

Date of Hire: _____

Applicant Name: _____

New-Hire Checklist

- | | |
|--|-------------|
| | (Completed) |
| 1. Make sure the entire application is completed
<i>(Make sure all sections requiring signatures are signed & complete)</i> | _____ |
| 2. Clarify the starting date w/Stanley or job foreman | _____ |
| 3. Set up Post Offer Evaluation & Drug Screen Testing | _____ |
| 4. Items to get from new applicant: | |
| • Both ID's <i>(i.e. Driver's License, State I.D., SS card, etc.)</i> | _____ |
| • Union referral slip
<i>**Direct non-union applicants to Union Hall & have the applicant bring union slip back to office</i> | _____ |
| 5. Items to distribute and/or review with new applicant: | |
| • Notice To New Employee Form | _____ |
| • Employee Safety Booklet : Main Sections
<i>**Accident reporting & Treatment / General Safety Rules</i> | _____ |
| • Correct tool listing <i>** Carpenters, Plasterers, Tapers</i> | _____ |
| • Post Offer & Drug Screen Test Appointment Slip | _____ |
| • BEK, Inc. Substance Abuse Program | _____ |
| 6. Inform Steve / Ballard @ RECS of new hire | _____ |
| 7. Make (2) copies of HW-4 State Tax Form | |
| • Mail (1) copy to CSEA (Child Support Enforcement Agency) | _____ |
| • File (1) copy in the "Report of New Hires" folder | _____ |

BEK, Inc. COMMERCIAL WALLS & CEILINGS SYSTEMS

• 99-870 Iwaena Street, #101 • Aiea, HI 96701 • (808) 486-9653 • (808) 488-1903

Notice of Post Offer & Drug Testing:

Please read the following carefully.

Before filling out the following application and to be considered for employment with BEK, we require that all new applicants be tested for drugs and a post offer evaluation. The post offer physical examinations are to be provided for all new hires/applicants who apply for positions in which physical exertion is normally anticipated in the employee's normal assigned duties and job responsibilities. The post offer evaluation is not required for re-hires who have worked for BEK within the last year. Re-hires must take the evaluation if the individual has not worked for BEK for more than 1 year from the original termination date.

The drug testing will be done for the following substances:

- a. Marijuana
- b. Cocaine
- c. Opiates
- d. Amphetamines
- e. Phencyclidine (PCP)

Signature

Date

BEK, Inc.

COMMERCIAL WALLS & CEILING SYSTEMS

dba B&D Co. • 99-870 Iwaena Street #101, Aiea, HI 96701 • (808) 486-8653 • FAX: (808) 488-1903

DATE OF APPLICATION: _____

PERSONAL INFORMATION

Last name		First name		Middle Initial	
Address		Apt.#	City	State	Zip
Telephone Number(s) & E-Mail Address:					
Home #:		Cell #:		E-mail Address:	
____/____/____		____/____/____			
Date of Birth		Social Security No.			
Person to contact in case of emergency			Phone #		

UNION AFFILIATION

Local Union:	Trade:	Skill level:
<input type="checkbox"/> Local 745 Honolulu Carpenters	<input type="checkbox"/> Drywall Installer	<input type="checkbox"/> Apprentice ___%
<input type="checkbox"/> Local 630 Plasterers	<input type="checkbox"/> Carpenter	<input type="checkbox"/> Journeyman
<input type="checkbox"/> Local 1944 Tapers	<input type="checkbox"/> Plasterer	<input type="checkbox"/> Foreman
<input type="checkbox"/> Non Union Employee	<input type="checkbox"/> Cement Finisher	<input type="checkbox"/> N/A
<input type="checkbox"/> Other(_____)	<input type="checkbox"/> Taper	
	<input type="checkbox"/> Other (_____)	

FOR BEK OFFICE USE ONLY

Start Date: _____	Union Referral: _____	Drug Test Date: _____
Starting Rate: _____	Work Comp. Code: _____	POE Date: _____
Assigned Job: _____	Job#: _____	

Best time to contact you at home is: _____:_____ am/pm

Please circle:

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes / No

Have you ever filed an application with us before? Yes / No
If yes, give date: ____/____/____

Have you ever been employed with us before? Yes / No
If yes, give date(s) ____/____/____

Do any of your friends or relatives work here? Yes / No
If yes, state name and relationship _____

Are you currently employed? Yes / No

May we contact your present employer? Yes / No

Date available for work ____/____/____

Work Experience:

Please list your previous 3 places of employment. Start with your present or last job.

