



II. EMPLOYMENT INTERESTS

Position(s) applying for:

LABOR \_\_\_\_\_ DRIVER \_\_\_\_\_ OPERATOR \_\_\_\_\_ OTHER \_\_\_\_\_

Rate of pay desired \$ \_\_\_\_\_/hr. Work Saturday/Sunday? \_\_\_\_\_YES \_\_\_\_\_NO

Are there any experiences, skills, or qualifications which you feel would especially fit you for work with the Company? \_\_\_\_\_

Date Available for Employment \_\_\_\_\_ Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

III. DRIVER STATUS:

Do you hold a valid Drivers' License? \_\_\_\_\_YES \_\_\_\_\_NO State issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type of License: #Operators \_\_\_\_\_ #Chauffeur's \_\_\_\_\_ Commercial\* \_\_\_\_\_ Class \_\_\_\_\_

\*(Please complete the attached CDL forms)

#Would you be willing to obtain a Commercial Drivers' License? \_\_\_\_\_YES \_\_\_\_\_NO

Endorsements:

Restrictions:

Previous State Licenses: Year \_\_\_\_\_ State \_\_\_\_\_ D.L.# \_\_\_\_\_

Previous State Licenses: Year \_\_\_\_\_ State \_\_\_\_\_ D.L.# \_\_\_\_\_

Have you ever had a driver's, chauffeur's, or commercial license revoked? \_\_\_\_\_YES \_\_\_\_\_NO

If "YES", explain \_\_\_\_\_

| IV. EDUCATION | Name and Location of School | Dates Attended | Diploma or Degree | Major Subject |
|---------------|-----------------------------|----------------|-------------------|---------------|
|---------------|-----------------------------|----------------|-------------------|---------------|

High School

College

Other

Describe any other training or education

Branch of U.S. Military Service \_\_\_\_\_ Highest Rank \_\_\_\_\_

Period of Active Duty: From \_\_\_\_\_ To \_\_\_\_\_

Military Occupational Specialty \_\_\_\_\_





X. CONDITIONS

I authorize the Company to verify all statements contained in this application for employment and to make any necessary reference checks except as limited above for present employer.

I understand employment is contingent upon meeting the physical requirements of the job. I further understand that my employment is contingent upon complying with the employment verification requirements of the Immigration Control and Reform Act, and I further understand that my employment is contingent on my agreeing to the Company's POLICY ON ALCOHOL AND DRUG ABUSE, a copy of which is attached hereto, along with the Company's Employment Agreement form, (non-compete agreement) to be signed upon hiring. I may request a copy to review at any time prior to hiring. Copies of both documents will be furnished to me upon signature after hiring.

I certify that all of the statements I have made and all information provided in this application are true and agree that any misrepresentation or omission of facts called for may result in cancellation of my application for employment or immediate dismissal. In consideration of my employment, I agree to confirm to the rules and regulations of the Company, and I understand THAT IF I AM EMPLOYED BY THE COMPANY MY EMPLOYMENT, REGARDLESS OF THE MANNER OR DURATION OF MY COMPENSATION, WILL BE FOR NO DEFINITE TERM, AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, FOR ANY REASON, AT THE OPTION OF THE COMPANY, AND THAT I WILL, THEREFORE, BE AN EMPLOYEE AT WILL. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

\_\_\_\_\_  
Signature of Applicant

\*\*\*\*\*

EMPLOYER USE ONLY:

Date called \_\_\_\_\_ Date Interviewed \_\_\_\_\_ By: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Hired: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ per hour

References called \_\_\_\_\_ Comments: \_\_\_\_\_

References called \_\_\_\_\_ Comments: \_\_\_\_\_

**HANCOCK CONSTRUCTION CO.**  
**POLICY ON ALCOHOL AND DRUG ABUSE**

Hancock Construction Co. ("we", "The Company", or "Company"), realizes the importance of providing a safe and healthy work place. For these reasons, we are committed to protecting the health and safety of our employees from the hazards caused by the use or abuse of alcohol or drugs.

Accordingly, we have adopted the following policy and rules with respect to employee involvement with alcohol, illegal drugs and other controlled substances. This policy and these rules apply to all employees. All CDL license holders are also subject to compliance with US DOT regulations.

**EMPLOYEE ASSISTANCE PROGRAMS**

The Company recognizes that alcoholism and/or drug use or dependency are generally regarded as medical problems requiring close medical supervision and treatment if there is to be successful rehabilitation. It is the Company's desire and intent to encourage any employee with an alcohol or drug dependency to voluntarily enter a drug or alcohol rehabilitation program. Any employee who seeks approved medical attention prior to violation of this policy will be treated by the Company in the same manner as employees with other medical problems. However, where a violation of this policy has occurred, an employee's request to submit to a drug or rehabilitation program shall not serve to waive the applicant of disciplinary action which is appropriate for the policy violation.

