

C & M Roadbuilders, Inc.

6728 33rd Street East

Sarasota, FL 34243

(941)758-1933 Fax (941)751-6887

DOT

Application For Employment

An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(Please Print)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____

Last

First

Middle

Address _____

Number

Street

City

State

Zip Code

Telephone () _____ Cell # () _____ Social Security # _____

Driver's License # _____ State _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No (Proof of citizenship or Immigration Status will be required upon employment)

On what date would you be available to work? _____

Are you available to work Full time Part-Time Shift Work Temporary

Do you have transportation to job sites? Yes No

Can you travel if a job requires it? Yes No

Are you on a lay-off or subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

Veteran of U.S. Military Service? Yes No If Yes, Branch? _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and individuals with physical or mental handicaps.

Government contractors are subject to 38USC2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped

individuals. If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this info. The purpose is to provide info regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This info will be treated as confidential. Failure to provide this info will not jeopardize or adversely affect your consideration for employment. If you wish to be identified, please sign below. Handicapped individual Disabled Veteran Vietnam Era Vet.

Signed _____ Date _____

DRIVER APPLICATION

Applicant Name:	Social Security #:
Current Address:	Date of Birth:
City: St. Zip	

Residence Past 3 Years

Address:	St.	Zip	How Long?
City:			
Address:	St.	Zip	How Long?
City:			
Address:	St.	Zip	How Long?
City:			

Experience and Qualifications - Driver

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!
Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B,	ENDORSEMENT S

DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, etc	DATES		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

DRIVER APPLICATION ADENDUM
RESIDENCE

Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?

EMPLOYMENT

Last Employer: _____			
Position held:	_____	[] CDL?	From: _____ To _____
Address:	_____	City:	_____ ST: _____
Telephone #:	_____	FAX:	_____
Reason For Leaving: _____			
Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No			
Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No			
Last Employer: _____			
Position held:	_____	[] CDL?	From: _____ To _____
Address:	_____	City:	_____ ST: _____
Telephone #:	_____	FAX:	_____
Reason For Leaving: _____			
Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No			
Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No			
Last Employer: _____			
Position held:	_____	[] CDL?	From: _____ To _____
Address:	_____	City:	_____ ST: _____
Telephone #:	_____	FAX:	_____
Reason For Leaving: _____			
Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No			
Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No			
Last Employer: _____			
Position held:	_____	[] CDL?	From: _____ To _____
Address:	_____	City:	_____ ST: _____
Telephone #:	_____	FAX:	_____
Reason For Leaving: _____			
Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No			
Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No			

Last Employer: _____
Position held: _____ [] CDL? From: _____ To _____
Address: _____ City: _____ ST: _____
Telephone #: _____ FAX: _____
Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

Last Employer: _____
Position held: _____ [] CDL? From: _____ To _____
Address: _____ City: _____ ST: _____
Telephone #: _____ FAX: _____
Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

Last Employer: _____
Position held: _____ [] CDL? From: _____ To _____
Address: _____ City: _____ ST: _____
Telephone #: _____ FAX: _____
Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

Last Employer: _____
Position held: _____ [] CDL? From: _____ To _____
Address: _____ City: _____ ST: _____
Telephone #: _____ FAX: _____
Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

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Last Employer: _____

Position held: _____ [] CDL? From: _____ To _____

Address: _____ City: _____ ST: _____

Telephone #: _____ FAX: _____

Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

Last Employer: _____

Position held: _____ [] CDL? From: _____ To _____

Address: _____ City: _____ ST: _____

Telephone #: _____ FAX: _____

Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

Last Employer: _____

Position held: _____ [] CDL? From: _____ To _____

Address: _____ City: _____ ST: _____

Telephone #: _____ FAX: _____

Reason For Leaving: _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed () Yes () No

Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? () Yes () No

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicant's Signature _____

DATE _____

To notify in case of emergency, give name, address, phone number, and relationship.

Name _____ Relationship _____

Address _____ Telephone # _____

C&M ROAD BUILDERS, INC.

**THIS NOTICE IS PROVIDED FOR YOU AS EDUCATION ON DRUGS & WORKERS
COMPENSATION IN THE STATE OF FLORIDA**

C&M Road Builders, Inc. is a Drug Free Workplace for the benefit of all employees, customers and the business as an entity. Florida law provides for a denial of workers compensation benefits for employees who are injured while working and subsequently test positive or refuse to test. (Rule 38F 9.001 [a] (W.C. Act 440.102.5). The use of illegal drugs will not be tolerated or subsidized.

