Relationship (if not the individual to whom the SSN was issued):

Contact information of individual signing authorization:

Address:

City/State/Zip:

Phone Number:

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit HYPERLINK <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>

MVR CONSENT FORM

TO: Brenda Parker

DATE: _____

Northern Capital Insurance Group
PO Box 9396
Minneapolis, MN 55440-9396
952.996.8810
952.829.0482

FROM: Vic's Crane & Heavy Haul, Inc.

OFF #: 651.423.2317

FAX #: 651.423.7402



DRIVER INFORMATION

NAME: _____

CURRENT ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP CODE: _____

DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____

LICENSED IN STATE OF: _____

Years of CDL Experience: _____

*I hereby understand that my MVR will be checked. My results will be released to:
Vic's Crane & Heavy Haul, Inc.*

Employee's Name (printed)

Date

Employee's Name (signature)

Job Title



Drug and Alcohol Testing Policy (Consent Form)

Policy Purpose:

The purpose of this policy is to provide information and guidelines to employees of Vic's Crane & Heavy Haul, Inc. regarding FMCSA, non-DOT and DISA drug and/or alcohol testing requirements for pre-employment, random, post-accident and reasonable suspicion testing. Vic's Crane & Heavy Haul, Inc. intends to provide a workplace free of drugs and/or alcohol. Compliance with this program is expected of all Vic's Crane & Heavy Haul, Inc. employees working on any Vic's Crane & Heavy Haul, Inc. controlled project.

Policy Guidelines:

- All Vic's Crane & Heavy Haul, Inc. employees deemed in a safety sensitive position will engage in drug testing on an unannounced basis.
- All Vic's Crane & Heavy Haul, Inc. employees will comply with the procedures of the DISA, FMCSA (DOT), or site testing.

Testing Procedure:

- Drug Testing for All Vic's Crane & Heavy Haul, Inc. employees will be accomplished by various testing laboratories.
- Our TPA (Third Party Administrator) ADT (Advanced Drug Testing or DISA) will utilize a computer program to select an employee number submitted through the policy for testing. The number is e-mailed back to at least two Vic's Crane & Heavy Haul, Inc. full-time employees that administer the program. DISA covers all NTE work for their random pools.
- Drug and/or alcohol collection/screening will be conducted at a clinic or completed on site by an approved clinic.
- Testing is as follows: DISA-once per month, FMCSA-Quarterly. The percentage of selected individuals is determined by Federal law or the client (DISA).
- Those employees of All Vic's Crane & Heavy Haul, Inc. who refuse to follow the testing protocol will not be allowed to work and could be reported to future employers per Federal requirements.

All Vic's Crane & Heavy Haul, Inc. Procedure for a Non-Negative test result:

- Non-Negative screen results will be provided to Vic's Crane & Heavy Haul, Inc. drug and alcohol screening administrator.
- An employee with a non-negative screen will be asked to leave the premises pending the results of a confirmatory test.
- For non-negative screens determined to be negative after confirmatory testing All Vic's Crane & Heavy Haul, Inc. will reimburse the employee up to 40 hours per week while waiting. (Only applies to Random, Post-accident or reasonable suspicion testing) This statement does not apply to Pre-Employment.
- For confirmed positive results, the employee will be referred to an EAP/SAP (Employee assistance program or Substance abuse professional) at the employee's expense.

I have read, understand and intend to follow this drug testing policy and procedure as written.

Signature

I would like a copy of this form



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name Vic's Crane & Heavy Haul, Inc.	
Employer's Business or Organization Address (Street Number and Name) 3000 145th Street East		City or Town Rosemount		State MN	ZIP Code 55068

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div><div>• You're single and have only one job; or</div><div>• You're married, have only one job, and your spouse doesn't work; or</div><div>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	_____
For accuracy, complete all worksheets that apply. <div><div>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</div><div>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</div><div>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>			

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



3000 145th Street East, Rosemount, MN 55068

visit us at www.viesco.com

Dispatch (651) 423-7400 Business Office (651) 423-2317 Fax (651) 423-7402

Vic's Crane & Heavy Haul, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Vic's Crane & Heavy Haul, Inc. invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Coleen Stelter
Human Resources

NAME _____

Equal Employment Advisory Council
Revised Alternative "Suggested Employee Questionnaire"
for Self-Identification of Race/Ethnicity

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- ☐ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- ☐ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- ☐ **Black or African American:** a person having origins in any of the black racial groups of Africa.

