



Watland Custom Underground, LLC Employment APPLICATION

I. Personal Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Date of Birth: _____ Social Security Number
or Driver's License Number: _____

Emergency Contact: _____

- If hired, can you provide proof that you are legally able to work in the United States? Yes ___ No ___
- How were you referred to us?
Advertisement ___ Referral ___ Employment Agency ___ Walk-In ___ Other ___

- Have you ever been convicted of a criminal offense (felony or misdemeanor)? *Note: An affirmative answer will not necessarily result in disqualification for employment.*
Yes ___ No ___

If yes, please state nature of offense(s), date(s), city, state and disposition of the offense:

- List any relatives or friends employed by Watland Custom Underground, LLC:

II. Employment

- Position Desired: _____

- Salary Desired: _____

- What days and hours are you available for work?

- Are you available to work overtime if necessary?

Yes___No___

- Are you over 18 years of age?

Yes___No___

If you are under 18 years of age, can you provide a work permit?

Yes___No___

- When are you available to begin work? _____

- Are you able to perform the essential functions of the job for which you are applying? *Note:*

We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions:

Yes___No___

III. Skills

- Are you able to operate a personal computer?

Yes___No___

If yes, what types of computer software do you have proficiency in?

List any other office machines you can operate:

- What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

IV. Education

- High School or Trade School Name &

City of School: _____

Number of Years Completed: _____

Did you graduate?

Yes___No___

Degree(s) or Diploma(s): Major Field(s) of Study: _____

• College or University

Name & City of School: _____

Number of Years Completed: _____

Did you graduate?

Yes___No___

Degree(s) or Diploma(s): _____

Major Field(s) of Study: _____

V. Employment History

Please account for all employment within the last seven (7) years, beginning with your current or more recent employer.

• Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (_____)

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer?

Yes ___ No ___

May we contact this employer?

Yes ___ No ___

Specific Job Duties:

Reason for Leaving: _____

• Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (_____)

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer?

Yes___No___

May we contact this employer?

Yes___No___

Specific Job Duties:

Reason for Leaving: _____

• Positions Held

Company Name: _____

Company Address: _____

Telephone Number: (_____)

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer?

Yes___No___

May we contact this employer?

Yes___No___

Specific Job Duties:

Reason for Leaving: _____

VI. Military Service

- Have you obtained any special skills or abilities as the result of services in the military?

Yes ___ No ___

If yes, please describe:

VII. Personal References

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

Telephone Number: (____) _____

- Name of Reference #1:
- Address:
-

Telephone Number: (____) _____

- Name of Reference #2:
- Address:
-

APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by employer or its agents.
2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of employer,

for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employer, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.

3. _____ I understand that employer is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the employer has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.

4. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.

5. _____ I understand and agree that the employment for which I am applying for is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or employer. There will be no agreement, express or implied between employer and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of employer.

6. _____ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Release of Previous Employer's DOT Drug/Alcohol Testing Results

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

YES

NO

- | | | |
|-------|--------------------------|--------------------------------------------------------------------------------------------------------------|
| _____ | _____ | 1. Any DOT alcohol test results of 0.04 or greater? |
| _____ | _____ | 2. Any DOT positive drug test results? |
| _____ | _____ | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results) _____ |
| _____ | _____ | 4. Other violations of DOT drug and alcohol testing regulations? |
| _____ | _____ | 5. Did a previous employer report a drug / alcohol rule violation to you? |
| _____ | _____ | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?* |
| | <input type="checkbox"/> | 7. Was the Applicant/Employee employed by you but <u>NOT</u> subject to DOT regulations? |

*Note: If "yes" for item 5, you must provide the previous employer's report. If you answered "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of Person Completing Form

Title Phone

Date

*A reproduction of this authorization shall be deemed as effective and valid as an original. Rev. 2012

Consent and Release of Drug Testing Results

I hereby authorize the release of my drug and/or alcohol test results to the auditor:

- My test was a DOT drug and/or alcohol test
- My test was a Non-DOT drug and/or alcohol test

Donor Name: _____

Signature: _____ Date: _____

VIII. Appendix A - Acknowledgement Receipt Form

I acknowledge, by signing this form, that my full compliance with the Anti-Drug and Alcohol Misuse Prevention Plan (the "Plan") and DOT drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I may be discharged or otherwise disciplined for any drug and/or alcohol violation, committed by me, as cited in the Plan and/or in the DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and DOT drug and alcohol program. I have also been provided with informational materials on the dangers and problems of drug abuse and alcohol misuse.

Signed, this the ___ day of _____, 20 ____

Employee Name (Please Print): _____

Employee Signature: _____

Company Representative Name (Please Print)

Company Representative Signature

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APPLICATION FOR COPY OF DRIVER RECORD

MAIL DRIVER RECORD TO: Requestor's Name _____ DL Number _____
(PLEASE TYPE OR PRINT) Address _____
City, State, Zip Code _____ Telephone # _____

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc. _____
Your Title or Affiliation with above _____
Type of business, organization, etc. _____
(i.e. Insurance provider, towing company, private investigation firm, etc.)

INFORMATION REQUESTED ON:

Texas Driver License # _____ Date of Birth (Month/Day/Year) _____
Last Name _____ First Name _____ Middle/Maiden _____

INDIVIDUAL'S WRITTEN CONSENT FOR ONE TIME RELEASE TO ABOVE REQUESTOR

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I grant access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.), to _____

Signature of License/ID Card Holder or Parent/Legal Guardian

Date

State and federal law requires requestors to agree to the following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Sect. 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor

Date

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.