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## New Hire Packet

Please read, fill out, and return the following documents:

- Employment Application
- Past Employment verification
- Identification Copies
- Emergency Contacts
- Drivers Duties and Responsibilities
- Form I-9 (USCIS)
- Form W-4 (IRS Form)
- Form IT-4 (Ohio Dept. of Taxation )
- BridgeCo Construction LLC Handbook
- BridgeCo Construction LLC Safety Manual
- Attitude memo
- Direct deposit form
- Other information work related (For Driver to keep)

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**Applicant Information**

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available	Social Security No.		Desired Salary		
Position Applied for					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

**Education**

High School	Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College	Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other	Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Degree	

**References**

*Please list three professional references.*

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship

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BridgeCo Construction LLC  
 1120 Rarig Avenue  
 Columbus, OH 43219



## Employment Information Packet

Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )

### Previous Employment

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

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**Military Service**

Branch	From	To
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**Disclaimer and Signature**

I certify that all facts contained in this application are true and complete and acknowledge that the company is relying on the accuracy of the information provided.

I authorize the company to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to the company.

I also authorize the company to give references and provide information about me in response to inquiries subsequent to my employment, if hired.

I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal.

I understand and agree that, if hired; my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either the company or myself. I also understand and agree that no one has authority to promise me job security or continued employment, except the CEO of the company in a formal written agreement signed by both of us.

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

Signature	Date
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### REQUEST FOR CHECK OF DRIVING RECORD

Date \_\_\_\_\_

Driver's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

License No. \_\_\_\_\_

DOB \_\_\_\_\_ SS No \_\_\_\_\_

**Note:**

\*\*\*\* \$70.00 Medical Drug Test fee will be deducted from your first earning.

\*\*\*\*\$75.00 will be deducted from your last earning for Hard Hat and Safety Vest If not returned.

Driver's Signature \_\_\_\_\_

Requested by \_\_\_\_\_





**PAST EMPLOYMENT VERIFICATION**

**Sent to:**

\_\_\_\_\_  
Previous Employer

**Fax Number:**

\_\_\_\_\_

**Name of Applicant:**

\_\_\_\_\_

**4 last digits Social Security #:**

\_\_\_\_\_

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

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

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

**Resigned:** Yes No **Discharged:** Yes No

If Discharged,  
Why? \_\_\_\_\_

Eligible for Rehire? Yes \_\_\_\_ No \_\_\_\_ Upon Review \_\_\_\_

If No, please explain: \_\_\_\_\_

**Equipment:**

Type of Tractor/Truck: \_\_\_\_\_

Trailer Length: \_\_\_\_\_

Refrigerated \_\_\_\_ Flatbeds \_\_\_\_ Vans \_\_\_\_ Tanker \_\_\_\_ Other \_\_\_\_

Commodities Hauled:

\_\_\_\_\_

**Areas of Operation:**

\_\_\_\_\_

Poor \_\_\_\_ Fair \_\_\_\_ Good \_\_\_\_ Excellent \_\_\_\_

**Overall Performance:**

Accident information below requested in accordance with FMCSR Part 391.23. (Accidents within last 36 months.)

**Accidents:**

# Non-Preventable: \_\_\_\_\_ # Preventable: \_\_\_\_\_

**Description:**

\_\_\_\_\_





Drug/Alcohol information below requested in accordance with DOT 49 CFR Part 40. (Tests done in last 36 months.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Had a breath alcohol test result with a concentration of .04 or greater in the last 3 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Tested positive for controlled substance in last 3 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Ever refused a required test for drugs or alcohol in the last 3 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Violated other D.O.T. drug/alcohol regulations?

