

FORMER EMPLOYERS

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

As an applicant for employment, I understand the following:

- All information is subject to verification.
- Any misrepresentation or falsification of information requested here will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.
- If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound by the safety and health rules and regulations of the company.
- My employment is not guaranteed for any term, and that my employment may be terminated by the company or myself for any reason.
- No management official is authorized to make any oral assurance or promise of continued employment.
- If employed, my employment will be subject to the conditions of any applicable probationary period established by labor agreement or company policy.
- I authorize investigation of all statements contained in this application.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY		DATE	
REMARKS:			
NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	FOR DEPT	POSTION	WILL REPORT
SALARY/WAGES			
APPROVED: 1.	2.	3.	
Employment Manager	Dept Head	General Manager	

This company will not discriminate against any employee or applicant for employment because of age (as defined by applicable law), religion, sex, race, color, national origin, or because they are handicapped, a disabled veteran or a Vietnam era veteran. Answers to application questions will be utilized for applicable, job-related information only.

The manufacturer of this form assumes no responsibility and hereby disclaims any liability for the inclusion in this form, of any questions upon which a violation of State and Federal Laws may be based.

DRUG AND ALCOHOL PROGRAM

R.C.S. Construction, Inc.

NOTICE

The Company prohibits the use, possession, or distribution on its' premises, facilities or work places of any of the following: alcoholic beverages, intoxicants and narcotics, illegal or unauthorized drugs including marijuana), "look-alike (simulated) drugs, and related drug paraphernalia.

All potential employees will be subject to a pre-employment drug test, before being offered a position with R.C.S. Construction, Inc.

Company employees must not report for duty under the influence of any drug, alcoholic beverage, intoxicant or narcotic or other substance (including legally prescribed drugs and medicines) which will in any way adversely affect their working ability, alertness, coordination, response, or adversely affect the safety of others on the job.

Entry into or presence on company premises, facility or workplace by any person is conditioned upon the Company's right to search the person, personal effects, vehicles, lockers, baggage and quarters of any employee or other entrant for any substances named in the paragraphs above. By entering into or being present on Company premises, facility or workplace, any person is deemed to have consented to such searches which may include periodic and unannounced searches of anyone while on, entering or leaving Company premises, facility or workplace. These searches may include the use of electronic detection devices, scent trained dogs or the taking of blood, urine, or saliva samples for testing to determine the presence of substances named in the paragraphs above. The Company also reserves the right, at all times, to have authorized personnel conduct periodic examinations of its employees, and employees of its' subcontractors and suppliers, for the purpose of determining if any such persons present on a Company jobsite are using marijuana, illegal drugs, or alcohol.

THE TAKING OF BLOOD, URINE, OR SALIVA SAMPLES FOR TESTING MAY ALSO BE REQUIRED FROM ANY PERSON ON COMPANY PREMISES OR WORKPLACE WHO IS SUSPECTED OF BEING UNDER THE INFLUENCE OF DRUGS OR ALCOHOL, WHO IS INVOLVED IN A VEHICLE ACCIDENT, OR WHO IS INJURED IN THE COURSE OF EMPLOYMENT.

Any person who refuses to submit to a search, screening or testing as described in this policy, or who is found using, possessing or distributing any of the substances named in the first paragraph of this policy, or who is found under the influence of any such substances, is subject to disciplinary action, up to and including immediate discharge of an employee, or removal and future prohibition from the premises.

Legally prescribed drugs may be permitted on company premises or work locations, provided the drugs are contained in the original prescription container and are prescribed by an authorized medical practitioner for the current use of the person in possession. Any person in possession of a valid prescription drug when on or entering the company premises or workplace locations may be required to complete a "prescription drug" form and the company may, as it deems appropriate, determine if the drug produces hazardous effects.

The Company has the right, in its discretion, to report the use, possession or distribution of any substance named in the first paragraph of this policy to law enforcement officials and to turn over to the custody of the law enforcement officials any such substances on Company property.

Senior Company Officer

Employee

Revised 05/01/06

INVITATION TO SELF-IDENTITY

APPLICANTS AND EMPLOYEES WHO WISH TO BENEFIT UNDER THE AFFIRMATIVE ACTION PROGRAM OF **R.C.S. CONSTRUCTION, INC.** ARE INVITED TO IDENTIFY THEMSELVES. THIS INFORMATION IS VOLUNTARILY PROVIDED. IT WILL BE KEPT CONFIDENTIAL, AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT AN APPLICANT OR EMPLOYEE TO ANY ADVERSE TREATMENT. NOTHING SHALL PRECLUDE EMPLOYEES FROM INFORMING THE COMPANY, AT A FUTURE TIME, OF A DESIRE TO BENEFIT UNDER THIS PROGRAM. THE INFORMATION WILL BE USED ONLY IN ACCORDANCE WITH 38 USC 4212, AS AMENDED, SECTION 503 OF THE REHABILITATION ACT, AS AMENDED, AND THE REGULATIONS IN 41 CFR 60-250 AND 60-741.

I IDENTIFY MYSELF AS:

SPECIAL DISABLED VETERAN

(1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Veterans Administration for a disability: (A) rated at 30% or more, or (B) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 of Title 38 USC to have a serious employment handicap; (2) A person who was discharged or released from active duty because of service-connected disability.

<u>YES</u>	<input type="checkbox"/>	<u>NO</u>	<input type="checkbox"/>
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VETERAN OF THE VIETNAM ERA

A veteran, any part of whose active military, naval, or air service was during the period of August 5, 1964, through May 7, 1975, who (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability.

<u>YES</u>	<input type="checkbox"/>	<u>NO</u>	<input type="checkbox"/>
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INDIVIDUAL WITH A DISABILITY

Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. For purposes of this part, an individual with a disability is "substantially limited" if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of a disability.

<u>YES</u>	<input type="checkbox"/>	<u>NO</u>	<input type="checkbox"/>
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SEX
MALE _____
FEMALE _____

RACE/ETHNICITY
WHITE _____
BLACK _____
HISPANIC _____
ASIAN _____
AMERICAN _____
INDIAN _____

Signature

Date



Request From Record Holder Driver's Licensing

I hereby certify that my name is _____
(First Name) (MI) (Last Name)

I further certify that my date of birth is _____

My driver license # is _____

My present address is: _____

My telephone number is (_____) _____

I hereby authorize:

R.C.S. Construction, Inc.

**TO OBTAIN MY VEHICLE REGISTRATION AND/OR DRIVER'S LICENSE RECORD
INFORMATION INCLUDING MY PERSONAL INFORMATION ON THOSE RECORDS.**

Signature

Date