



BASIC DRUG/ALCOHOL SCREENING OUTLINE

<u>DRUG TEST</u>	<u>LIMITS</u>
Marijuana	ZERO TOLERANCE
Cocaine	ZERO TOLERANCE
Phencyclidine (PCP)	ZERO TOLERANCE
Amphetamines (includes Methamphetamines, MDMA, MDA)	ZERO TOLERANCE
Opioids	ZERO TOLERANCE
Codeine/Morphine	ZERO TOLERANCE
6-AM (Heroin)	ZERO TOLERANCE
Hydrocodone/Hydromorphone	ZERO TOLERANCE
Oxycodone/Oxymorphone	ZERO TOLERANCE
Alcohol	ZERO TOLERANCE

All samples will be collected with a witness present in a manner which precludes sample tampering.

A positive drug /alcohol screening will be additionally tested using GC/MS confirming test

Applicants refusing or failing the drug/alcohol screening will not be considered for employment and shall be informed so.

Employees refusing or failing the screening may be referred to suitable medical treatment. Failure to successfully complete prescribed treatment will result in termination of employee.

This is a general outline of the Substance Abuse Program in effect for Waff Contracting Inc. Additional information contained in this program should be reviewed by all employees and applicants.

(Signature)

(Date)

APPLICATION FOR EMPLOYMENT

SECTION I. PERSONAL INFORMATION

A. NAME: _____
(LAST) (FIRST) (MIDDLE)

B. ADDRESS: _____
(P.O. BOX/STREET)

(CITY) (STATE) (ZIP)

C. PHONE #: () _____ SOCIAL SECURITY #: _____ - _____ - _____

D. DATE OF BIRTH: _____

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SECTION II. EDUCATION - TRAINING

A. FILL IN SCHOOL INFORMATION AND CIRCLE HIGHEST GRADE COMPLETED:

GRAMMER SCHOOL: _____ 1 2 3 4 5 6 7 8
HIGH SCHOOL: _____ 9 10 11 12
TECH/COMMUNITY: _____ 1 2
COLLEGE: _____ 1 2 3 4

DEGREES OR OTHER AWARDS: _____

B. HAVE YOU EVER COMPLETED AN APPRENTICESHIP PROGRAM? _____ YES _____ NO

CRAFT/TRAINING: _____

DATE(S) OF TRAINING: _____

NAME & ADDRESS OF COMPANY/SPONSOR: _____

C. ARE YOU A VETERAN OF THE U.S ARMED FORCES? _____ YES _____ NO

D. OTHER TRAINING: _____

APPLICATION FOR EMPLOYMENT - CONTINUED

SECTION III. PERSONAL BACKGROUND HISTORY

A. DO YOU HAVE A VALID DRIVER'S LICENSE? _____ YES _____ NO

IF YES, COMPLETE THE FOLLOWING:

LICENSE NO.: _____ DATE OF ISSUE: _____

CLASS: _____ DATE EXPIRES: _____

LICENSE RESTRICTIONS: _____

B. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL CHARGES OTHER THAN MINOR TRAFFIC VIOLATIONS? _____ YES _____ NO

IF YES, COMPLETE THE FOLLOWING:

CONVICTION: _____ DATE OF CONVICTION: _____

AGENCY INVOLVED & ADDRESS: _____

RESULTS: _____

C. PLEASE BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

DOES WORKING AROUND HEAVY EQUIPMENT BOTHER YOU? _____ YES _____ NO

DOES WORKING ON SCAFFOLDS OR LADDERS BOTHER YOU? _____ YES _____ NO

DOES WORKING OVER WATER BOTHER YOU? _____ YES _____ NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? _____ YES _____ NO

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMODATION? _____ YES _____ NO

(IF YOU HAVE ANY QUESTIONS ABOUT THE FUNCTIONS OF THIS JOB, PLEASE ASK THE INTERVIEWER BEFORE ANSWERING THIS QUESTION)

(See Page 6 of Application for Essential Job Function Summary)

APPLICATION FOR EMPLOYMENT - CONTINUED

SECTION IV. FORMER EMPLOYMENT HISTORY

LIST BELOW YOUR LAST FOUR EMPLOYERS - START WITH YOUR MOST RECENT JOB:

