



MMI Construction Svc, LLC

APPLICATION FOR EMPLOYMENT

Also available online at www.mmiconstructionllc.com

Please complete the entire application and sign in the designated areas. Federal and State laws prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information. MMI Construction Svc, LLC is an equal opportunity employer.

Last Name		First Name		Middle Initial	Social Security Number	
Street Address					Primary Phone	
City			State	Zip	Birth Date	
Position(s) Desired				Date Available		Email Address
Have you ever applied at our Company before?		When?	Where?		What Position?	
Do you have relatives working at our Company?		If Yes, please list Names and Relationship.				
Were you ever employed by or are you currently employed by our Company?		If Yes, When?		What Facility?		What Capacity?
		Under What Last Name?				
If UNDER AGE 18, give birth date.				Are you a US Citizen or an Alien Legally Authorized to work in the USA?		
				Are you eligible to work in the US?		
Federal immigration laws require all job applicants to provide verification of authorization to work in the USA before they can be hired; and, if hired, thereafter where necessary to demonstrate continued compliance with the immigration laws.						
Have you ever pled guilty to or been convicted of any criminal offenses? (Do not disclose (1) minor traffic violations; or (2) convictions or arrests that have been sealed or expunged). If "yes", please explain. Note: a criminal conviction is not an automatic bar to employment.						

EDUCATION

	Name & Address of School	Last Year Completed	Did You Graduate	Degree or Diploma
High School				
College				
Post Graduate				
Other				



EMPLOYMENT HISTORY

- 1 **Begin with your current or last position and work back to your first.** If other employment is pertinent to your qualification for this position, please list.
- 2 Specify any other names you may have worked under.
- 3 Employment record should include each position title, even those with the same employer.
- 4 Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you held.
- 5 For supervisor/managerial positions, include the number of employees you supervised.
- 6 If more space is required, you may continue on a separate sheet of paper or copy additional pages of the following employment record.
- 7 You may attach a resume, **but the application must be completed** as well.

Employer	Position Title	Full Time	Part Time
Mailing Address		Number of people supervised	
City, State, Zip		Supervisors' name & title	
Phone Number		Starting Salary	
Brief description of job duties & responsibilities		Reason for leaving	
May we contact this employer?		Yes	No
Employer	Position Title	Full Time	Part Time
Mailing Address		Number of people supervised	
City, State, Zip		Supervisors' name & title	
Phone Number		Starting Salary	
Brief description of job duties & responsibilities		Reason for leaving	
May we contact this employer?		Yes	No
Employer	Position Title	Full Time	Part Time
Mailing Address		Number of people supervised	
City, State, Zip		Supervisors' name & title	
Phone Number		Starting Salary	
Brief description of job duties & responsibilities		Reason for leaving	
May we contact this employer?		Yes	No



EQUAL EMPLOYMENT OPPORTUNITY – AFFIRMATIVE ACTION DATA

The information you give in this section is optional. It is used by MMI Construction Svc, LLC to comply with Federal guidelines for monitoring the equal employment opportunity efforts.

Ethnic Background (Check One):

Gender (Check One):

Birth Date:

- Native American
- White, not of Hispanic origin
- Hispanic
- Black, not of Hispanic origin
- Asian/Pacific Islander
- Multi-racial
- Other

- Male
- Female

_____ (Month/Day/Year)

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

Are you Currently?	Registered	Licensed	Certified	
Type	State Issued	Date	Number	
Type	State Issued	Date	Number	
Type	State Issued	Date	Number	
Have you ever had your Licenses, Registration or Certification Revoked, Suspended or put on Probation? If Yes, please explain.			Yes	No

If the job you are applying for requires the driving of a motor vehicle while on duty, please provide the following information:

DRIVER'S LICENSE NO.: _____ **STATE:** _____ **EXPIRES:** _____

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information on this application (and accompanying resume', if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I am required to satisfactorily complete a drug screening as a condition of employment. Refusal to submit to such test(s) may result in immediate dismissal.

I understand that as part of the application process, information and references may be sought regarding my prior employment and other history, and that a criminal background check may be conducted, and I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information related to the providing of or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the company has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date: _____

Signature: _____

Opt In/Out Notice

MMI Construction Svc, LLC maintains a database of past and present employees. By completing this employment application, you have provided your email address and/or mobile number. Please choose the applicable option below to indicate your preference for contact via email or text as it pertains to future employment positions available through our company.

Yes, I wish to receive information via email or text

No, I do not wish to receive information via email or text



EMPLOYEE HANDBOOK ACKNOWLEDGEMENT FORM

The MMI Construction Employee Handbook is available on the MMI Construction website at: www.mmiconstructionllc.com.

By my signature below, I acknowledge that I have received and read the Employee Handbook for MMI Construction Svc, LLC, that I have been given the adequate opportunity to ask questions and receive clarification, regarding the policies and procedures set forth in the Employee Handbook, and that I understand its contents.

I understand that I am required to abide by, and agree to abide by, MMI Construction Svc's policies set forth in the Handbook. I understand that there may be other policies or procedures in effect at MMI Construction Svc from time to time that are not included in the Employee Handbook, and I agree to abide by those policies and procedures.

Unless otherwise agreed to in writing by an Officer of MMI Construction Svc (or a designee of an Officer), I understand that I am an "at will" employee of MMI Construction Svc and that I have no contract of employment with MMI Construction Svc for any definite period of time, either oral or written, and that either I or MMI Construction Svc may terminate my employment at any time with or without cause or notice. I understand that neither this handbook nor any provision herein constitutes an employment contract, an offer to enter a contract of employment or part of an employment contract, or confers any contract rights.