**POLICY ON ALCOHOL AND DRUGS**

It is not the intent of the Company to intrude into the private lives of employees; however, the effects of drug and alcohol use and dependency on safety, work quality, medical expenses and lost productivity require this policy. You should know that under this policy:

1. Employment with Company subject to negative drug and/or alcohol test results.  
Company will schedule, notify, and pay expenses for this testing.
2. The use, possession, sale, transfer, offering or furnishing of alcohol, illegal drugs or other controlled substances (as defined under State and Federal Law) and the possession of implements and paraphernalia for drug use while on duty or on Company premises (including Company parking lots) is prohibited.
3. Reporting for work, returning to work, being or remaining at work, while under the influence of alcohol, illegal drugs, or any other controlled substance, or having any of the aforementioned substances in your system while on Company premises or while performing work for the Company, or being incapable of safely and/or efficiently performing work, is prohibited.

An employee who violates any of the above rules and/or who tests positive for alcohol or drugs will be subject to severe disciplinary action which may include termination of employment.

This policy and rules shall not be construed to prohibit the presence of a lawfully unopened container of alcohol beverage in a private motor vehicle which is not used in the business of the Company, or for alcohol use or possession where such use or possession on Company property or at Company functions has been approved in advance by Company president David L. Hancock.

## PRESCRIBED AND OVER THE COUNTER DRUGS

This policy and rules does not prohibit the use of a controlled substance which has a currently accepted medical use, provided:

1. The drug is prescribed or authorized by a medical doctor;
2. The use of the drug at the prescribed or authorized level is consistent with the safe and/or efficient performance of the employee's duties; and
3. The drug is used at the dosage prescribed or authorized.

An employee who, under a physician's guidance, is taking a prescription drug or other medication which may effect the employee's ability to work safely or efficiently is responsible for bringing the matter to his/her supervisor's attention before beginning work.

## ADMINISTRATION OF THE POLICY

So that you will know in advance how the Company will administer this program to control alcohol and drug use or abuse in our work place, you are advised that under this policy:

1. If the Company has cause to believe that an employee has possession of or is using alcohol, illegal drugs or other controlled substances while on duty or on Company premises (including Company parking lots), or if the Company has cause to believe an employee is in possession of implements and paraphernalia for drug use, or if the Company has cause to believe an employee is under the influence of alcohol, illegal drugs, or any other controlled substance, or has any of the aforementioned substance in his/her system while on Company premises or while performing work for the Company, and/or is incapable of safely and/or efficiently performing his/her work, then the Company may require the employee to submit to urine and/or breath alcohol tests.
2. The Company may also require urine and/or breath alcohol tests for any employee receiving an injury that required medical attention, or involvement in any accident.
3. The Company reserves the right to search and inspect work areas (including desks), employee lockers, and employee's personal vehicles and other personal property while on Company premises.
4. The Company will not search an employee's person, his/her personal vehicle, or other personal property (employee desks and lockers are not personal property) without the employee's consent. Further, the Company will not require an employee to submit to urine and/or breath alcohol tests without the employee's written consent. However, where management has cause to request that an employee's person, his/her personal vehicle or other personal property be searched, or that an employee submit to alcohol and/or drug tests, refusal to submit to such search and/or tests will constitute insubordination and will be grounds for disciplinary action, which may include termination of employment.

APPLICATION OF THE POLICY

Any employee who violates this policy shall be subject to immediate discharge.

As a condition of employment with Hancock Construction Co., each employee shall:

1. Abide by the terms of Company policy on alcohol and drug abuse;
2. Notify such employee's immediate supervisor or superior, or president Dave Hancock, or Office Manager Rhonda Smotherman of any criminal drug statute conviction for a violation occurring while in the work place no later than five days after such conviction;
3. Participate in drug-free awareness program where employees will be informed concerning:
  - a. The dangers of drug abuse in the work place;
  - b. Company policy of maintaining a drug-free work place;
  - c. Any available drug counseling, rehabilitation and employee assistance programs; and
  - d. Penalties that may be imposed upon employees for drug abuse violations include immediate discharge or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program.

Each employee of Hancock Construction Co. shall be given a copy of this policy and shall be required to acknowledge in writing that a copy of the policy has been accepted, read, and understood.

I have received a copy of this Policy and have read it, understand it, and agree to its terms.

Date: \_\_\_\_\_

Employee/Applicant: \_\_\_\_\_  
Signature

