

**WARNER  
CONSTRUCTION  
INC.  
IS A DRUG FREE  
COMPANY.**

**ALL EMPLOYEES ARE  
SUBJECT TO PRE-  
EMPLOYMENT, AND  
RANDOM, DRUG AND  
ALCOHOL TESTING.**

All employees who test positive for illegal drugs or alcohol are subject to immediate employment termination.

# Application for Employment

Warner Construction, Inc., P.O. Box 5188, Boise, Idaho 83705

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

Date	Position Title (Job for which you are applying)  Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
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## Contact Information

Name (First, MI, Last)	Social Security Number <b>COMPLETE ON DATE OF HIRE</b>
Mailing Address	
City, State, ZIP Code	
Home Phone Number	Message Phone Number
Email Address	May we use email to contact you? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Additional Information

Are you a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States?  
Yes  No

## Education

(Schools or special training received)

School Name	Location	Enrolled	Last Attended
Degree	Discipline		Graduate? (Y/N)

School Name	Location	Enrolled	Last Attended
Degree	Discipline		Graduate? (Y/N)

School Name	Location	Enrolled	Last Attended
Degree	Discipline		Graduate? (Y/N)

<b>Work History</b>			
Name of Employer		Employer's Address	
Your Job Title		Employer's Phone Number	Supervisor's Name
From (Month/Year)	To (Month/Year)	Hours per Week	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Duties Performed			
Equipment Operated		Years of Experience	
Reason for Leaving			
<b>Work History</b>			
Name of Employer		Employer's Address	
Your Job Title		Employer's Phone Number	Supervisor's Name
From (Month/Year)	To (Month/Year)	Hours per Week	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Duties Performed			
Equipment Operated		Years of Experience	
Reason for Leaving			
<b>Work History</b>			
Name of Employer		Employer's Address	
Your Job Title		Employer's Phone Number	Supervisor's Name
From (Month/Year)	To (Month/Year)	Hours per Week	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title and Duties Performed			
Equipment Operated		Years of Experience	
Reason for Leaving			

HOW DID YOU FIND OUT ABOUT THIS POSITION?		
Warner Construction Website - <input type="checkbox"/>	Relative or Spouse <input type="checkbox"/>	Warner Construction Employee <input type="checkbox"/>
Friend or Colleague <input type="checkbox"/>	Career/Job Fair <input type="checkbox"/>	Advertisement – Print, Online, etc. <input type="checkbox"/>
Other Internet Source <input type="checkbox"/>	University/College <input type="checkbox"/>	Not Listed <input type="checkbox"/>

**PLEASE DESCRIBE ANY SPECIAL SKILLS OR QUALIFICATIONS YOU HAVE RELATED TO THIS POSITION:**

**PERSONAL REFERENCES**

(Please list the names of 3 persons not related to you)

Name	Address and Phone Number
Number of Years Known	Relationship
Name	Address and Phone Number
Number of Years Known	Relationship
Name	Address and Phone Number
Number of Years Known	Relationship

**Reference Check Release Form**

By providing the references listed on this Application for Employment, I voluntarily consent to allow Warner Construction, Inc., or any of its officers or employees, to conduct a check of my references. I further understand the purpose of this reference check is to provide information regarding my work experience, job titles, attendance or performance as a means of determining my suitability for the position I have applied for with Warner Construction, Inc. This consent also serves to authorize my current or previous employers to provide reference information about me to Warner Construction, Inc.

The information provided in this Application for Employment is true, correct and complete. I authorize investigation of all statements contained in this application. I understand if employed, any misstatement or omission of fact on this application may result in my dismissal. I further understand that employment is voluntary and at-will for both myself and Warner Construction, Inc. and that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Signature

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

*Warner Construction, Inc. is an equal opportunity employer. Hiring is done without regard to race, color, religion, national origin, sex, age, veteran status, or disability. The purpose of this reference check is to determine your suitability for the position for which you have applied and will be based solely on valid job requirements.*

# DRUG AND ALCOHOL POLICY

**WARNER CONSTRUCTION, INC.**, hereinafter referred to as “the **COMPANY**,” has a strong commitment to programs that promote safety in the workplace, employee health and well being and customer confidence. Consistent with the spirit and intent of this commitment, the **COMPANY** has developed this policy statement regarding the sale, use, possession or distribution of drugs and alcohol by all employees.