I understand that MMI Construction Svc may rescind, modify, change, or deviate from the Employee Handbook or any of its policies or procedures at any time, and any such rescission, modification, change, or deviation may become effective regardless whether the Employee Handbook has been revised or I have been notified.

By my signature below, I acknowledge that I have read and understand the General Payroll Information section of the Employee Handbook, and I agree to abide by this section.

I understand that this signed acknowledgement will be inserted in my personnel file.

Employee Signature

Date

Print Employee Name



Job Duties and Responsibilities Form

Every MMI Construction Svc Employee is expected to perform their job duties and responsibilities in a manner that ensures the safety of themselves and their coworkers. In order to do so without incident, the following allowable duties and responsibilities are outlined below.

JOB TO BE PERFORMED

Required Duties and Responsibilities ALWAYS...

- Follow Safety Procedures
- Wear Required PPE
- Show Up On Time
- Have Necessary Tools
- Have Appropriate Certifications
- Observe Lockout/Tagout Rules
- Observe All Signs and Labelling
- Attend On Site Training and Safety Meetings
- Report Any Safety Hazards

Duties and Responsibilities NOT Permitted NEVER...

- Drive Company Vehicles
- Operate Cranes, Forklifts or Other Equipment
- Enter Permit Required or Other Unauthorized Areas
- Use Mobile Phones While on the Job Site
- Work Alone
- Perform Unauthorized Work
- Work Over 40 Feet in the Air
- Wear Metallic Personal Items

ACKNOWLEDGEMENT

By signing below, I acknowledge that I have reviewed the Job Duties and Responsibilities Form provided by MMI Construction Svc and will adhere to these guidelines.

By: _____

Date: _____



WORKPLACE BACKGROUND CHECK POLICY/INFORMED CONSENT

AGREEMENT TO REQUEST A BACKGROUND CHECK

I, _____ (please print your name) **hereby give my informed consent** to the designated MMI Construction Svc Representative and/or it's partner companies, to conduct a background check.

I understand that refusal to submit to a background check may disqualify me from consideration for employment or if employed, subject me to immediate disciplinary action up to, and including immediate DISCHARGE.

Employee's Signature: _____ Date: _____

Date of Birth: _____ SSN: _____

Physical Address: _____

MMI Construction Representative's Signature and Date: _____



**WORKPLACE SUBSTANCE ABUSE POLICY/INFORMED CONSENT
AGREEMENT TO REQUEST A BIOLOGICAL SPECIMEN**

By signing below, I Freely and Voluntarily Agree to submit to this request for a urinalysis, blood test and/or hair follicle test (drug screen). I understand that the chemical analysis will be conducted by a qualified laboratory and Medical Review Officer, with the results forwarded to the appropriate company representative. I understand that my agreement to this request is in fulfillment of MMI Construction Svc's Drug-Free Workplace Policy, found in the Employee Handbook. The purpose of this analysis is to determine or rule out drug/alcohol abuse.

I hereby give my informed consent to the designated MMI Construction Svc representative and/or its collection agent, to collect the requested specimen, forward it to the laboratory for analysis and have the findings reported back to the appropriate company representative.

I understand that refusal to submit to the drug screen, failure to qualify according to the minimum standards established by the company for the screen or the substituting or tampering with a biological specimen may disqualify me from consideration for employment, or if employed, subject me to immediate disciplinary action up to, and including immediate DISCHARGE.

I am submitting to these tests of my own free will.

Employee's Signature and Date: _____

Employee's Social Security NO. _____

Location _____

Work Location _____

Telephone Number(s) _____

Note: if the employee/applicant refuses to sign, is unable to sign or the required specimen cannot be obtained, document a brief description of refusal, inability and circumstances. A witness (company representative if present) should sign this document.

Witness Signature/Date: _____

Comments: _____



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 during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the 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 (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)	
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town		State Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number [][]-[][]-[][][][]	E-mail Address			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):

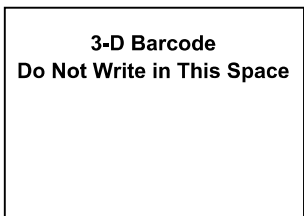
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (<i>mm/dd/yyyy</i>):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

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



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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 style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </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):				
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D	_____
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	_____
G	<p>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F</p>	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're 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.					
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 filing separately, check "Married, but withhold at higher Single rate."	
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 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				Date ▶	
9 First date of employment			10 Employer identification number (EIN)		



Employee Direct Deposit Authorization

INSTRUCTIONS

Employee: Fill out this form and return to your employer via fax or email.

FAX: 866.648.2091 email: contact@mmiconstructionllc.com

This document must be signed by employees requesting automatic deposit of paychecks. Employees should attach a voided check to help verify their account number and bank routing number.

Please ensure the information you provide is complete and accurate.

ACCOUNT

Account type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

NOTE: In the event your deposit account information changes, you MUST notify a MMI Construction Svc representative immediately. MMI Construction Svc WILL NOT be held responsible for Direct Deposit errors due to failure to provide correct deposit account information. Changes in account information should be provided on this form.

attach a voided check here

AUTHORIZATION

This authorizes MMI Construction Svc to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated here and to other accounts I identify in the future. This authorizes the financial institution holding the account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until MMI Construction Svc receives a written notice from myself and has a reasonable opportunity to act on it.

Employee signature: _____ Date: _____

Print name: _____ email: _____

MMI CONSTRUCTION, LLC
975 HUSTONVILLE RD, SUITE 5
DANVILLE, KY 40422
FAX: 866-648-2091