



# Phillips & Koch Construction Inc.

## NEW EMPLOYEE AGREEMENT

Name (Middle Initial) \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_  
 Wage \_\_\_\_\_ Per hour Emergency PH # \_\_\_\_\_  
 Note: Per diem per company policy Contact/Relationship \_\_\_\_\_  
 Position \_\_\_\_\_ Email Address: \_\_\_\_\_

**NOTE: Attach documentation for all required items**

Employment Application  
 Employee Manual & Safety Policy Agreement  
 Hazcom & Personal Protective Equipment Trainings  
 I - 9 Form  
 W - 4 Form      **Withholding** \_\_\_\_\_  
 Physical / Medical Report  
 Pre-employment Drug Test  
 Reference and background check

**Required**

**Completed**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Company property issued:**

\_\_\_\_\_ Cost \$ \_\_\_\_\_ Cost \$ \_\_\_\_\_  
 \_\_\_\_\_ Cost \$ \_\_\_\_\_ Cost \$ \_\_\_\_\_

**Initial**

\_\_\_\_\_ I certify that all information provided to Phillips & Koch Construction Inc. is true and accurate.  
 \_\_\_\_\_ I agree to follow all Company, Customer and OSHA rules, and I acknowledge that failure to do so may negatively affect future my performance and wage reviews, or be cause for disciplinary action including suspension without pay or termination.  
 \_\_\_\_\_ I acknowledge the above agreed upon wage rate as listed, the seasonal nature of this work and that there exists no promised term of employment or promise of any future employment.  
 \_\_\_\_\_ I understand that the first 90 days of my employment is a probationary period during which I may be terminated for any reason and that this period may be extended for any reason.  
 \_\_\_\_\_ I agree to return or pay for all company property issued to me at the end of my employment.

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

**Supervisor Signature** \_\_\_\_\_