



Dear Applicant:

Thank you for your interest in Elkhorn Holdings, a division of Wood Group PSN. Attached you will find the necessary forms that you must complete **and bring with you to your orientation**. You will not be permitted to start work unless you complete these forms before your start date.

Also, please click on the following link

http://elkhornconstruction.com/elkdocs/HiringPacket/New%20Hire_Policies_Handbooks.pdf to read the related WGPSN policies prior to your start date. The corresponding Acknowledgement Forms are included in this new hire package and will need to be completed along with the rest of your paperwork.

US Application for Employment Form

APPLICATION FOR EMPLOYMENT

Wood Group PSN, Inc. ("the Company") is an equal opportunity employer. The Company does not discriminate in hiring because of an individual's race, religion, color, gender, sexual orientation, national origin, citizenship, or disability. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age for persons 40 or more years of age. Should you become an employee of The Company; this application will become part of your permanent record. If necessary, you may use additional sheets of paper. Please do not include any information regarding race, religion, color, gender, sexual orientation, national origin, citizenship, or disability.

This application will be considered only for the specific job(s) for which you have applied, and will be retained for a period of one (1) year.

PERSONAL DATA				
Full Name (Last, First MI):				
Address:				
City:		State:		Zip Code:
Email Address:		Social Security:		
Home Telephone:		Alternate Telephone:		

POSITION DATA				
Position(s) Applied For:		Acceptable Salary/Wage Range:		Date Available:
Referred By Name:		Referred By Position/Company:		
I have previously:	<input type="checkbox"/> applied for employment and/or <input type="checkbox"/> been employed by a Wood Group Company			
Are you applying for:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary			
Are you willing to work days and/or nights as required and assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to work overtime as assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to work:	<input type="checkbox"/> 7&7 <input type="checkbox"/> 14&14 <input type="checkbox"/> 28&28			Yrs of Offshore Experience:
Do you have relatives working for Wood Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, who and in what department?		

EDUCATION				
All education is subject to verification and/or confirmation				
Type of School	Name & Address of School	# of Years Completed	Degree Awarded?	Major/Degree
High School				
College				
Business or Trade School				
Professional School				

US Application for Employment Form

OPERATIONS AND MAINTENANCE SKILLS			
Please check all that apply			
<input type="checkbox"/> PLC	<input type="checkbox"/> Welder	<input type="checkbox"/> Pipe Fitting	<input type="checkbox"/> Iron Worker
<input type="checkbox"/> Equipment Operator	<input type="checkbox"/> General Laborer	<input type="checkbox"/> Electrical	<input type="checkbox"/> Helper
<input type="checkbox"/> Instrumentation	<input type="checkbox"/> Roustabouts	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Rod Buster
<input type="checkbox"/> Concrete	<input type="checkbox"/> Safety	<input type="checkbox"/> Boilermaker	<input type="checkbox"/> Scaffolding
<input type="checkbox"/> Painting	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Insulation	<input type="checkbox"/> Swamper
<input type="checkbox"/> Pipeline Operations			

EMPLOYMENT HISTORY				
Please include all work experience for the past ten years, beginning with your most recent position. If there are any dates of unemployment, please provide dates. Please attach Resume to Application				
Employer (Present)	Address	Dates Employed:	From: (Mo/Yr)	To: (Mo/Yr)
Position Title	Base Pay \$ _____ per _____	Avg. Number of Hours Worked Per Week		
Supervisor Name, Title, Phone Number			Reason for Leaving	
Summary of Duties (please be specific):				
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer	Address	Dates Employed:	From: (Mo/Yr)	To: (Mo/Yr)
Position Title	Base Pay \$ _____ per _____	Avg. Number of Hours Worked Per Week		
Supervisor Name, Title, Phone Number			Reason for Leaving	
Summary of Duties (please be specific):				
May we contact your past employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer	Address	Dates Employed:	From: (Mo/Yr)	To: (Mo/Yr)
Position Title	Base Pay \$ _____ per _____	Avg. Number of Hours Worked Per Week		
Supervisor Name, Title, Phone Number			Reason for Leaving	
Summary of Duties (please be specific):				
May we contact your past employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

US Application for Employment Form

REFERENCES		
Please do not list relatives or previous employers as references		
Name	Title or Position	Telephone Number (with area code)
Name	Title or Position	Telephone Number (with area code)
Name	Title or Position	Telephone Number (with area code)

ACKNOWLEDGEMENTS AND CONSENTS

Please be advised that any false or misleading information given in this application (or attached pages and resumes), or in any pre-employment interview, may result in termination of employment when discovered.

