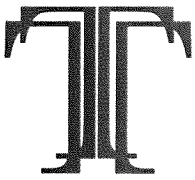


TESLA

CONTRACTING, INC.

Tesla Contracting Inc.
1237 Jackson Avenue
Pascagoula, MS 39567

Phone: 228-471-5464 Email: Teslacontractingpros@gmail.com

Documents Needed for Employment

- Driver's License
- Social Security Card
- Birth Certificate/Passport

Email address:

_____

Phone number:

_____

*******Please **CIRCLE** position applying for below*******

Blaster General Labor

Painter- Sprayer Painter-Brush/Roller

Name:

Social Security Number:

Drivers License (State Issued/License #,Date issued):

Date of Birth:

Address/ City/ State/ Zip:

Telephone Number:

US Citizen (YES OR NO):

Emergency Contact:

Highschool (include full name and city):

Specific years attended:

Graduated (YES OR NO):

GED? (When and where):

EXPERIENCE

(Need 3 years of work history)

Employer	Address	Dates Worked (MONTH/YEAR)	Reason for leaving	Contact name & Number

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number

Address

City or town, state, and ZIP code

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

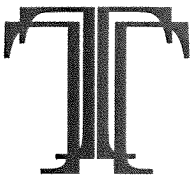
Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)



TESLA

CONTRACTING, INC.

DIRECT DEPOSIT AUTHORIZATION

Employee Name:

_____

Bank Name:

_____

Routing Number:

_____

Account Number:

_____

Please **CIRCLE** below

Checking or Savings

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

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

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)			**Additional Information**		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Keenum, Jason President		

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
Tesla Contracting, Inc.	**1237 Jackson Avenue Pascagoula, MS 39567**

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

AUSTAL USA (Visitor Control)

100 Austal Way, Mobile, AL 36602 - (251) 445-3738

Submit all Visit Request packets to your Austal POC/Host

ALL VISITORS *MUST* PROVIDE PROOF OF CITIZENSHIP AND GOVERNMENT ISSUED PHOTO IDENTIFICATION WITH THIS FORM.

Visitors without Proof of Citizenship and Photo ID will NOT be cleared for access.

VISITOR COMPANY NAME & ADDRESS:	ABC Applicators, Inc. 4470 McCrary Rd. Semmes, AL 36575			**VISITOR NAME AND CONTACT NUMBER:**	
VISIT START DATE:		**VISIT END DATE:**		**SPECIFIC PURPOSE OF VISIT:**	Paint Subcontractor
CITIZENSHIP:		**BADGE TYPE REQUESTED:** Visitor or Vendor	Photo		
BIRTH DATE AND PLACE:				**AUSTAL POINT OF CONTACT:**	**Name and Contact Number** Justin Stewart, 251-434-8000 x5876
PASSPORT #:		**GREEN CARD #:**		**EXP DATE:**	

SECURITY USE ONLY:
VC Red'd PoC/ID Verified
By:
Date:

SECURITY USE ONLY:
DPS Check
Yes/No
By:

PROOF OF CITIZENSHIP and IDENTIFICATION REQUIREMENTS

PASSPORT – current, signed, and unaltered may be used as BOTH proof of citizenship and photo ID

IF NOT PRESENTING A CURRENT PASSPORT - ONE FROM EACH GROUP BELOW MUST BE PROVIDED

ACCEPTABLE PROOF OF CITIZENSHIP
1) Birth Certificate
2) Passport (can be expired)
3) Certificate of Naturalization
4) Perm. Res. Card
5) Merchant Mariner Card
6) Common Access Card (CAC) – Do NOT copy CACs; present on arrival

ACCEPTABLE PHOTO IDENTIFICATION:
1) State Issued Driver's License
2) State Issued Non-Driver's License

***Note**: Transportation Worker Identification Credential (TWIC) cards will not be accepted as proof of citizenship.*

CERTIFICATION OF VISITOR (Please read carefully)

1. Foreign Persons are not allowed access to controlled areas of Austal USA without the following: a valid passport, an approved visit request, an executed export license or ITAR exemption, and an Approved Escort that is a U.S. Citizen and an Austal USA employee/teammate. **2.** Whoever falsely and willfully represents him or herself to be a Citizen or National of the United States (otherwise known as a U.S Person) shall be subject to criminal penalty under U.S. Law (Title 18, Sections 911 and 1015, U.S. Code). **3.** Visitors will not disclose Controlled Unclassified Information (CUI), Technical Data, or Proprietary Information related to the business activities of Austal USA to a third-party without approval from Austal USA's Technology Control Officer (TCO). **4.** No person shall photograph, videotape, or otherwise record activities, information, property, or personnel while on Austal USA property without express authorization from Austal USA Security. Use of photographic, video, or any other recording devices (including camera phones) without authorization will result in confiscation of the devise as well as possible denial of future access to the Austal USA facilities and/or criminal prosecution (Title 22, Section 2778©, U.S. Code). **5.** All persons who enter or depart Austal USA properties (including parking areas) are subject to inspection of their personal effects in accordance with DoD 5220.22-M, "National Industrial Security Program Operating Manuel." Austal USA reserves the right to ban and/or confiscate items that it deems prohibited. **6.** As a condition of being granted access to this facility, you must comply with Austal USA security, health, safety, and export control requirements. Failure to do so may result in immediate revocation of access privileges and denial of future access to Austal USA facilities.