Have you received information from a previous employer that this individual has violated D.O.T. drug/alcohol regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please give type of test, date of test, and SAP information (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Providing Information \_\_\_\_\_

Title / Date \_\_\_\_\_





## Employment Information Packet

- 1.) I hereby authorize the above-mentioned employer/school to release all information as to my character, work habits, performance, experience, fitness, together with reasons for termination concerning my employment to BridgeCo Construction LLC, (or their authorized agents) which may request such information in connection with my application for employment with BridgeCo Construction LLC.
- 2.) In conformity with 49 CFR part 40, I hereby authorize the above-mentioned employer/school and their agents to furnish BridgeCo Construction LLC, the above-requested information concerning D.O.T. drug and alcohol tests including pre-employment tests during the previous 3 years; the dates when I tested positive; the dates when I tested .04 or greater; the dates when I refused (including a verified adulterated or substituted result) to be tested for drugs and alcohol; and any other violations of 49 CFR part 40 and any information the above-mentioned employer/school and/or their authorized agents have received regarding violations of 49 CFR part 40 from my previous employers covered by D.O.T.
- 3.) I hereby release the above-mentioned employer/school and their authorized agents from any and all liability of any type as a result of providing the above-requested information to BridgeCo Construction, LLC. By signing below, I certify that I have read and fully understand Parts 1, 2, and 3 of this release and that I executed this release voluntarily, with the knowledge that any and all information released could affect my being employed with BridgeCo Construction, LLC
- 4.) It is expressly acknowledged, understood and agreed that the information provided by the applicant regarding the applicant's employment during the previous three (3) years in accordance with Section 391.21(b)(10) of the Federal Motor Carrier Safety Regulations ("FMCSR") may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of Section 391.23 of the FMCSR. The applicant has certain due process rights under the FMCSR regarding the information received as a result of these investigations, as described below. Applicant's Due Process Rights:
- 1) The right to review information provided by previous employers;
  - 2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to BridgeCo Construction LLC.; and
  - 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- 5.) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information, must submit a written request to the Safety Compliance Manager of By signing below, I certify that I have read and fully understand Parts 1, 2, and 3 of this release and that I executed this release voluntarily, with the knowledge that any and all information released could affect my being employed with BridgeCo Construction, LLC., which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. BridgeCo Construction LLC will provide this information to the applicant within five (5) business days after receiving the written request. If, however, BridgeCo Construction LLC has not yet received the requested information from the previous employer(s), then it will provide the information to the applicant within five (5) business days after it receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of Bridges Bros Trucking making them available, Bridges Bros Trucking will consider the driver to have waived the request to review the records.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

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### Emergency Contact Information Form

Employee Name: \_\_\_\_\_  
Last name First name MI

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Emergency Contact Name: \_\_\_\_\_  
Last name First name

Relationship to employee: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

If unavailable (2nd) Contact Name: \_\_\_\_\_  
Last Name First Name

Relationship to employee: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Preferred local hospital: \_\_\_\_\_

Preferred doctor to contact: \_\_\_\_\_

**Insurance Information:**

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

*Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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**TITLE:** DUMP TRUCK DRIVER (Team Leader) – BridgeCo Construction LLC  
**REPORTS TO:** Operations Manager of BridgeCo Construction LLC

Job Summary: Works under the general direction of the Operations Manager of Bridges Bros. Trucking LLC.

**ESSENTIAL DUTIES AND RESPONSIBILITIES**

1. Safety is Priority #1
2. All Trucks and Drivers, as a minimum standard, shall comply with all rules and regulations of the Occupational Safety and Health Administration (OSHA), the Federal Department of Transportation (DOT), the Public Utilities Commission of Ohio (PUCO) and those of any other government regulatory agency as well as any job specific safety rules.
3. Independently interacts with others on site and with customers to resolve inquiries, complaints and answer routine and non-routine questions.
4. Maintain calendar for regularly arranging company meetings, dispatched assignments and various job and project information.
5. All drivers should get out of the truck and visually inspect the area of overhead wire exposure prior to dumping. Recognize overhead power lines are very dangerous hazards.
6. Any Driver who refuses to wear the required safety equipment will not be eligible for dispatch. Each Driver has a responsibility and authority to stop the operation at any time if something may be unsafe.
7. All Drivers are to maintain a Drug Free Work Place.
8. All drivers are required to report to work each day if not dispatched. Failure to report is considered abandonment of position.
9. Assist with new hire training on job duties and responsibilities.
10. Always conduct yourself in a professional manner on company time.
11. Assist in monitoring and minimizing truck expenses.
12. **Overtime work must always be approved before it is performed.** Overtime worked without prior authorization from the supervisor may result in disciplinary action, up to and including possible termination of employment.
13. All Bridges Bros. Trucking records and information about Bridges Bros. Trucking its employees, customers, suppliers and vendors are to be kept confidential and divulged only to individuals within the company with both a need to receive and authorization to receive the information.