Please read these carefully!

1. I am at least 18 years of age. If I am under the age of 18, I can provide proof of eligibility to work.
 Yes No

2. Company Policy requires that prospective employees successfully pass a pre-offer drug/alcohol screen, as well as participate in a random drug/alcohol program if employed. I agree.
 Yes No

3. Company Policy may require successful completion of post-offer (or offer-contingent) work mobility testing. I agree.
 Yes No

4. A criminal conviction does not automatically disqualify an applicant for employment with the Company. Have you ever been convicted of a crime, which has not been expunged or sealed by a court? If yes, please explain.
 Yes No

5. I understand that I will be required to produce proof of my legal right to work in the United States upon selection and acceptance for employment.
 Yes No

6. I authorize the Company to obtain public record information regarding me in connection with my application for employment. I understand, agree, and take notice that the Company may use public record information to evaluate my application for employment, and if hired, whether to continue my employment with the Company. The Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.
 Yes No

7. I understand and agree that any and/or all of the information included in this application (or any attached pages or resumes) is subject to verification. My signature below authorizes previous employers, other listed references, agencies, and credentialing bodies to release information to the Company related to my employment, credentials, and abilities. I further agree to hold harmless any and all individuals, companies, agencies and educational facilities, who provide any factual information and/or documentation, as related to this application for employment.
 Yes No

US Application for Employment Form

8. I acknowledge my understanding that nothing in this application or in the granting of an interview is intended to create an employment contract between me and the Company, and that no manager or representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specified period of time. Should an employment relationship be established, as a condition of employment I agree to conform to all rules, regulations and policies of the Company, and understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either the Company or me.
- Yes No

PLEASE CAREFULLY READ THE PARAGRAPH BELOW BEFORE SIGNING AND DATING THIS APPLICATION.

I acknowledge that the information I have furnished is correct to the best of my knowledge and belief, and understand that falsification of this information could be grounds for disciplinary action to include retraction of an employment offer, or dismissal if employment has taken place. I understand that I shall not become an employee of the Company, or any of its subsidiaries, until I have signed an employment agreement with final approval of the Company. I understand that my employment is not to be for any definite term, and it may be terminated at any time by me, or the Company, regardless of any personnel policies or practices adopted by the Company. Only the President of the Company has the authority to enter into any type of binding employment contract, which would be required to be in writing and duly signed by each party. I understand that the Company will not make any unwarranted disclosure of information generated in the process of this application to persons outside the Company without my consent. I agree that any dispute during, or after my employment with the Company will be resolved in a location of the Company's choosing through the published Dispute Resolution Process.

SIGNATURE

My signature below confirms my understanding and acknowledgement of, and agreement to, the terms and conditions outlined in this application. I further attest to the validity and accuracy of the information provided by me in this process.

Signature of Applicant

Date Signed

HR Use Only

Documents Received:

Resume Reference Checks Background Check Consent DOT Background Check Consent (if applicable)

Employed: Yes No

Date Employed:

Wood Group	Hiring Package
Title: Benefits Notification	Effective Date: 01/01/2017

Benefit Notification:

Wood Group has medical, life, dental and vision benefits available to employees beginning the 1st of the month following 60 days of full time service. The company also offers a 401(k) plan that is available to employees upon hire.

Please visit usbenefits.woodgroup.net or call 1-844-260-3602 for more information on Health Benefits and www.empower-retirement.com/participant or call 1-888-411-4015 for information on the Retirement Benefit Plan.

Wood Group will be sending Benefit information to your home address.

PLEASE BE ADVISED YOU MUST LOG ON AND ENROLL FOR HEALTH AND WELFARE BENEFITS WITHIN 31 DAYS OF HIRE.

I understand that it is my responsibility to sign up for Health Benefits within 31 days from hire. I also understand that these Benefits will begin the 1st of the month following 60 days of full time service. If I do not elect to enroll within 31 days I understand that I am waiving my right to participate in the benefit plan until the next eligibility period/open enrollment.