1.	CURRENT OR MOST RECENT JOB: DATES OF EMPLOYMENT	NAME, ADDRESS & PHONE NO. OF EMPLOYER
	<hr style="width: 100%;"/> <div style="display: flex; justify-content: space-between;">(START)(FINISH)</div>	<hr style="width: 100%;"/> <hr style="width: 100%;"/>
	<hr style="width: 100%;"/> <div style="display: flex; justify-content: space-between;">(POSITION)(SALARY)</div>	<hr style="width: 100%;"/> <div style="text-align: center;">(REASON FOR LEAVING)</div>
2.	PREVIOUS JOB: DATES OF EMPLOYMENT	NAME, ADDRESS & PHONE NO. OF EMPLOYER
	<hr style="width: 100%;"/> <div style="display: flex; justify-content: space-between;">(START)(FINISH)</div>	<hr style="width: 100%;"/> <hr style="width: 100%;"/>
	<hr style="width: 100%;"/> <div style="display: flex; justify-content: space-between;">(POSITION)(SALARY)</div>	<hr style="width: 100%;"/> <div style="text-align: center;">(REASON FOR LEAVING)</div>
3.	PREVIOUS JOB: DATES OF EMPLOYMENT	NAME, ADDRESS & PHONE NO. OF EMPLOYER
	<hr style="width: 100%;"/> <div style="display: flex; justify-content: space-between;">(START)(FINISH)</div>	<hr style="width: 100%;"/> <hr style="width: 100%;"/>
	<hr style="width: 100%;"/> <div style="display: flex; justify-content: space-between;">(POSITION)(SALARY)</div>	<hr style="width: 100%;"/> <div style="text-align: center;">(REASON FOR LEAVING)</div>
4.	PREVIOUS JOB: DATES OF EMPLOYMENT	NAME, ADDRESS & PHONE NO. OF EMPLOYER
	<hr style="width: 100%;"/> <div style="display: flex; justify-content: space-between;">(START)(FINISH)</div>	<hr style="width: 100%;"/> <hr style="width: 100%;"/>
	<hr style="width: 100%;"/> <div style="display: flex; justify-content: space-between;">(POSITION)(SALARY)</div>	<hr style="width: 100%;"/> <div style="text-align: center;">(REASON FOR LEAVING)</div>

APPLICATION FOR EMPLOYMENT - CONTINUED

SECTION V. ACTUAL WORK EXPERIENCE

REVIEW THE CATEGORIES BELOW AND CHECK ANY THAT YOU MAY HAVE EXPERIENCE IN. THE LAST PART OF THIS SECTION ALLOWS FOR YOU TO DESCRIBE ANY ADDITIONAL, SPECIALIZED WORK EXPERIENCE.

EQUIPMENT

- BULLDOZER
- TRACK BACKHOE
- RUBBER TIRE BACKHOE
- FRONT END LOADER
- FORKLIFT
- RUBBER TIRE PAN
- TUGBOAT

(OTHER)

CRANE

- HOOKWORK
- PILEDIVING
- DRAGLINE
- CLAMSHELL
- HYDRAULIC
- CRANE ON BARGE

(OTHER)

TRUCK OPERATOR

- DUMP TRUCK, SMALL
- DUMP TRUCK, TANDEM
- TRACTOR/TRAILER, DUMP
- TRACTOR/TRAILER, FLAT
- TRACTOR/TRAILER, LOW BOY HAULING EQUIPMENT

(OTHER)

SKILLED TRADES

- WELDER
- TUGBOAT CAPTAIN
- SHEETPILE THREADER
- PILEDIVER
- SANDBLASTER
- PAINTER

- CONCRETE FINISHER
- FORM SETTER
- FORM CARPENTER
- CARPENTER

(OTHER)

MECHANICS

- TRUCK MECHANIC
- HEAVY EQUIPMENT
- GAS ENGINE
- DIESEL

(OTHER)

SUPERVISION

- PILEDIVING FOREMAN
- LABOR FOREMAN
- GRADE FOREMAN

- MATERIALS FOREMAN
- SHOP FOREMAN

(OTHER)

SECRETARY/CLERICAL

- TYPING____(WPM)
- SHORTHAND____(WPM)
- DICTAPHONE
- WORD PROCESSOR
- PERSONAL COMPUTER
- BOOKKEEPING

(OTHER)

ADDITIONAL REMARKS: _____

APPLICATION FOR EMPLOYMENT - CONTINUED

SECTION VI. AUTHORIZATIONS AND RELEASES

I UNDERSTAND THAT THIS EMPLOYMENT APPLICATION FORM REPRESENTS NO OFFER OF EMPLOYMENT NOR CONTRACT FOR EMPLOYMENT AND THAT COMPLETION OF THIS FORM IS PART OF WAFF CONTRACTING'S STANDARD APPLICANT SCREENING.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ALL INFORMATION FROM FORMER EMPLOYERS CONCERNING MY WORK EXPERIENCE IS NECESSARY FOR EMPLOYMENT CONSIDERATION FROM WAFF CONTRACTING AND I APPROVE THE RELEASE OF EMPLOYMENT RECORDS AND INFORMATION TO WAFF CONTRACTING.

I DO HEREBY AUTHORIZE WAFF CONTRACTING TO OBTAIN A COPY OF MY DRIVER'S LICENSE HISTORY AND I UNDERSTAND THAT MY DRIVER'S LICENSE HISTORY WILL BE REVIEWED FOR EMPLOYMENT. I DO HEREBY AUTHORIZE WAFF CONTRACTING TO RUN A BACKGROUND CHECK AND I UNDERSTAND THAT MY BACKGROUND CHECK WILL BE REVIEWED FOR EMPLOYMENT.