**ESSENTIAL KNOWLEDGE, SKILLS, AND ABILITIES**

1. Position requires above average communication, oral & written skills. The ability to operate and maintain the dump truck in a safe manner at all times
2. All drivers are required to wear proper professional attire when working outside of the truck. Requirements include: hard hats, safety glasses, safety vests, and hard shoes/boots.
  - a. \*NO shorts or tennis shoes allowed!

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3. GED or high school education & 3 to 5 years commercial driving experience which develops independent judgment and initiative. Class B CDL required
4. Position requires good organizational and interpersonal skills to coordinate workload and demonstrated dependability in timeliness and coordinating tasks.
5. Position requires professional demeanor.

**DUMP TRUCK DRIVER – PRIMARY DUTIES**

1. Report to work on time!!!
2. Conduct daily Pre-Trip – safe to operate truck
  - a. Check oil, lights, radiator fluids, tires, etc. before leaving the yard
3. Report all maintenance issues to the Fleet Manager & Mechanics
4. Fill out gravel and hourly tickets correctly (Job #, AM/PM, Name, Truck #, etc.)
5. Keep truck clean at all time for safety
  - a. if not a weekly \$30.00 service charge will apply
  - b. Bed cleaned out of stone, mud, dirt or debris as well
6. If you turn in a ticket, then re-fill up the truck with diesel
  - a. No excuses will be accepted
7. Attend all required Safety and company meetings
8. Report any points on Driver License, immediately
9. Maintain updated medical cards and participate in the Drug Free Work Place program
10. Turn in tickets daily, completed and signed by Foreman

**CONTACTS**

Daily contacts include Fleet Manager, Operations Manager, Mechanic, staff, and/or President.

**DISCLAIMER**

The above information on this description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees assigned to this job.

**APPROVALS**

\_\_\_\_\_  
Truck Driver Name and Signature

\_\_\_\_\_  
Operations Manager

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Date

Date



**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):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_

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. (See instructions)

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.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
 OR  
 2. Form I-94 Admission Number: \_\_\_\_\_  
 OR  
 3. Foreign Passport Number: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

IR Code - Section 1  
 Do Not Write in This Space

Signature of Employee \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

**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 \_\_\_\_\_

STOP Employer Completes Next Page STOP





**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 "List of Acceptable Documents.")*

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

<b>A. New Name (if applicable):</b>		<b>B. Date of Rehire (if applicable):</b>	
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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Examples of many of these documents appear in Part 8 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 \$380 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. 506 for information on converting your other credits into withholding allowances.

**Nonresident income.** If you have a large amount of nonresident income, such as interest or dividends, consider making estimated tax payments using Form 4040-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/w-4](http://www.irs.gov/w-4).

### Personal Allowances Worksheet (Keep for your records.)

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

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you 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.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

<b>Form W-4</b>	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		2017
▶ 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.		
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. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> 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.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

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**IT 4**  
 Rev. 5/07

**Notice to Employee**

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

✂ please detach here



Department of  
 Taxation

**Employee's Withholding Exemption Certificate**

IT 4  
 Rev. 5/07

Print full name \_\_\_\_\_ Social Security number \_\_\_\_\_

Home address and ZIP code \_\_\_\_\_

Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_  
 (See *Tax Facts* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed \_\_\_\_\_
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) \_\_\_\_\_
3. Exemptions for dependents \_\_\_\_\_
4. Add the exemptions that you have claimed above and enter total \_\_\_\_\_
5. Additional withholding per pay period under agreement with employer \_\_\_\_\_ \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Employee Acknowledgment Form**

The employee handbook describes important information about Bridges Bros. Trucking L.L.C., and I understand that I should consult my supervisor or management regarding any questions not answered in the handbook.

