



12891 Nelson Street
 Garden Grove, CA 92840
 (714) 636-4542
 Fax (714) 636-4300
www.kgcinc.com

For Office Use Only	
Start Date	
Starting Rate of Pay	
Starting Job Title	

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Email: _____

Phone: () _____ Cell: () _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever filed a Workers' Compensation claim? YES NO If so, explain: _____

Do you have any existing disabilities? YES NO If so, explain: _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

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 NO

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 NO

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 NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

"At Will" Employment Statement

I acknowledge that my employment at Kindness General Contractors, Inc. is "at will", meaning that the terms of my employment may be changed with or without notice, with or without cause, including, but not limited to, termination, demotion, promotion, transfer compensation, benefits, duties, and location of work. There is no agreement, expressed or implied, between Kindness General Contractors, Inc. and for me continuing long-term employment. Accordingly, either I or Kindness General Contractors, Inc. may terminate the employment relationship at any time, with or without notice, with or without cause. While foremen and managers have certain hiring authority, no foreman, manager, or representative of Kindness General Contractors, Inc. has any authority to alter the "at will" relationship.

Disclaimer

I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application is grounds for dismissal.

I authorize investigation of all statements contained herein and, the references and employers listed within to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release the company from all liability for any damage that may result from use of said information.

I also understand and agree that no representative from the company has any authority to enter into any agreement for employment for any specified period, to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medically-related information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature: _____ Date: _____



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NV Lic. #0058476
AZ Lic. #ROC220696
UT Lic. #7190433-5501

Emergency Contact Information

Employee's Name: _____

In case of emergency, please notify:

Name

Phone Number

Email address

And/or

Name

Phone Number

Email address

Employee's signature: _____

Form W-4 (2012)

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 2012 expires February 18, 2013. 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 can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
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	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 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.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight 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	G	<u> </u>
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	<u> </u>
	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 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 \$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. 		

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

Form W-4 Department of the Treasury Internal Revenue Service	<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 2012
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)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
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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Payroll

- I give Kindness General Contractors, Inc., permission to deduct personal purchases from my paycheck provided that I am given a copy of the receipt showing the amount and item that was deducted.
- I will be accepting responsibility for all fees if my paycheck is lost in the mail. The fees will be automatically deducted from my next paycheck.
- I have agreed to receive a separate paycheck for any overtime worked (10 hours or more). Any overtime worked under 10 hours will be included on one paycheck. It appears to Kindness General Contractors, Inc., that there are no legality issues and by signing this document, I do not hold Kindness General Contractors, Inc. responsible for any tax liability.

Signing below indicates that I agree to all of the above.

Employee's Name: _____

Signature: _____

Date: _____



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE OF EMPLOYEE
X

I, _____, of _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.

Pre-Employment MVR Request Authorization Form

It is understood that my job may require me to drive a company owned vehicle or my own car on company business. I understand that the insurance company writing your automobile insurance requires a copy of my current record to assess my insurability. I also understand that I have the right to see a copy of my Motor Vehicle Report.

It is required by law for perspective employees to grant permission for the employer's agent to obtain a copy of your current Motor Vehicle Report. By signing this form, you grant such permission.

I, _____, prospective employee of Kindness General Contractors, Inc., give the employer's agent authority to obtain my Motor Vehicle Report.

Name (as shown on Driver's License): _____

Drivers' License #: _____

Date of Birth: _____

State Licensed: _____

Expiration Date: _____

Prospective Employee Signature

Prospective Employer Signature

Date

Date

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have 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 <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

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

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 <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

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 authorized 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 and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

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

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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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 authorization.

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	AND
1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	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
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

Kindness General Contractors, Inc.

KGC

Industrial & Commercial Construction

LIC. #780044

12891 Nelson Street, Garden Grove, CA 92840

Tel (714) 636-4542 Ext. 228 · Fax (714) 636-4300

Email kpenwarden@kgcinc.com

MEMORANDUM:

To: All Employees
From: Karen Penwarden
Date: 04/06/12
Re: Implementation of 100% Electronic Payment for Employee Payroll and all Per Diem, Reimbursements, etc.

Effective 04/06/12, Kindness General Contractors, Inc. has implemented a 100% electronic payment policy for employee payroll and all per diem, reimbursements, etc.

You will either need to complete the attached Direct Deposit Authorization form or the Global Cash Paycard Authorization Form on the reverse. If you do not complete one of the forms, you will automatically be assigned a paycard.

Contact Karen Penwarden (kpenwarden@kgcinc.com) or Michelle Fernandez (mfernandez@kgcinc.com) for more information about direct deposit, the paycard program, or contribution/dues repayment.

Industrial & Commercial Construction

CA License #780044 – NV License #0058476 – AZ License #ROC220696 – UT License #7190433-5501

www.kgcinc.com

Global Cash Card

Cash Card Enrollment

Kindness General Contractors, Inc.