While the **COMPANY** has no intention of intruding into the private lives of its employees, employee involvement with drugs and alcohol can adversely affect job performance and employee moral, jeopardize employee safety and undermine customer confidence. Such involvement is particularly unacceptable in an industry like ours in light of the nature of the materials we handle and the services we render. Our goal and the purpose of this policy are to establish and maintain a safe workplace and a healthy and efficient workforce free from the effects of drug and alcohol abuse.

This policy is intended as a general statement of current policies of the **COMPANY** and the **COMPANY** reserves the right to change these policies at any time without notice. **Nothing in this policy is intended or should be construed as a contract, express or implied.** Management reserves the right, at all times, to take any action deemed to be in the best interest of the **COMPANY** and hopes that each employment relationship will be a happy and enduring one. Nevertheless, employees remain free to resign their employment at any time for any reason.

Similarly, the **COMPANY** retains the right to terminate any employee at any time for any or no reason.

## A **Use, Possession, Sale, Distribution**

The use, possession, sale or distribution of alcohol or drugs, narcotics or controlled substances by anyone while on company property or while conducting company business will be cause for immediate discharge at the **COMPANY**'s sole discretion. Illegal substances will be confiscated and the appropriate law enforcement agencies notified.

## B **Drugs/Alcohol in System**

### 1. Alcohol

An employee found to have a blood-alcohol concentration of .04% or more (or its equivalent determined by a diagnostic test such as a Breathalyzer, Saliva Alcohol Test or positive urine alcohol confirmation) while on company property or while conducting company business shall be subject to immediate discharge at the **COMPANY**'s sole discretion.

### 2. Drugs

An employee found to have a detectable concentration of any drug, narcotic or controlled substance (other than alcohol) in his or her system, including but not limited to: marijuana (pot, dope, hash or hashish), heroin (smack or black tar), cocaine (coke, rock, crack or base), morphine, phencyclidine (PCP, angel dust or crystal), MDMA (ecstasy), opium (morphine, white stuff, tar or black stuff), amphetamines (methamphetamine, speed, uppers, crack, UPS,

butyl, nitrate, push, locker room, look-alike), barbiturates, LSD (acid), hallucinogens, or metabolites of any drugs, or any other unauthorized drugs and abnormal or dangerous substances which may affect a person's mood, responses, motor-functions or which alter or affect a person's perception, performance, judgment, reactions or senses while working, shall be subject to immediate discharge in the **COMPANY**'s sole discretion.

The term "Drugs" shall also include, but not be limited to, non-prescription inhalants and stimulants or any other tablets, capsules and powders containing over-the-counter ingredients whose physical appearance mimic various prescription drug products which contain popular substances or which are abused and are regulated under the provisions of the Controlled Substances Act of 1970. In addition, the term "Drugs" includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes.

## **C Other Rules**

### **1. Drug Paraphernalia**

Employees are prohibited from bringing Drug paraphernalia onto company property at any time. An employee who possesses or distributes such paraphernalia while on company property shall be subject to immediate discharge in the **COMPANY**'s sole discretion.

### **2. Over-the-Counter or Prescribed Medications**

Employees who take over-the-counter or prescribed medications are responsible for being aware of any effect the medication may have on the performance of their duties and must promptly report to their supervisors the use of medication likely to impair their ability to do their job. An employee who fails to do so shall be subject to disciplinary action, up to and including discharge. Moreover, employees who take over-the-counter or prescribed medication contrary to instructions may be subject to disciplinary action, up to and including discharge, in the **COMPANY**'s sole discretion. Employees undergoing medical treatment with an over-the-counter or prescribed medication should report such use to their supervisor.