Your signature below indicates that you have read the preceding, understand and agree to abide by its content

*Signature of Visitor:*_____ *Date:*_____

CERTIFICATION OF AUSTAL HOST, ESCORT, AND/OR SPONSOR

As the Austal Host, Sponsor and/or Escort of Visit, I Shall:
1. Ensure proper escort of visitor is maintained at all times while on Austal Premises. **2.** Ensure the visitor does not have unauthorized access to U.S. Government Classified Information, Controlled Unclassified Information (CUI), or to Austal Private/Proprietary Information, without obtaining approval from the Technology Control Officer (TCO) prior to granting access. **3.** Inform all Austal personnel of their limitations on the release of Controlled Unclassified Information (CUI) to the visitor(s). **4.** Perform a due diligence survey of the area(s) to ensure that an unauthorized export does not accidentally occur and obtain approval from the Security Department if access is required to export-controlled areas. **5.** Immediately report all possible violations of the ITAR/EAR to the Technology Control Officer and the Empowered Official. **6.** Review information to be disclosed during the visit ***prior*** to the visitor's arrival to ensure the data is within the scope of the export license, exemption or Visit Request. If I am unsure of the scope, I will contact Austal USA Visitor Control Office (x3738) or Export Compliance (x1759).

Your signature below indicates that you have read the preceding, understand, and agree to abide by its content.

Signature of Austal USA Host, Sponsor or Escort:_____ Date:_____

AUSTAL USA SECURITY VISIT REQUEST APPROVAL/DENIAL

U.S. Person/Citizen Visit Request is:	**VC Control Office/FSO or Designee** **Foreign National Visit Request is:**
Approved:	
Denied:	Approved- Export License No._____ Denied_____
	Facility Security Officer or Designee **Date**

INGALLS SHIPBUILDING
A Division of HII

BIOGRAPHICAL DATA SHEET

* For Non-U.S. Citizen Access to Government Vessels and Work Sites *

Name (full name – first middle last)	
Social Security Number	Date of Birth (MM/DD/YYYY)
Place of Birth (city, state/province, country)	
Nationality	Citizenship
If dual citizenship, specify both citizenships	
Permanent Resident Number	
Employer Name **Tesla Contracting, Inc.**	
If Other than Ingalls Shipbuilding, please specify:	
Employer Address – Line 1 **1237 Jackson Avenue** Line 2	
City: **Pascagoula** / State: **MS** / ZIP Code: **39567**	
Employer POC Name **Jason S. Keenum, CPA**	
POC Telephone Number **228-355-0979**	

Signature of Applicant – Date

FALSIFICATION OF ANY OF THE ABOVE INFORMATION WILL BE GROUNDS FOR REVOCATION OF ALL ACCESS PRIVILEGES.

THIS SECTION FOR USE BY HUMAN RESOURCES AND/OR SECURITY ONLY	
Start Date:	Department:
Human Resources Representative Signature & Date	Security Representative Signature & Date

(ATTACH A COPY OF THE FRONT AND BACK OF THE PERMANENT RESIDENT CARD)

INGALLS SHIPBUILDING, THROUGH THEIR REPRESENTATIVE HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CURRENT AND ACCURATE AND ANY UPDATED INFORMATION PERTAINING TO THE ABOVE WILL BE FORWARDED TO COMNAVSEA OR THEIR DESIGNATED REPRESENTATIVE (SUPSHIP GULF COAST)

BACKGROUND CHECK AUTHORIZATION FORM

Applicant Information

Full Name: _____

Other Names Used (if any): _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number/State: _____

Current Address: _____

City/State/ZIP: _____

Phone Number: _____ Email Address: _____

Authorization and Release

I, _____ ("Applicant"), hereby authorize Tesla Contracting, Inc. ("Company/Employer") and its representatives to obtain and review background information for employment purposes.

This authorization includes, but is not limited to:

- Criminal history records
- Employment history verification
- Motor vehicle records
- Credit history (where permitted by law)
- Other public records permitted by applicable law

I understand that this information may be obtained from public or private agencies, consumer reporting agencies, or other sources.

I certify that all information provided by me is true and complete. I understand that false or misleading information may result in disqualification from employment or termination of employment.

I release the Company/Employer and all providers of information from any liability arising from the background investigation process, to the extent permitted by law.

This authorization shall remain valid throughout my employment unless revoked in writing.

EMPLOYEE HEALTH QUESTIONNAIRE

Name:

_____

1. Do you have any serious health issues ?

YES OR NO If yes, please give details:

_____

_____

_____

2. Do you have any serious back or neck issues?

YES OR NO If yes, please give details:

_____

_____

_____

3. Have you had any recent surgeries within the last 5 years

YES OR NO If yes, please give details:

_____

_____

_____

4. Do you have limitations on your ability to perform the work described in your job description and/or duty statement?

YES OR NO If yes, please give details:

_____

5. Do you have any health conditions that would create a hazard to participants or other staff?

YES OR NO If yes, please give details:

ALL EMPLOYEES ARE SUBJECT TO PHYSICALS AND DRUG TESTS

I declare that the above information is true and correct to the best of my knowledge:

EMPLOYEE SIGNATURE:

DATE:

Spanish Application Online

Escanee este código QR con la cámara de su teléfono para acceder a nuestra solicitud en línea.