



NOTICE TO APPLICANTS

WE TEST **FOR DRUG USE**

**IN ORDER TO ENSURE A DRUG-FREE WORK ENVIRONMENT,
JOB APPLICANTS WILL BE:**

REQUIRED TO SIGN CONSENT FORMS ALLOWING DRUG TESTING.

APPLICANTS WHO REFUSE WILL NOT BE CONSIDERED FOR EMPLOYMENT.



DRUG/ALCOHOL SCREENING TEST APPLICANT CONSENT FORM (Pre- Employment)

Building Restoration, Inc. has a policy prohibiting the use of illegal drugs, alcohol and the unlawful use of prescription drugs, and conducts random drug testing of its employees. Further, the company's policy states that an employee may be required to submit to a urine drug screen and/or blood alcohol or breathalyzer test as a result of any of the testing situations outlined in the Company Drug and Alcohol Abuse Policy. For your protection and for the protection of the public and others with whom you are working, you are requested to submit to the appropriate test(s) when selected.

I understand that all applicants who are being considered for employment with *Building Restoration, Inc.* are required, as a condition of employment, to take a drug/alcohol-screening test.

I hereby consent for *Building Restoration, Inc.* or its agents to collect a urine/blood/breath sample from me and to conduct urinalysis and/or other tests (e.g. blood, breath) to determine the presence of drugs, controlled substances and/or alcohol.

Furthermore, I give my consent for the release of the test results and other relevant medical information to authorized *Building Restoration, Inc.* management personnel or Medical Review Officer for appropriate review. I also understand that if the test results in a positive finding, I will no longer be considered for employment.

I release and hold harmless *Building Restoration, Inc.*, its officers, agents, employees, shareholders and directors, as well as the testing agency, from any claims I may have against any or all of them arising out of the drug/alcohol screening test and its use to determine whether I may be employed by *Building Restoration, Inc.*

I have read and understand all of the above, and accept this as one of my conditions of applying for employment and consent to be tested.

Applicant's Signature

Date

Witness

Date

Failure to sign the above consent discontinues the employment application process.

PERSONAL INFORMATION

DATE: _____

NAME: _____

PRESENT ADDRESS: _____

Street
City

_____ HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

State
Zip

PERMANENT ADDRESS: _____

Street
City

_____ EMAIL ADDRESS: _____

State
Zip
TELEPHONE:

HOME: _____ CELL: _____

 WORK: _____ MAY WE CONTACT YOU AT WORK? YES NO

 ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO ARE YOU 18 YEARS OR OLDER? YES NO

 HAVE YOU EVER BEEN CONVICTED OF CRIME? YES NO IF SO, WHAT IS THE CITATION, DATE, & LOCATION OF THE OFFENSE? _____

DO YOU HAVE ANY OPEN CITATIONS? _____

(Note: Conviction record will not necessarily be a bar to employment)
EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

 ANY HOURS / DAYS THAT YOU CANNOT WORK? YES NO IF SO, WHEN? _____

 FULL OR PART-TIME EMPLOYMENT? FULL-TIME PART-TIME

 EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHEN? _____ UNDER WHAT NAME? _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS, TRAINING, EQUIPMENT OPERATION, CERTIFICATION, LICENSES: _____

 DID YOU ENTER INTO ANY NON-COMPETE AGREEMENTS WITH PRIOR EMPLOYERS? YES NO

 ARE YOU ABLE TO PERFORM THE TASKS OF THIS JOB WITHOUT ACCOMMODATION? YES NO

IF WITH ACCOMMODATION, HOW WOULD YOU PERFORM THE TASKS & WITH WHAT ACCOMMODATION(S)? _____

 DO YOU HAVE A PHYSICAL CONDITION THAT WOULD PRESENTLY IMPAIR YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? YES NO

IF YES, PLEASE DESCRIBE: _____

****If we have a copy of your resume, you DO NOT need to complete this section. Simply put "see resume" on the section below.****

PRIOR EMPLOYMENT (START WITH MOST RECENT EMPLOYER)

EMPLOYER	PHONE	FROM	TO
ADDRESS	CITY, STATE, ZIP	POSITION	
DUTIES	SUPERVISOR'S NAME		
	STARTING SALARY/WAGES		
REASON FOR LEAVING	FINAL SALARY/WAGES		

EMPLOYER	PHONE	FROM	TO
ADDRESS	CITY, STATE, ZIP	POSITION	
DUTIES	SUPERVISOR'S NAME		
	STARTING SALARY/WAGES		
REASON FOR LEAVING	FINAL SALARY/WAGES		

EMPLOYER	PHONE	FROM	TO
ADDRESS	CITY, STATE, ZIP	POSITION	
DUTIES	SUPERVISOR'S NAME		
	STARTING SALARY/WAGES		
REASON FOR LEAVING	FINAL SALARY/WAGES		

I verify that the information given by me in this application is true, accurate, and complete. I understand that if I have given any false information on this application or if I have omitted any material facts, I may be disqualified from employment with the company, or if hired, I may be discharged immediately upon discovery of such false statements or omissions.

I understand that this application does not constitute an employment contract of any kind. I understand that, if hired, my employment is at-will, meaning that either the employer or I may terminate the employment relationship at any time with or without notice and with or without cause. I understand that I also would have the right to resign such employment at any time at my discretion with or without prior notice. This provision supersedes any oral or written representations to the contrary, unless the written statement is signed by the President of the Company. I acknowledge that should any dispute or claim arise out of employment or termination, that this dispute or claim must be filed within 180 days of the event giving rise to such claim.

The company has my permission to obtain all necessary information from the references I have listed, or any other sources concerning my prior employment and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me.

Date: _____ Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW: _____

ACCEPTED FOR EMPLOYMENT: YES NO POSITION: _____

STARTING RATE \$ _____ PER HOUR WEEK SCHEDULED TO START WORK: ____/____/____

INTERVIEWED BY: _____ DATE: ____/____/____

APPROVED BY: _____ DATE: ____/____/____

CONSTRUCTION RELATED EXPERIENCE

✓	AREA	# of MONTHS/YEAR	DESCRIPTION
<input type="checkbox"/>	BELOW-GRADE WATERPROOFING		
<input type="checkbox"/>	ABOVE-GRADE WATERPROOFING		
<input type="checkbox"/>	BRICKLAYER		
<input type="checkbox"/>	SANDBLASTING		
<input type="checkbox"/>	ELEVATED PLATFORM RIGGINGS		
<input type="checkbox"/>	SCAFFOLD RIGGINGS		
<input type="checkbox"/>	TUCK-POINTING		
<input type="checkbox"/>	CONCRETE		
<input type="checkbox"/>	SPRAY PAINTING		
<input type="checkbox"/>	CARPENTRY		
<input type="checkbox"/>	GENERAL CONSTRUCTION		
<input type="checkbox"/>	INTERIOR RESTORATION		
<input type="checkbox"/>	EXPANSION JOINTS		
<input type="checkbox"/>	CAULKING		
<input type="checkbox"/>	EPOXY FLOORS		
<input type="checkbox"/>	OTHER: _____		
<input type="checkbox"/>	OTHER: _____		
<input type="checkbox"/>	OTHER: _____		
<input type="checkbox"/>	SUPERVISORY EXPERIENCE		

ARE YOU BOTHERED BY HEIGHTS? _____