I have entered into my employment relationship with Bridges Bros. Trucking L.L.C. voluntarily and acknowledge that there is no specified length of employment. Accordingly, either Bridges Bros. Trucking L.L.C. or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to Bridges Bros. Trucking's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Human Resources Manager with the approval of the chief executive officer of Bridges Bros. Trucking L.L.C. has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received the handbook or have access to a copy of the handbook and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

\_\_\_\_\_  
Employee Name (printed)

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

\_\_\_\_\_  
Date

*(Keep in employee's personnel file)*





# BridgeCo Construction LLC

## Drivers Safety Manual



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## Driver Responsibilities

1. As a driver you are responsible for operating your truck in a safe manner.
2. Have required P.P.E. - Hard Hat, Safety Glasses, Vest.
3. Start time is load time - NOT show up time - be ready to load at start time.
4. Have enough fuel for the day (at start of shift.)
5. Bring lunch with you to work.
6. Have a shovel or scraper with truck.
7. Know your (Legal) Gross and Tare, Net Weight of truck.
8. Truck Number and Net Tons on Tailgate.
9. Any hourly tickets that are not completely filled out and signed by superintendent or designated person will not be honored.
10. All Asphalt trucks must be insulated according to ODOT specifications and must be equipped with tarps that meet ODOT specifications.
11. All loads must be tarped.
12. Visible truck numbers front and rear.
13. No passengers in truck.
14. Proper footwear (Boots).
15. No diesel fuel or other hydrocarbons in beds or on tailgates.
16. Truck must have working beacons or strobes.
17. Be alert and well rested.
18. Prior to dumping loads, the driver must determine from contractor where to dump.
19. **CLEAN OUT IN DESIGNATED AREAS ONLY (ASK CREW OR PLANT PERSONNEL). If you must clean out on roadway knock down piles.**
20. If you are the contact person for your company, limit phone use between 1-4 pm, so dispatch can reach you for scheduling of truck(s).
21. Make sure truck has a CB and is working.
22. Do NOT turn around in private drives, businesses or any concrete street.
23. If you must leave early, we need to know the day before.





## Safety 24/7

### P.P.E.

- Hard hat, Safety Glasses, Class 2 Vest. (Must be worn at all plants & job sites when out of truck.)
- Hard Hat - make sure it has no cracks or damage. If working at night must have at least 10 square inches of reflective tape.
- Safety Glasses - must be worn when out of the truck at all plants and job sites.
- Vest - must be green, have reflective stripes and must say "Class 2" on tag.

### Backing and Back up Alarms

- **Make sure alarm is working and audible. If alarm is not working that truck will be signed out until it is fixed.**
- Make sure backing path is 100% clear (do a walk around if not sure.)
- Avoid backing in heavy traffic and around corners whenever possible.
- Use a spotter when possible.
- Do not back up any farther than needed.
- Make sure mirrors are cleaned and adjusted properly.
- You must make sure that visual contact is made with the designated person prior to backing up.
- Overhead Wires
- If truck contacts wires, call for help.
- If you can no longer see wires stop and ask for a spotter.
- Watch for green cones on side of road that mark overhead wires (Do not assume if there is not a cone there is not a wire.)
- Zone
- Make sure beacons and strobes are on when entering, while in , and when exiting zone.
- If a foreman asks you turn lights off in zone it is OK.
- Do not stop on highway if you cannot enter zone safely go around and get in next time.
- Stay off CB and cell phone when in zone near equipment and people.
- Drive slow in zone at Safe Speed .
- When exiting zone, you are responsible for safely entering traffic flow.