Employer _____
Address _____ Dates Employed: From ____/____/____
Telephone # _____ To ____/____/____
Job title _____ Work Performed _____
Reason for leaving _____
May we contact? Yes / No

Employer _____
Address _____ Dates Employed: From ____/____/____
Telephone # _____ To ____/____/____
Job title _____ Work Performed _____
Reason for leaving _____
May we contact? Yes / No

Employer _____
Address _____ Dates Employed: From ____/____/____
Telephone # _____ To ____/____/____
Job title _____ Work Performed _____
Reason for leaving _____
May we contact? Yes / No

Have you been certified to operate the following:

*Hilti Powder Actuated Tools? (Yes, No) If yes, do you have a Hilti Card? (Yes, No)

*Ramset Powder Actuated Tools? (Yes, No) If yes, do you have a Ramset Card?(Yes, No)

*Lazer Levels? (Yes, No) If yes, do you have a Lazer Card? (Yes, No)

*Forklift Operator?(Yes, No)If yes, do you have a forklift training certificate?(Yes, No)

*Scaffold Training?(Yes,No) If yes, do you have a scaffold training certificate?(Yes, No)

*CPR/First Aid training? (Yes, No) If yes, what was your last training date?_____

(If you have answered YES for any of the above questions please provide BEK, Inc. with proof of certifications.)

Specialized Skills: (Skills/Equipment Operated)

Carpenter: _____

Plasterer: _____

Taper: _____

I certify that the answers given herein are true and complete.

Signature of Applicant

Date

We are an Equal Opportunity Employer

NOTICE TO ALL NEW EMPLOYEES

1. If you are sick and unable to work, you must call the BEK office at 486-9653 **no later than 7:00 am**. The voice mail system is in service if no one is in the office. Failing to call could result in termination.
2. If you are responsible for your own timecard, it must be filled out daily with the job number and cost codes. When it is completed, it must be turned in **the following Monday, no later than 4:30 pm**. Please turn in all completed timecards to the superintendent on Friday. **(Failure to turn in hours by the due date could cause a delay in processing your payroll check!)**.
3. Payday is Friday of each week. (The payroll check is for the prior week that you have worked). Checks will **not** be disbursed prematurely.
4. You are required to work the scheduled hours of 7:00 a.m. to 3:30 p.m. No overtime is allowed unless authorized by the superintendent or BEK Officer. Excessive absenteeism and/or tardiness will not be tolerated and could result in termination.
5. If you quit, you are responsible for your final timecard. Any discrepancies have to be settled before your final check is cut. This has to be done immediately, preferably before you leave the jobsite.
6. You are required to have the correct hand tools. (Please review the following attachments for the complete list of tools).
7. BEK is a sub-contractor and we do not discriminate against employees or applicants because of race, color, sex, religion, national origin, handicap, disabled veteran and veteran of the Vietnam era status in recruiting, hiring, transfer, promotions, training, compensation, benefits, layoffs, terminations and all other terms and conditions of employment.
8. BEK is obligated to maintain a working environment free of harassment, intimidation, and coercion at all work sites and in all facilities at which we have employees assigned to work. BEK will not tolerate any verbal or physical intimidation or threats of violence toward any employee. Any threats or acts of violence will result in **immediate termination**.

9. The following are the company rules regarding alcohol and drug use. Any violation of these rules will result in **immediate termination without warning or notice:**

We prohibit:

- a) Alcohol and/or drug use while on duty.
- b) Being under the influence of alcohol or drugs while on duty.
- c) Possession or distribution of alcohol or drugs on the work-premises or while on duty.
- d) Unauthorized use of company property for the storage or transportation of alcohol or drugs.

**I have read and understand the above statements.
I have received the Employee Safety Handbook, and have read and understand the safety topics.**

Employee/Applicant Signature

Date

BEK, Inc.