### **3. Reporting Violations**

It is each employee's responsibility to immediately report unsafe working conditions or hazardous activities that may jeopardize his or her safety or the safety of fellow employees. This responsibility includes the responsibility to immediately report any violation of the Drug and Alcohol Policy. An employee who fails to report such a violation is subject to disciplinary action, up to and including discharge, at the **COMPANY**'s sole discretion. Additionally, employees are to report to the **COMPANY** any criminal drug conviction for a violation occurring in the workplace within (5) days of the conviction.

## **D Testing for Drugs/Alcohol**

### **1. Job Applicants**

Applicants for employment with the **COMPANY** will be given blood, urine or other diagnostic tests to detect alcohol and/or Drugs (or drug metabolites) in their systems. Positive test results for Drugs or Alcohol, or refusal to submit to such testing will bar employment with the **COMPANY** for a period of six months, at which time the applicant may reapply and take another test.

2. Reemployment/Reentry into Workforce

Any individual who leaves the **COMPANY** either through layoff, resignation, termination, or disability for a period exceeding thirty (30) days may be subject to blood, urine or other diagnostic tests to detect alcohol and/or drugs (or drug metabolites) in his or her system prior to reentry into the workplace. Positive test results for alcohol or drugs, or refusal to submit to such testing will preclude such an individual from returning to work for a period of six months at which time the individual may be retested.

3. Employees will be subject to drug and alcohol testing at any time.

4. Any employee who refuses to be tested or who attempts to alter or tamper with a sample or any other part of the testing process will be subject to disciplinary action up to and including discharge.

5. Employees will be tested for drugs and alcohol if they are injured on a company job (requiring medical attention) or involved in an accident while on company time.

**E Applicant Testing**

Applicants for employment will be subject to urinalysis testing for illegal or unauthorized drugs as part of the application process. Any applicant whose confirmed tests are positive or who refuses to submit to testing will be regarded as having failed to complete the application process and will not be hired.

**F Testing Procedures**

The **COMPANY** will perform initial pre-employment and random drug screening. A trained collector will perform and administer the drug screening. After completion of the initial screen, the results are recorded and negative or positive Protocol is initiated.

This policy went into effect **October 17, 2003.**

**WARNER CONSTRUCTION, INC.**

Signed: \_\_\_\_\_  
Title: \_\_\_\_\_

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

**EMPLOYEE ACKNOWLEDGEMENT**

**I have received and read a copy of this Drug and Alcohol Policy and agree to its terms.**

Signed: \_\_\_\_\_  
Printed name: \_\_\_\_\_

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

Testing Services Provided by: **AMERICAN DIAGNOSTICS CORP** of Ada County  
3172 OVERLAND ROAD – BOISE, ID. 83705



# COMMERCIAL DRIVING RECORD RELEASE

\_\_\_\_\_  
(Name of Job Applicant/Employee)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

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

Driving records may be obtained as part of Warner Construction Inc.'s evaluation of my employment. The reports may be procured by Warner Construction, Inc., to provide an assessment of my insurability under the Company's insurance coverages. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time as it deems appropriate to evaluate my insurability or for other permissible purposes.

Signed:

\_\_\_\_\_  
(Signature of Job Applicant/Employee)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Typed or Printed Name of Job Applicant/Employee)

\_\_\_\_\_  
(Driver's License Number)

\_\_\_\_\_  
(State of License)

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Warner Construction, Inc. has reviewed its obligations under the Fair Credit Reporting Act as a consumer report user and certifies that it has received, or will receive in advance of requesting information about the driving records of, or consumer reports about, any job applicant/employee, an authorization in which the applicant/employee authorizes in writing the procurement of his/her driving records, to evaluate his/her insurability or for other permissible purposes. Warner Construction, Inc. will retain the job applicant/employee's authorization on file in accordance with the requirements of the law for at least two years and provide to the applicant/employee all required notices.

Signed:

\_\_\_\_\_  
(Signature of Employer)  
WARNER CONSTRUCTION, INC.

\_\_\_\_\_  
(Date)