## Paperwork

- Truck tickets - must be signed by foreman! Everything else to be filled in by driver. Print neatly so it can be read and make sure truck number is on ticket.
- Material Tickets - Do No Fold. Keep them clean so they are legible.
- All tickets must be for a 3 hour minimum.
- **If you haul both ways, note hauled both way on ticket.**
- **It is driver's responsibility to make sure tickets are filled out correctly.**
- **If not correct, it will be up to you to have the foreman fix it.**

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## Contact Information

Mike Bridges, Sr., Owner  
Cell (614) 306-7442

Michael A. Bridges, Dispatcher

Cell (614) 975-8606

*Stay Safe*



*Others Depend on You*



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# Drivers Safety Manual

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Driver Full name and Signature

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Date

- This page must be signed and dated by driver after he/she has read it.
- This booklet must be in truck at all times. (We will randomly check)
- If not in truck with driver when asked to see it, the truck/driver will NOT be dispatched the next day.

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## Attitude

What is the most important difference between a good, accident-free driver and an average or poor driver?

After a driver has acquired the knowledge and skill necessary to handle a vehicle and the judgment attained from years and miles of experience, the single most important factor in being a safe driver is **attitude!** Without the proper driving attitude, it is almost inevitable that sooner or later you will become involved in a collision.

Unfortunately, attitudes can change from day-to-day or even hour-to-hour. That is why a good driver can go for years without an accident and then be trapped by a poor attitude and become involved in a collision. Accidents normally don't happen just because there is one adverse event. They are often the result of several things going wrong at the same time.

While you may normally have a very positive attitude, finding a flat tire on our vehicle on a rainy morning, or having someone cut you off on the way to work, or having a fight with your spouse, fellow employee or boss, might be enough to trigger a change in your attitude for a day. Suddenly, you are no longer the easy, carefree person willing to forgive the mistakes of others. Now, *your turf is your turf*, and heaven forbid if anyone tries to enter it. **Poor attitudes may cause you to drive more aggressively, drive faster, tailgate the vehicle in front or cut someone off. These changes are often the final straw that prevents you from escaping from a close call without having an accident.**

**When something happens that affects your attitude in a negative manner, the first step in defense is to recognize that the change has occurred. Only then can you take positive action. Take a deep breath, slow down, deliberately increase your space cushion, and think about something else to take your mind off the disturbing event. If you haven't started driving yet, wait five minutes until you "cool down"**

When you start driving, make a conscious effort to be overly courteous to others; it will bring you back to a "positive" frame of mind. When the opportunity presents itself, yield to others even if you aren't required to do so and if it is safe to do it too.

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BridgeCo Construction LLC  
1120 Rarig Avenue  
Columbus, OH 43219



## Employment Information Packet

A good driver takes every reasonable precaution to prevent traffic mishaps, over and above what the law requires. It's suppressing how easy it can be to get back to a Positive Attitude and not be trapped by your own Poor Attitude.

**BE POSITIVE – BE SAFE**

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Employee printed name

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Employee signature

---

Date

---

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**Employee Direct Deposit Authorization**

I hereby authorize my employer as noted above, ADP LLC and all financial institutions involved in each transaction to deposit any amounts owed to me to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account, and I personally guarantee the return of the funds in question.

\_\_\_\_\_

Please print your full name \_\_\_\_\_  
 Phone Number

\_\_\_\_\_

Financial Institution \_\_\_\_\_  
 Branch/City

Bank/Credit Union	State	Checking/Savings	Amount	Routing Number	Account Number

Deposits are normally available two (2) banking days after processing. It is my responsibility to verify deposits before writing checks against these funds. This Authorization can take up to ten (10) business days to activate. I understand that neither my employer, nor HR Butler and its banking affiliates, are responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with HR Butler Direct Deposit agreement and the conditions, limitations and restrictions of the National Automated Clearing House Association. I may cancel Direct Deposits(s) at any time.

**Direct Deposit Account Verification**

Please attach a voided check(s) or savings account identification in this area so that we may verify your routing and account numbers.