Employer

Signature of Authorized Representative

Date

BEK, INC. COMPANY POLICY Substance Abuse Program

Alcohol and drug use in industry creates serious problems. The economic cost of lost output and medical expense is enormous. Alcohol and drugs are a hazard to productivity, property and personnel. Most importantly, the use of alcohol and drugs by a few employees jeopardizes the safety of the work place for all employees. Accordingly, our company has strict rules concerning alcohol and drugs in the work place. The company wants you to be aware of these rules and the disciplinary provisions for their violation.

PURPOSE

1. To protect the health, safety and property of employees, the company and the general public; and to insure the fitness and ability of employees to perform their jobs.
2. To establish a substance abuse (drug and alcohol) prevention program at the company.
3. To inform employees and applicants of the company's policy on substance abuse.
4. To ensure fair and equitable treatment of employees who are substance abusers.

DEFINITIONS:

For the purpose of this policy, "drugs" include "illegally-used controlled substances" (encompasses narcotic and non-narcotic drugs, including prescription drugs used abusively) and "non-controlled" (over-the-counter) medicines if they render one unfit for duty. Additionally, the abuse of any substance (including the consumption of alcohol) for the purpose of achieving a drug-like effect will fall under the prohibition against "drugs."

"Under the influence" is a state of having levels where screening test results are reported as being positive. It may, but does not have to, include being unable to perform work in a safe, productive manner, or being in a physical or mental condition that creates a risk to the safety and well-being of the employee, other employees or company property.

"Possession" includes the presence of drugs or alcohol in the possession or control of the employee in the work area, lunch boxes or other personal areas.

POLICY:

1. Applicants for employment must undergo testing for drugs before final selection. An applicant who refuses to undergo drug testing or is detected as being under the influence shall be ineligible for employment and shall not be hired. An applicant with positive test results may be eligible to reapply for employment after a six month period.
2. The company will implement and maintain a substance abuse prevention program aimed at educating employees on the harmful effects of drugs and alcohol and stressing the provisions of this policy.
3. Drug screen testing will be required in the following situations:
 - a. As part of the pre-employment evaluation.
 - b. Where there is a reasonable suspicion to conclude that substance abuse is taking place as evidenced by various factors such as but not limited to the following:
 - 1) Unsafe work habits or practices that endanger the employee himself/herself/and/or other employees;
 - 2) Abnormal work performance;
 - 3) Physical conditions and/or symptoms, such as unstable balance, alcohol on breath, glassy or reddened eyes;
 - 4) Frequent or unexplained absence from the workplace or job site during the employee's shift;
 - 5) Abnormal personal behavior and/or poor interpersonal relations on the job;
 - 6) Discovery of controlled substances, alcohol, or controlled substances paraphernalia at the work area or on the job site, in the possession of or immediate proximity of an employee: and/or
 - 7) Objective evidence of unlawful use of a controlled substance or unlawful sale of a controlled substance as provided by any Federal, State or local enforcement agency;
 - c. As part of a random testing program.
4. Testing will be done for the following substances:
 - a. Marijuana –The use of hemp seed oils or hemp products is not allowed and under the guidelines of this policy is not considered to be a legitimate reason for a positive marijuana result.
 - b. Cocaine
 - c. Opiates
 - d. Amphetamines
 - e. Phencyclidine (PCP)

5. A test will be considered positive if the specimen contains levels of drugs in excess of:
 - a. Drug levels in excess of those levels as set forth in the guidelines as established by the National Institute on Drug Abuse (NIDA).

6. The following disciplinary action will be taken against an employee whose drug screen has a positive reading:
 - a. **First Offense** – A suspension without pay, for the time it takes to obtain a negative reading from any subsequent test, but, in any case, no less than a two-week suspension. Should subsequent tests fail to produce a negative reading within ninety days, the employee will be considered as having committed his or her second offense.

 - b. **Second Offense** – A suspension from work for the time it takes to obtain a negative reading from any subsequent drug or alcohol test but in any case, no less than a four (4) week suspension from work. The employee must make arrangements with his or her Company prior to undergoing drug or alcohol re-testing. Should a subsequent test fail to produce a negative reading within two (2) months after the beginning of such suspension, then the employee will be discharged and will not be eligible for re-employment by the Company until such time as the physician or medical laboratory that conducted the original test submits verification of a negative reading having been obtained from said person.