The following five drugs are tested for under our company policy:

- Marijuana/Cannabis
- Cocaine
- Depressants, e.g. Barbiturates
- Stimulants, e.g. Amphetamines
- Narcotics, e.g. Heroin

There are multiple sub-families of individual drugs under the NIDA5. These are known by many names. As adults we all know it is ill-advised for anyone to take pills or medications that have not been prescribed by a physician. Improper use of prescription medication can place you in a position of forfeiting your job, workers compensation benefits, and unemployment benefits as well. Don't use non-prescribed medication; don't use illegal drugs.

C&M Road Builders has a written policy on drug abuse. It is posted and available for you to read, understand and follow. You have been given a copy. It is your responsibility to know the provisions of this policy.

SUMMARY STATEMENT:

The Florida Workers' Compensation Laws and administrative rules are published and available in the Program Director's office. Staff may also access detailed information from the Florida Department of Labor & Employment Security, Division of Workers' Compensation, Tallahassee, FL.

ACKNOWLEDGEMENT:

I have received a copy of this education and training material.

Employees Name (Print)

Employees Signature

Date

Witness

Position

Date

COVERED EMPLOYEE CERTIFICATE OF RECEIPT
of the
CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY
for

C & M ROAD BUILDERS, INC.

aka

"Employer"

Federal regulation 382.601 (d), *Certificate of Receipt*, requires that each covered driver shall sign a statement certifying that he/she has received a copy of the materials described in 382.601 of the policy. The employer is also required to maintain the original of the signed certificate and may provide a copy of the certificate to the driver.

STATEMENT OF POLICY

Every covered driver is required to refrain from the use of prohibited controlled substances on and off duty. Every covered driver is required to refrain from the use of alcohol before (within 4 hours) and during the performance of safety-sensitive functions (operating on a public roadway a vehicle which requires a Commercial Driver's License).

Covered drivers will be tested for marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP). Covered drivers will also be tested for alcohol. Driver applicants will be subject to a pre-employment drug test. The employer must receive a verified NEGATIVE result before driver applicants will be permitted to perform safety-sensitive functions.

REFUSAL TO TEST OR FAILED A DRUG/ALCOHOL TEST

I understand that I have refused to take a drug/alcohol test or failed a drug/alcohol test if I:

1. Fail to appear for any test (except a pre-employment test) within a reasonable time, as determined by the employer, consistent with applicable DOT agency regulations, after being directed to do so by the employer;
2. Fail to remain at the testing site until the testing process is complete;
3. Fail to provide a urine specimen for any drug test or an adequate amount of saliva or breath for any alcohol test required by this policy;
4. In the case of a directly observed or monitored collection in a drug test, fail to permit the observation or monitoring the provision of a specimen;
5. Fail to provide a sufficient amount of urine or breath specimen when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
6. Fail or decline to take a second test the employer or collector has directed me to take;
7. Fail to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER. In the case of a pre-employment drug test, I am deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;
8. Fail to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection/testing process);
9. Have an MRO confirmed positive drug test result or an alcohol test result of 0.04 or greater; and/or
10. Have an MRO reported verified adulterated or substituted test result.

CONSEQUENCES OF PROHIBITED CONDUCT

Any driver who has a POSITIVE drug test result, an alcohol test with a result of 0.04 OR GREATER, or has engaged in other conduct prohibited by SECTION B of this policy, will be immediately removed from safety sensitive functions and will be subject to disciplinary action up to and including termination. A driver applicant who has a POSITIVE test result will not be hired.

TESTING PROGRAM ADMINISTRATOR

The employer has contracted with DISA, Inc., a bona fide alcohol and drug testing program administrator, as authorized under the Federal regulations, to administer the testing program.

ADDITIONAL REQUIREMENTS

The employer is permitted by Federal regulations to require and enforce more stringent requirements relating to safety of operation and employee safety and health including additional requirements relating to alcohol and controlled substances testing.

I hereby acknowledge receipt of the U.S. DEPARTMENT OF TRANSPORTATION (DOT), FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA), CONTROLLED SUBSTANCES AND ALCOHOL USE AND TESTING POLICY. I agree to familiarize myself with the requirements of the policy and comply with its provisions.