\_\_\_\_\_

Employee Signature \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Date \_\_\_\_\_ Email Address

Is this a change to a current authorization?    Yes    No



BridgeCo Construction LLC  
 1120 Rarig Avenue  
 Columbus, OH 43219



## Employment Information Packet

BridgeCo Construction, LLC  
 MICHAEL BRIDGES, OWNER  
 1120 RARIG AVE  
 COLUMBUS, OH 43219  
 614-253-7332

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

Pay period: \_\_\_\_\_  
*(Monday - Sunday)*

Job Name/ No: Sub 067 / 132283

Date	Machine	Ticket No. (Bridges)	Start Time	Finish Time	Lunch /break	Total/Net hours	Notes / Down time
				<b>Total Net/Hrs ==&gt;</b>			

Employee signature \_\_\_\_\_ Authorized \_\_\_\_\_

**APPROVED TIMESHEET MUST BE EMAILED OR FAXED TO OFFICE BY MONDAY AT 8AM**  
 EMAIL: [ssstanfield@bridgestrucking.com](mailto:ssstanfield@bridgestrucking.com)  
 FAX # 614-253-0971

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**DISCLOSURE UNDER  
FAIR CREDIT REPORTING ACT  
AND  
CONSENT TO PROCUREMENT OF  
CONSUMER REPORT  
FOR EMPLOYMENT PURPOSES**

The undersigned hereby authorizes BridgeCo Construction LLC or its insurance agency, or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such as.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Printed Name

Date of Birth

Social Security Number

License Number / State

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## IDENTIFICATION COPIES NEEDED

1. COPY OF DRIVERS'S LICENSE (FRONT & BACK – CDL CLASSIFICATION)
2. COPY OF SOCIAL SECURITY CARD
3. COPY OF MEDICAL CARD
4. COPY OF UNION CARD (NEED UNION #)
5. COPY OF SAFETY CERTIFICATION CARD(S)





## New Health Insurance Marketplace Coverage Options and Your Health Coverage

When key parts of the Affordable Care Act 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.

### PART A: General Information

#### 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 insurance premium right away. Open enrollment to select health insurance coverage through the Marketplace begins October 1, 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 or lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that does not meet certain standards. The savings on your premium that you are eligible for depends on your household income.

#### Does Employer Health Coverage Affect Premium Savings through the Marketplace?

Yes. If you have an offer of health insurance coverage from BridgeCo Construction LLC that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in BridgeCo Construction LLC'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 health insurance coverage from BridgeCo Construction LLC 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 provided by BridgeCo Construction LLC does not cover the "minimum value standard" set forth in the Affordable Care Act, then you may be eligible for a tax credit. 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.

If you purchase health insurance coverage through the Marketplace instead of accepting health insurance coverage offered by BridgeCo Construction LLC, then you may lose BridgeCo Construction LLC's contribution (if any) to the employer-offered coverage. Both BridgeCo Construction LLC's contribution and your contribution to employer-offered health insurance coverage is often excluded from income for Federal and State income tax purposes. Your payments for health insurance coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. **Please visit [HealthCare.gov](http://HealthCare.gov) or call 1-800-318-2596 for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.**

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**PART B: Information About Health Coverage Offered by  
 BridgeCo Construction LLC**

This section contains information about any health care offered by BridgeCo Construction LLC. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information.

<b>Employer name</b> BridgeCo Construction LLC	<b>Employer Identification Number (EIN)</b> 80-0604406	
<b>Employer address</b> 1120 Rarig Ave	<b>Employer phone</b> 614-253-7332	
<b>Employer city</b> Columbus	<b>Employer state</b> OH	<b>Employer zip</b> 43219
<b>Who may we contact at this job?</b> Michael Bridges		
<b>Employer Phone Number (if different from above)</b>	<b>Email address</b> mbridges@bridgestrucking.com	

You are not eligible for health insurance coverage through BridgeCo Construction LLC. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

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### **Employee Acknowledgment Form**

The employee handbook describes important information about BridgeCo Construction L.L.C., and I understand that I should consult my supervisor or management regarding any questions not answered in the handbook.

I have entered into my employment relationship with BridgeCo Construction L.L.C. voluntarily and acknowledge that there is no specified length of employment. Accordingly, either BridgeCo Construction L.L.C. or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to BridgeCo Construction's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Human Resources Manager with the approval of the chief executive officer of BridgeCo Construction L.L.C. has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received the handbook or have access to a copy of the handbook and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

\_\_\_\_\_  
Employee Name (printed)

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

\_\_\_\_\_  
Date

(Keep in employee's personnel file)