 - c. **Third Offense** – Any employee who tests positive for the third time will be discharged and will not be eligible for re-employment by the Company for a period of three years, unless the employee can establish through objective evidence that he or she is no longer a current alcohol or drug abuser whose current use of alcohol or drugs prevents such individual from doing his or her job, or would constitute a threat to property or the safety of others.
 - 1) For purposed of administering this paragraph G (Schedule of Disciplinary Actions), offenses shall be cumulative on a Company wide basis. For example: An employee commits an offense while employed on Job A. said employee is subsequently employed on Job B where he/she commits another offense. That offense shall be considered as his/her second offense.

7. When an employee's test reading is positive, the employee will be notified of the findings.

8. An employee who refuses to sign a release and authorization to submit to any drug screen test, or who refuses to undergo such a test, or refuses to permit the medical facility to provide the results to the company will be subject to disciplinary action, including termination.
9. An employee who fails to provide an adequate sample for testing will be treated as a positive test result. Any submitted sample found to have been altered shall be treated as a positive test result and shall be subject to disciplinary actions as listed in #5.
10. Urine and blood samples will be taken only under the direction of qualified collection personnel designated by the company or under the direction of a designated medical laboratory facility.
11. An employee, who possesses, sells or attempts to sell illegal drugs and/or paraphernalia or alcohol while on duty or on the company's property or job site will be subject to disciplinary action, including discharge.
12. The company has the right, where there is reasonable cause to believe or reasonable suspicion to conclude that contraband may be present, to search employee's property including lunch boxes, purses, lockers, automobiles, etc., on company property or job sites without prior warning. Any employee refusing to submit to such a search will be subject to disciplinary action, including discharge.

Any contraband or suspected contraband will be impounded and turned over to authorities for examination and/or analysis. A receipt will be issued for any seized property.
13. Time spent by any employee who undergoes a drug screen test under Section 3 or a search under this policy, shall be considered compensable time worked.
14. Management has the right to amend or terminate this policy at its discretion.


 Bert D. Beaman
 President

1/3/2011
 Date

I HAVE READ AND RECEIVED A COPY OF BEK'S SUBSTANCE ABUSE PROGRAM.

 Applicant Signature

 Date

BEK, Inc. COMMERCIAL WALLS & CEILINGS SYSTEMS

• 99-870 Iwaena Street, #101 • Aiea, HI 96701 • (808) 486-9653 • FAX: (808) 488-1903

WRITTEN CONSENT FORM FOR DISCLOSURE OF INFORMATION REGARDING SUBSTANCE ABUSE TEST RESULT

I, _____ request / authorize BEK, Inc. to
(Name of employee)

disclose my drug test results to any contractor that BEK, Inc. performs work for, the limited purpose being performing work for that contractor.

I understand that this consent is subject to revocation at any time to the extent that the employer has already disclosed such information in reliance upon this consent form. If not previously revoked, this consent form will terminate upon the request of the employee.

Signature of Employee

Date Signed

=====

**DATA FOR USE IN AFFIRMATIVE ACTION REPORTING
(COMPLETE ONLY AFTER A JOB OFFER IS MADE)**

Name _____ Date _____

Job Title _____ Department _____

Federal regulations requires federal contractors and subcontractors to analyze and report personnel activities. Completion of required reports includes an accounting of employee population with regard to disability status. We request you assist us in this process by completing the following. The information will be used solely for the purpose of monitoring and preparing the affirmative action program. Submission of the information is voluntary, and refusal to provide it will not subject you to discharge or adverse disciplinary treatment. Disclosure of this information will be kept confidential. Note that the descriptions and definitions used on the form are official U.S. Government guidelines for classification purposes. Should you have any questions regarding the completion of this form, please address them to the Human Resources Department.

(Check if applicable)

_____ Yes Disabled: any person who

- (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities,
- (2) has a record of such impairment, or
- (3) is regarded as having such an impairment.

_____ Yes Disabled Veteran: a person who

- (1) is entitled to compensation under laws administered by the Veterans Administration, or
- (2) was discharged or released from active duty because of a service-connected disability.