(PRINT EMPLOYEE'S NAME)
NUMBER)

(EMPLOYEE'S SOCIAL SECURITY

(EMPLOYEE'S SIGNATURE)

(DATE)

This receipt is to be read and signed by the employee. A copy of this receipt may be given to the employee. The original of this receipt must be kept on file.

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Pre-Employment Drug Testing Policy

Consistent with C & M Roadbuilders, Inc. policy opposing drug abuse, we have implemented a pre-employment drug testing policy.

ALL job applicants at C & M Roadbuilders, Inc. will undergo screening for the presence of illegal drugs as a condition of employment.

Applicants will be required to submit voluntarily to a urinalysis test at a laboratory chosen by C & M Roadbuilders, Inc., and to sign a consent agreement which will release C & M Roadbuilders, Inc. from liability.

Any applicant with positive test results will be denied employment at that time, but may initiate another inquiry with C & M Roadbuilders, Inc. after six months.

C & M Roadbuilders, Inc. will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol which prevents employees from properly performing their jobs that C & M Roadbuilders, Inc. will not tolerate.

An applicant has the right to consult the testing laboratory for technical information regarding the effects of prescription and non-prescription medications and drug testing.

An applicant may appeal the results of the drug test or challenge it legally or administratively, at the applicant's expense. Also, in accordance with the administrative provisions for the Worker's Compensations Act, the applicant may have the sample in question retested, at his/her own expense at another qualified laboratory. It is the applicant's responsibility to notify the testing laboratory of any legal action he/she intends to take.

Special Skills and Qualifications. Summarize special skills and qualifications from employment or other experience.

Education

	<u>Elementary</u>	<u>High School</u>	<u>College/University</u>	<u>Graduate/Professional</u>
School Name				
Years completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Diploma/Degree

Describe Course of Study

Describe specialized training, apprenticeship, skills, and extra-curricular activities.

Honors Received

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of C & M Roadbuilders, Inc.

Signature of Applicant _____ Date _____

Application is valid for 30 days

For Department Use Only

Arrange Interview ___ Yes ___ No

Remarks _____

Employed ___ Yes ___ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Dept. _____

By _____

Name

Title

Date

C & M Roadbuilders, Inc.

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Applicant Drug Testing Consent Agreement

As a prerequisite to employment, I hereby agree to allow C & M Roadbuilders, Inc. and their chosen laboratory to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized C & M Roadbuilders, Inc. management for appropriate review, and authorize C & M Roadbuilders, Inc. to use the test results as a defense to any legal action to which I am a part.

I understand that the results of the drug testing of my urine, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by C & M Roadbuilders, Inc., I must abide by the terms of C & M Roadbuilders, Inc. Drug-free Workplace policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with C & M Roadbuilders, Inc., and disciplinary action, up to and including discharge, may result if: 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to C & M Roadbuilders, Inc., if the tests establish a violation of C & M Roadbuilders, Inc. Drug-free Workplace policy, or 4) I otherwise violate the policy.

I hereby CONSENT to the administration of the drug test and to the terms and conditions of the CONSENT AGREEMENT.

Applicant's Signature _____ Date _____

Print Name _____ Social Security # _____

Witness's Signature _____ Date _____

*****NOTE: Applicants for employment at C & M Roadbuilders, Inc., who refuse drug testing for illegal drugs or alcohol, will, under no circumstances, be considered for employment.**

C & M Roadbuilders, Inc.

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Sarasota, FL 34243

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Driver's Consent Form

Date _____

I, _____, understand that FLORIDA MVR SERVICES, INC. will obtain copies of my driving record from the Department of Motor Vehicles for the purpose of underwriting automobile insurance. I hereby consent to FLORIDA MVR SERVICES, INC. releasing such information to C & M Roadbuilders, Inc. I understand that C & M Roadbuilders, Inc. shall use such driving records in determining whether to initiate or continue my driving status with C & M Roadbuilders, Inc. This consent shall be a continuing consent throughout the period which I am an applicant for employment with, or an employee of C & M Roadbuilders, Inc.

(Please Print)

Name as on Driver's License _____

License Number _____

State of License _____ Expiration Date _____

Date of Birth _____

Signature _____ Date _____