 Print Employee Name

 Signature

 Date

Notificación de Beneficios:

Wood Group tiene médicos, vida, dental y beneficios de visión disponibles para empleados comenzando el día 1 del mes tras 60 días de servicio de tiempo completo. La compañía también ofrece un plan 401 (k) que está disponible para empleados en alquiler.

Por favor visite usbenefits.woodgroup.net o llamar 1-844-260-3602 para obtener más información en cuanto a sus opciones de cobertura y www.empower-retirement.com/participant o llama 1-888-411-4015 para obtener información sobre el plan de beneficios de jubilación/retiro. Wood Group enviara información detallada sobre Beneficios a la dirección de su residencia.

Le advertimos que debe iniciar la sesión e inscribirse para beneficios de salud y el bienestar dentro de los 31 días de alquiler.

Entiendo que es mi responsabilidad el solicitar beneficios para la salud dentro de los 31 días del alquiler. También entiendo que estos beneficios iniciarán el día 1 del mes siguiente a 60 días de servicio de tiempo completo. Si no decide de inscribirse dentro de 31 días entiendo que estoy renunciando a mi derecho a participar en el plan de beneficios hasta la siguiente inscripción período abierto de elegibilidad.

 Escribe el Nombre de Empleado

 Firma de Empleado

 Fecha

Wood Group	Hiring Package
Title: Benefits Notification	Effective Date: 01/01/2017

EMPLOYEE KEEP THIS PAGE

Health & Welfare Benefits contact:

usbenefits.woodgroup.net

844-260-3602

Retirement Savings Plan contact:

www.empower-retirement.com/participant

888-411-4015

Title: Applicant EEO or Affirmative Action	Effective Date: 11-01-2002
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<p>Elkhorn Construction, Inc. An Equal Opportunity Employer</p> <p>It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.</p> <p>COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM. PLEASE PRINT</p>			
NAME (LAST, FIRST, MIDDLE)	DATE		
POSITION APPLIED FOR (LIST ONLY ONE)			
<p>DECLINE TO ANSWER THIS SECTION <input type="checkbox"/></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>WHAT IS YOUR RACE/ETHNIC ORIGIN?</p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> HISPANIC</p> <p><input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> ASIAN/PACIFIC ISLANDER</p> </td> <td style="width: 50%; vertical-align: top;"> <p>WHAT IS YOUR SEX?</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p> </td> </tr> </table>		<p>WHAT IS YOUR RACE/ETHNIC ORIGIN?</p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> HISPANIC</p> <p><input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> ASIAN/PACIFIC ISLANDER</p>	<p>WHAT IS YOUR SEX?</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p>
<p>WHAT IS YOUR RACE/ETHNIC ORIGIN?</p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> HISPANIC</p> <p><input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> ASIAN/PACIFIC ISLANDER</p>	<p>WHAT IS YOUR SEX?</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p>		
<p>DECLINE TO ANSWER THIS SECTION <input type="checkbox"/></p> <p>ARE YOU A VIETNAM ERA VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>A person who served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released there from with other than a dishonorable discharge or for a service connected disability.</p> <p>ARE YOU A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, a person who discharge or release from active duty as a result of a disability which was incurred or aggravated in the line of duty.</p> <p>DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>A person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such an impairment.</p>			

Elkhorn Construction, Inc.	Hiring Package
Title: Acknowledgement Form	Effective Date: 11-01-2002

**ACKNOWLEDGEMENT AND AGREEMENT
WITH RESPECT TO DRUG AND ALCOHOL TESTING**

I, the undersigned employee of Elkhorn Construction, Inc., hereby certify that I have been furnished with a copy of the company's DOT Alcohol and Drug testing program, including its Employee Assistance Program, and that I have read and understand same. I further certify that I have been provided with informational material, education and training on the dangers and problems of drug and alcohol misuse.

I am fully aware, and agree that I may be discharged or otherwise disciplined for any violation by me of said DOT Alcohol and Drug Policy, for any failure or refusal to provide urine and/or breath specimens when requested by Elkhorn Construction, Inc., for the failure or refusal to identify and certify same, for the failure to cooperate with the forms and other documents, and/or for any other failure or refusal to cooperate with Elkhorn Construction, Inc. in it's said DOT Alcohol and Drug Testing Program.

Executed this the _____ day of _____, 20_____.