- ☐ **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- ☐ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- ☐ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

- ☐ **Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

Our payroll system will require direct deposits as the primary and preferred method for paying all payroll and **any individual who does not wish to have his or her paycheck directly deposited in a checking or savings account will have to contact Lydia Smith (see contact info below) to make arrangements to pick up the paper check each week.**

To establish direct deposit of payroll, each employee must sign and date a form that Lydia Smith can provide by contacting her via phone or email (see below). Please be advised that the employee will need to provide his or her bank account number, routing/transit number and the name of the employee's financial institution. In addition, the employee will be required to provide a copy of a voided check with name imprinted (i.e. no starter checks) of the account to receive the deposit in a checking account.

Secondly, each employee should provide us with an email address where he or she can receive an emailed copy of the payroll stub and time card for each week; the employee should feel confident that this email will remain confidential to them. If the employee does not presently have an email account we can help set up an account through g-mail. **If for some reason the employee is unable to receive their check-stub by email, then they can call or email Lydia Smith to arrange to pick up a copy at the office.**

The passcode to access each pay stub is: **7400**

Lydia Smith

Office: 651-423-2317

Direct Line: 651-797-6233

Email: lsmith@vicsco.com or

payroll@vicsco.com



3000 145th Street East, Rosemount, MN 55068
visit us at www.vicsco.com
Dispatch (651) 423-7400 Business Office (651) 423-2317 Fax (651) 423-7402

DIRECT DEPOSIT ENROLLMENT

EMPLOYEE NAME _____ EMPLOYEE NUMBER _____

Type of Account	Account Number	Routing Number	Financial Institution ("Bank") Name	I wish to deposit (Check One)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount <input type="checkbox"/> Remainder of Net Pay

Type of Account	Account Number	Routing Number	Financial Institution ("Bank") Name	I wish to deposit (Check One)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount <input type="checkbox"/> Remainder of Net Pay

One of the following is required to process this enrollment (check one):

- ☐ Voided Check with name imprinted (no starter checks)
- ☐ Deposit slip (**ONLY** accepted if the verbiage "ACH R/T" appears before the routing number)
- ☐ Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

EMPLOYEE CONFIRMATION STATEMENT

I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the account holder or have the authority of the account holder to authorize my employer to make the direct deposits into the named account

➡ Employee Signature _____ Date _____

DD001



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Coleen Stelter, cstelter@vicsco.com 651-797-6226.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name VIC'S CRANE & HEAVY HAUL, INC		4. Employer Identification Number (EIN) 41-1423440	
5. Employer address 3000 145 TH STREET EAST		6. Employer phone number 651-423-2317	
7. City ROSEMOUNT		8. State MINNESOTA	9. ZIP code 55068
10. Who can we contact about employee health coverage at this job? COLEEN STELTER – HUMAN RESOURCES			
11. Phone number (if different from above)		12. Email address CSTELTER@VICSCO.COM	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

☒ All employees. Eligible employees are:

ALL NON UNION, FULL TIME EMPLOYEES WORKING 30 OR MORE HOURS PER WEEK AND ALL UNION EMPLOYEES WHO HAVE ACCRUED AT LEAST 300 HOURS OF SERVICE.

☐ Some employees. Eligible employees are:

•With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

SPOUSE AND / OR DEPENDENTS 26 YEARS OF AGE AND UNDER.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.



Application Process:

1. Complete ALL of the forms in this application.
 - a. Pre-Employment Packet
 - i. Employee Information
 - ii. Job Requirements
 - iii. Employment History / Experience
 - b. Background Screening
 - c. MVR Consent Form
 - d. Drug & Alcohol Consent Form
 - e. Form I-9
 - f. Form W-4
 - g. Invitation to Self-Identify (Equal Employment)
 - h. Direct Deposit Enrollment (Include Voided Check)
2. Print the entire application.
3. Make sure all required forms are signed and dated.
4. Submit your application via email: fhr@vicsco.com

Applications will NOT be processed until all of the forms listed above are completed and submitted to Vic's Crane & Heavy Haul Inc.