IF THE APPLICATION CONTAINS OMISSIONS OR MISREPRESENTATION OF FACTS, THE APPLICATION WILL NOT BE PROCESSED AND THE APPLICANT WILL NOT BE CONSIDERED FOR EMPLOYMENT WITH WAFF CONTRACTING.

I UNDERSTAND THAT, SHOULD I BE CONTACTED BY WAFF CONTRACTING FOR EMPLOYMENT CONSIDERATION, I AUTHORIZE AND WILL HAVE TO COMPLETE A COMPREHENSIVE "FITNESS FOR DUTY" MEDICAL EXAMINATION BY WAFF CONTRACTING'S COMPANY PHYSICIAN WHICH WILL INCLUDE TESTING FOR DRUG AND ALCOHOL ABUSE.

DATE: _____ **SIGNATURE:** _____

(DO NOT WRITE BELOW THIS LINE)

1. INITIAL CONTACT
DATE: _____ INTERVIEWED BY: _____

JOB SUITED FOR: _____ RATING: _____

REMARKS: _____

2. PRE-HIRE CONTACT
DATE: _____ BY: _____

MEDICAL EXAM DATE: _____ CONFIRMED: _____
(INITIALS & DATE)

RESULTS: _____

3. ACCEPTED POSITION/JOB OFFERED? ____ NO ____ YES RATE? _____

REMARKS: _____

JOB SUMMARY

1. Willing to do duties that are assigned.
2. Be able to lift 50 lbs unassisted.
3. Be able to walk, bend, reach, push, pull, stoop, squat, climb, grasp, lift and handle heavy equipment necessary to complete assigned duties.
4. Be able to ensure proper body mechanics when physical labor is required.
5. Must be able to work every day of the week and anytime day or night as needed.
6. Must be able to stay out of town, as needed.

I have reviewed and understand the above job summary:

Name: _____

Signature: _____

Date: _____



Records Release Form

Please be certain this form is filled out legibly in order to ensure accuracy.

Name: _____
Last First Middle

Social Security Number: _____

Aliases or Other Names: _____
Including Maiden Names

Date of Birth: _____ (00/00/0000) **Sex:** Male Female **Race:** _____

Residence Information:

Must list all places lived in the past 7 years (Including Temporary Residences)

Street	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver's License Information:

License Number: _____ **State:** _____

I (employee) have also read and signed the BGC Disclosure that my employer will keep in my records.

Signature: _____ **Date:** _____

Company Authorization Signature: _____ **Date:** _____

Company Name: _____

Please Circle One:

PCS NC Contractor
 PCS FL Contractor
 ADM
 Military
 Other



Disclosure

We, DEPS Safety & Security Services, Inc. will obtain an investigative/consumer report (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through numerous consumer reporting agencies.

To prepare the reports, consumer reporting agencies may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may inspect the consumer reporting agencies files about you (in person, by mail, or by phone) by providing identification. If you do, the consumer reporting agency will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If DEPS Safety & Security Services, Inc. obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

The Federal Trade Commission provides a summary statement of your rights on its website at www.ftc.gov/credit.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed name

Para informacion en Española, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

This form is to be signed and remain in the employers records on any employee which a background check is requested. It is not to be returned to DEPS Safety & Security Services.

**TRANSIT DRIVER NOTIFICATION SYSTEM
DRIVER'S DISCLOSURE FORM**

This form is to be used and kept by your agency in compliance with the Federal Driver's Privacy Protection Act and NC General Statute 20-43.1. A copy for each driver must be kept on file for five years.

Effective September 13, 1997, all motor vehicle records are subject to the Federal Driver's Privacy Act (FDPPA) and General Statute 20-43.1. The FDPPA and the GS 20-43.1 require that personal information in the Division of Motor Vehicles records be closed to the public. Personal Information from these records may be released to individuals or organizations that qualify under one of the fourteen (14) exceptions listed on the back of this form. These exceptions are summarized statements of permissible uses.

Name of Driver: _____

DL#: _____ State of DL: _____ DL Class: A B C

DL Expire Date: _____ CDL: Yes No Date of Birth _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Hire Date: _____

By signing this form, you are granting the company access to your personal information under exception number 13 of the FDPPA and GS 20-43.1.

NAME OF COMPANY/AGENCY: _____

SIGNATURE OF DRIVER: _____ DATE: _____

My signature on this document acknowledges that I understand that improper release of Information and/or false representation to gain information from the DMV's records is prohibited and is subject to civil action.

COMPANY/AGENCY: _____

NAME OF REQUESTER/CONTRACT: _____

REQUESTER'S SIGNATURE: _____ DATE: _____

My signature on this document acknowledges that I understand that improper release of information and/or false representation to gain information from the DMV's records is prohibited and is subject to civil action.

COMPANY/AGENCY: _____

COMPANY/AGENCY APPROVAL AUTHORITY: _____

TITLE: _____

SIGNATURE: _____ DATE: _____

*****INCLUDE COPY OF DRIVERS LICENSE*****

THIS FORM TO BE COMPLETED BY CDL DRIVERS ONLY

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Waff Contracting Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Waff Contracting Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016