Employee Name (Please Print)

Employee Signature

Social Security Number

Elkhorn Construction, Inc.	Hiring Package
Title: Vacation Policy For Hourly Employees	Effective Date:01-01-2004

Vacation Policy for Hourly Employees

1. The intent of this policy is to reward full time, long-term employees with compensated time off.
2. For this purpose only, a full time employee will be defined as any hourly employee who has worked a minimum of 1800 hours in the current calendar year. This individual will be awarded a 40-hour week of vacation to be scheduled and taken in the next calendar year (calendar year is defined as January 1 to December 31). After five continuous/consecutive years of service in which the employee has worked a minimum of 1800 hours per year, two 40-hour weeks of vacation will be awarded to be scheduled and taken in the next calendar year. The two weeks of vacation cannot be taken consecutively without approval from the Division Manager, or General Manager. New hires and rehires that work 1800 hours in the calendar year they are hired will be awarded a 40-hour week vacation to be scheduled and taken in the next calendar year. If 1800 hours are not worked in the calendar year in which hired no vacation will be awarded the next calendar year. Vacation will only be earned if 1800 hours are worked in a calendar year.
3. Any person who has met this requirement is to use the awarded vacation before the end of the eligible calendar year.
4. This policy goes into effect January 1, 2004. You must schedule this vacation time with your immediate supervisor and have it approved by your Construction Manager, Division Manager or General Manager a minimum of two weeks in advance of taking your vacation.

Any deviation must be pre-approved by your immediate supervisor and submitted for final approval.

EMPLOYEE PERSONAL PROPERTY ACKNOWLEDGEMENT AND AGREEMENT

You are responsible for the safekeeping and security of all your personally owned tools and property. Personal tools and property are not to be stored in Elkhorn Construction, Inc. supplied trailers, tool boxes, vehicles or equipment.

It is your responsibility to inventory and maintain accountability for your personally owned tools and property at all times.

The undersigned, their successors and assigns, hereby forever completely release and discharge Elkhorn Construction Inc., its subsidiary companies, related entities and its Insurers for any and all claims, damages, and liabilities resulting in any way from stolen employee owned tools or personal property.

Executed this the _____ day of _____, 20_____.

Employee Name (Please Print)

Employee Signature

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 \$350 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. 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 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/w4.

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: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	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 \$2,000 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. • 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. • 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.	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. { • 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. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
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. • 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)	

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 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	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 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 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 \$4,050 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 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. 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		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 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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.

If you would like to have your paychecks direct deposited into your bank account please fill in the following information or attach a voided check.

Account Type: **Checking** **Savings**

PLEASE WRITE LEGIBLY

Routing Number: (Bottom of Check - Left Number)

Account Number: (Bottom of Check to Right of Routing No.)

Bank Name: _____

Bank Address: _____

Bank City, State, Zip: _____

Bank Phone: _____

By signing below I hereby agree to and authorize payroll deposits to my account and authorize any lawful debits for overpayments by Elkhorn Construction, Inc., Eagle Pipeline Construction, Inc., and HOAD, Inc. from my account.

Print Name: _____

Company Assigned
Employee ID
or SSN: _____

Sign Name: _____

Attach Voided Check Here

“ Please sign this form and return it to Human Resources in hard copy or by email. ”



Business Ethics Policy

The Wood Group Business Ethics Policy is available online in nine languages via the Wood Group intranet (www.woodgroup.net) or the Wood Group website (www.woodgroup.com).

Receipt and Acknowledgement

I acknowledge that I have read and understood the Wood Group Business Ethics Policy.

I understand that each Wood Group employee, member of the Board of Directors, contractor and consultant and representatives, intermediaries and agents retained by Wood Group are responsible for knowing and adhering to the principles and standards of the Business Ethics Policy.

Signature: _____

Print name: _____

Strategic Business Unit: _____

Title: _____

Location: _____

Date: _____

Policy Acknowledgement

I hereby acknowledge that I have been provided with a copy of the following Wood Group PSN, Inc. policies,

- Global HSE Policy (Global)**
- Driving Policy (Global)**
- Harassment Policy (Global)**
- IT acceptable use Policy (Global)**
- Social Media Policy (Global)**

I understand that disciplinary action, up to and including termination, will result if I violate any of these policies.

Employee – Printed Name

Employee – Signature

Date