STATE OF HAWAII — DEPARTMENT OF TAXATION

**EMPLOYEE'S WITHHOLDING ALLOWANCE AND STATUS CERTIFICATE
INSTRUCTIONS**

MARITAL STATUS—If you are legally separated from your spouse under a decree of divorce or separate maintenance, check the Single box.

NUMBER OF WITHHOLDING ALLOWANCES—Do not claim more than the correct number of withholding allowances. However, if by claiming the correct number of withholding allowances you still expect to owe more income tax for the year than will be withheld, you may increase the amount withheld either by claiming fewer withholding allowances or by entering into an agreement with your employer to withhold an additional dollar amount.

Note: *Hawaii law does NOT allow "exempt" status for withholding purposes.*

NONWAGE INCOME—If you have a large amount of nonwage income, from sources such as interest or dividends, you should consider making estimated tax payments using Form N-1 or you may find that you owe additional tax at the end of the year.

TWO-EARNER/TWO JOBS—If you have a working spouse or more than 1 job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only 1 Form HW-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the HW-4 filed for the highest paying job and zero allowances are claimed for the others.

FILING THE CERTIFICATE—You must file this form with your employer or your employer must withhold tax from your wages as if you were single and claimed no withholding allowances.

FILING A NEW CERTIFICATE—You SHOULD file a new certificate if you get married or are entitled to claim more withholding allowances. You MUST file a new certificate within 10 days if ANY of the following occurs:

- (a) If you are divorced or legally separated.

(b) If your spouse, for whom you have been claiming a withholding allowance, commences claiming his or her own withholding allowance on a separate certificate.

(c) If a dependent for whom you claimed a withholding allowance no longer qualifies as a dependent.

You MUST file a new certificate on or before December 1 in case of the death of your spouse or the death of a dependent, unless such event occurs in December.

WITHHOLDING ALLOWANCE FOR AGE—You may claim an additional withholding allowance for age if you are at least 65 years old and no one can claim you as a dependent. If you are married and filing a joint return, you may also claim an additional withholding allowance if your spouse is at least 65 years old, no one else can claim your spouse as a dependent, and your spouse is not already claiming such withholding allowance for himself / herself on a Form HW-4.

HEAD OF HOUSEHOLD—Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your qualifying child or any other person who is your dependent.

PENALTIES—Penalties are imposed for willfully supplying false or fraudulent information or for willfully failing to supply information.

CERTIFIED DISABLED PERSON—See the section, "What Is Not Subject to Withholding" in *Booklet A, Employer's Tax Guide*.

NONRESIDENT MILITARY SPOUSE—Under federal law, the State is prohibited from subjecting the income received by a service member's nonresident spouse for services performed (i.e., wages) in Hawaii to Hawaii's income tax beginning tax year 2009.

FOR FURTHER INFORMATION—Contact your employer or the Department of Taxation at 808-587-4242 (toll-free at 1-800-222-3229).

----- Cut here and give the certificate to your employer. Keep the top portion and a copy of Page 2 for your records. -----

STATE OF HAWAII — DEPARTMENT OF TAXATION

EMPLOYEE'S WITHHOLDING ALLOWANCE AND STATUS CERTIFICATE

Section A (to be completed by the employee)

1 Type or print your full name	2 Your Social Security Number
Home address (number and street or rural route)	3 Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate <input type="checkbox"/> Certified Disabled Person (not subject to withholding) <input type="checkbox"/> Nonresident Military Spouse (not subject to withholding)
City or town, State, and Postal/ZIP code	
4 Total number of allowances you are claiming (from Line 1 of the worksheet on Page 2). (Note: Hawaii law does NOT allow "EXEMPT" status for withholding purposes.)	4
5 Additional amount, if any, you want deducted each pay period.....	5 \$

I declare, under the penalties set forth in section 231-36, HRS, that I have correctly indicated my marital status and that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled.

(Date) _____, _____ (Signed) _____

Section B (to be completed by the employer)

1 Employer's name BEK, INC.	2 Hawaii tax identification number W 20209244 _____ . 01
Employer's address 99-870 IWAENA STREET #101	City or town, State, and Postal/ZIP code AIEA, HI 96701

EMPLOYER: Keep this certificate with your records. If you believe that an employee has claimed excess allowances for the employee's situation (generally more than 10) or misstated the employee's marital status, you must send a copy of the Form HW-4 for that employee to the Hawaii Department of Taxation, P. O. Box 3827, Honolulu, Hawaii 96812-3827.