NEW

REPLACEMENT

Global Cash Card - Account Owner Information (Please Print Legibly)		
First Name:	Middle Initial:	Last Name:
Street:	Apartment #:	
City:	State:	Zip Code
Home Telephone: ()	Date of Birth (MM/DD/YYYY): / /	
** Cell Number: (Optional) () For text messaging confirmations/balances	** Email Address (Optional): For e-mail notifications	
Social Security # : -- --	EMPLID #:	
Date: _____ Employee Signature: _____		

BRANCH INFORMATION (All fields must be completed by a company representative)	
Branch Name:	Branch Dept #:
Form Completed by:	Telephone #:

***** FAX COMPLETED FORM TO YOUR PAYROLL CENTER:*****

ATTACH COPY OF CARD

DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____ EFFECTIVE DATE: _____

SOCIAL SECURITY NUMBER: _____

DIRECT DEPOSIT #1

BANK NAME: _____ BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____ ACCOUNT TYPE: CHECKING

SELECT ONE METHOD: SAVINGS

1. Percent of Net Pay: _____ %

2. Fixed Amount per Check: _____

3. Balance of Net Pay with Minimum Check of: _____

YEARLY LIMIT: _____

DIRECT DEPOSIT #2

BANK NAME: _____ BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____ ACCOUNT TYPE: CHECKING

SELECT ONE METHOD: SAVINGS

1. Percent of Net Pay: _____ %

2. Fixed Amount per Check: _____

3. Balance of Net Pay with Minimum Check of: _____

YEARLY LIMIT: _____

DIRECT DEPOSIT #3

BANK NAME: _____ BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____ ACCOUNT TYPE: CHECKING

SELECT ONE METHOD: SAVINGS

1. Percent of Net Pay: _____ %

2. Fixed Amount per Check: _____

3. Balance of Net Pay with Minimum Check of: _____

YEARLY LIMIT: _____

I authorize Kindness General Contractors to initiate accounting transactions to deposit my employee pay directly into the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until Kindness General Contractors receives written notice from me to cancel or change this authorization.

Employee Signature

Date

KGC Tool List

Laborer:

PPE: Hard Hat, Safety Glasses, Ear Plugs, **Composite toe** Work Boots, and **never short pants or tank tops.**

KGC issued shirts are to be worn at all times.

Tools:

Mud Boots

Striping Hammer

Striping Bar

25' Tape Measure

Leather Belt with Pouches

Shovel

Pick

Tie Wire Pliers

Gloves

Single Jack (Sledge Hammer)

Wire Wheel

Ratchet Set (20-25 pc. minimum)

Calculator

Carpenter:

PPE: Hard Hat, Safety Glasses, Ear Plugs, **Composite toe** Work Boots, and **never short pants or tank tops.**

KGC issued shirts are to be worn at all times.

In addition to the Laborer tools (above), you must also have the following tools with you each day.

Tools:

Leather Belt with Pouches

Claw Hammer

25' Tape Measure

100' Tape Measure

Carpenters' Pencil

Keel

Speed or Tri-Square

Cats' Paw

Mud Boots

Wire Wheel

Tie Wire Pliers

Blade Wrench or Adjustable Wrench

Multi-tip Screwdriver

Utility Knife

Torpedo Level

Chalk Box

Plumb Box

2' and 4' Levels

Single Jack (Sledge Hammer)

Ratchet Set (20-25 pc. minimum)

Lista de Herramientas de KGC

Obrero/“Laborer”:

Equipo de Protección Personal (“PPE”): Casco, Lentes de Seguridad, Enchufes de Oído, y Botas de Trabajo **con Puntas Compuestos**. Pantalones cortos o camisetas cortas no se permiten.
Las Camisetas De KGC deben ser llevadas puestas siempre.

Herramientas requeridas:

Botas para el lodo	Tenazas para marrar barrilla
Martillo de Striping	Guantes
Barra de Striping	Gato Solo (Martillo de Trineo)
25' Cinta Métrica	Rueda de Alambre
Cinturón de Cuero con Bolsas	Juego de Dados (mínimo 20-25 piezas)
Pala	Calculadora

Carpintero:

Equipo de Protección Personal (“PPE”): Casco, Lentes de Seguridad, Enchufes de Oído, y Botas de Trabajo **con Puntas Compuestos**. Pantalones cortos o camisetas cortas no se permiten.
Las Camisetas De KGC deben ser llevadas puestas siempre.

En adición al equipo de herramienta (arriba), también tienes que tener las siguientes herramientas contigo cada día.

Herramientas requeridas:

Cinturón de Cuero con Bolsas	Tenazas para marrar barrilla
Martillo de Garra	Tirón de lámina o tirón ajustable
25' Cinta Métrica	Destornillador de multipunta
100' Cinta Métrica	Cuchillo de utilidad
Lápiz de Carpintero	Nivel de torpedo
Quilla	Caja de creta
Tri-cuadrado	Caja rechoncha
Pata de Gatos	Niveles de 2' y 4'
Botas para el lodo	Gato solo (martillo de Trineo)
Rueda de Alambre	Juego de Dados (mínimo 20-25 piezas)