HW-4 Worksheet to Figure Your Withholding Allowances

- A. Enter "1" for yourself if no one else can claim you as a dependent A. _____
- B. Enter "1" if: 1. You are single and have only 1 job **OR**
2. You are married, have only 1 job, and your spouse does not work B. _____
- C. Enter "1" for your spouse if: 1. No one else can claim your spouse as a dependent **AND**
2. Your spouse is not claiming a withholding allowance for himself / herself
on a Form HW-4 C. _____
- D. You may be able to claim additional withholding allowances for age. See Instructions on Page 1.
Enter "1" if you or your spouse qualifies. Enter "2" if both you and your spouse qualify D. _____
- E. Enter the number of dependents that you will claim on your tax return. (State qualifications
are the same as the federal) E. _____
- F. Enter "1" if you will file as head of household on your tax return. See Instructions on Page 1 F. _____
- G. Enter "1" if you estimate that you will have at least \$250 of total tax credits G. _____
- H. If you plan to itemize or claim adjustments to income, complete the worksheet below and enter the number of
withholding allowances here from Line 8 H. _____
- I. Total. Add Lines A through H. Enter the total here and on Line 4 of Form HW-4 on Page 1. (Note: This amount
may be different from the number of exemptions you claim on your return) I. _____

Deductions and Adjustments Worksheet

NOTE: Use this worksheet only if you plan to itemize deductions or claim adjustments to income.

1. Enter an estimate of your current year's itemized deductions. These include: qualifying home mortgage interest,
charitable contributions, State and local taxes, medical expenses in excess of 7.5% of your adjusted gross income,
and miscellaneous deductions. (You may have to reduce your itemized deductions if your income is over \$100,000
(\$50,000 if married filing separately)) 1 \$ _____
2. Enter $\left\{ \begin{array}{l} \$4,400^* \text{ if married filing jointly or surviving spouse} \\ \$3,212^* \text{ if head of household} \\ \$2,200^* \text{ if single} \\ \$2,200^* \text{ if married filing separately} \end{array} \right\}$ 2 \$ _____
3. Line 1 minus Line 2. Enter the result, but not less than zero 3 \$ _____
4. Enter an estimate of your current year's adjustments to income 4 \$ _____
5. Add Lines 3 and 4 and enter the total 5 \$ _____
6. Enter an estimate of your current year's nonwage income (such as dividends or interest income) 6 \$ _____
7. Line 5 minus Line 6. Enter the result, but not less than zero 7 \$ _____
8. Divide the amount on Line 7 by \$1,144^{**}. Drop any fraction. Enter the result here and on the HW-4 worksheet,
Line H above 8 _____

* Nonresidents and part-year residents: On line 2, enter the amount appropriate to your filing status multiplied by the ratio of your Hawaii adjusted gross income to total adjusted gross income from all sources.

** Nonresidents and part-year residents: Divide the amount on Line 7 by \$1,144 multiplied by the ratio of your Hawaii adjusted gross income to total adjusted gross income from all sources.

Form W-4 (2011)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 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)	
BEK, INC. 99-870 IWAENA STREET #101 AIEA, HI 96701		92-0090918	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly				All Others			
If wages from LOWEST paying job are--	Enter on line 2 above	If wages from LOWEST paying job are--	Enter on line 2 above	If wages from HIGHEST paying job are--	Enter on line 7 above	If wages from HIGHEST paying job are--	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

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

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

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

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

Employment Eligibility Verification

Please 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)
BEK, INC.	99-870 IWAENA STREET #101 AIEA, HI 96701	

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___

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

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C		
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility		
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551</i> stamp or attached <i>INS Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>) 8. Unexpired Reentry Permit (<i>INS Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>) 	OR	<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 	AND	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>INS Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>) 7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

New BEK Website

Come check it out! BEK just updated its website @ www.bekinc.com



- * On the "**Employee's Page**", you'll find the dates & locations of upcoming company functions like the Summer Picnic and Christmas Party.
- * New & Returning Employees - Check the "**Employment Page**" to see when we'll be hiring again.
- * You can also check out BEK's Current & Upcoming Projects list.