



BASIC DRUG/ALCOHOL SCREENING OUTLINE

DRUG TEST

LIMITS

Marijuana

As Per Federal DOT Guidelines

Cocaine

Phencyclidine (PCP)

Amphetamines
(includes Methamphetamines, MDMA, MDA)

Opioids

Codeine/Morphine

6-AM (Heroin)

Hydrocodone/Hydromorphone

Oxycodone/Oxymorphone

Alcohol

.....
All samples will be collected with a witness present in a manner which precludes sample tampering.

A positive screening will be additionally tested using GC/MS confirming test.

Applicants refusing or failing the screening will not be considered for employment and shall be so informed.

Employees refusing or failing the screening will be referred to suitable medical treatment. Failure to successfully complete prescribed treatment will result in termination of employee.

This is only a general outline of the substance Abuse Program in effect for Waff Contracting Inc. Additional information contained in this program should be reviewed by all employees and applicants.

(SIGNATURE)

(DATE)

SECTION III. PERSONAL BACKGROUND HISTORY

A. DO YOU HAVE A VALID DRIVER'S LICENSE? _____ YES _____ NO

IF YES, COMPLETE THE FOLLOWING:

LICENSE NO.: _____ DATE OF ISSUE: _____

CLASS: _____ DATE EXPIRES: _____

LICENSE RESTRICTIONS: _____

B. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL CHARGES OTHER THAT MINOR TRAFFIC VIOLATIONS? _____ YES _____ NO

IF YES, COMPLETE THE FOLLOWING:

CONVICTION: _____ DATE OF CONVICTION: _____

AGENCY INVOLVED & ADDRESS: _____

RESULTS: _____

C. PLEASE BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

DOES WORKING AROUND HEAVY EQUIPMENT BOTHER YOU? _____ YES _____ NO

DOES WORKING ON SCAFFOLDS OR LADDERS BOTHER YOU? _____ YES _____ NO

DOES WORKING OVER WATER BOTHER YOU? _____ YES _____ NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? _____ YES _____ NO

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMODATION? _____ YES _____ NO

(IF YOU HAVE ANY QUESTIONS ABOUT THE FUNCTIONS OF THIS JOB, PLEASE ASK THE INTERVIEWER BEFORE ANSWERING THIS QUESTION)

(See Page 6 of Application for Essential Job Function Summary)

SECTION IV. FORMER EMPLOYMENT HISTORY

LIST BELOW YOUR LAST FOUR EMPLOYERS - START WITH YOUR MOST RECENT JOB:

1.	CURRENT OR MOST RECENT JOB:		
	DATES OF EMPLOYMENT		NAME, ADDRESS & PHONE NO. OF EMPLOYER
	<hr/>	<hr/>	<hr/>
	(START)	(FINISH)	
	<hr/>	<hr/>	<hr/>
	(POSITION)	(SALARY)	(REASON FOR LEAVING)
2.	PREVIOUS JOB:		
	DATES OF EMPLOYMENT		NAME, ADDRESS & PHONE NO. OF EMPLOYER
	<hr/>	<hr/>	<hr/>
	(START)	(FINISH)	
	<hr/>	<hr/>	<hr/>
	(POSITION)	(SALARY)	(REASON FOR LEAVING)
3.	PREVIOUS JOB:		
	DATES OF EMPLOYMENT		NAME, ADDRESS & PHONE NO. OF EMPLOYER
	<hr/>	<hr/>	<hr/>
	(START)	(FINISH)	
	<hr/>	<hr/>	<hr/>
	(POSITION)	(SALARY)	(REASON FOR LEAVING)
4.	PREVIOUS JOB:		
	DATES OF EMPLOYMENT		NAME, ADDRESS & PHONE NO. OF EMPLOYER
	<hr/>	<hr/>	<hr/>
	(START)	(FINISH)	
	<hr/>	<hr/>	<hr/>
	(POSITION)	(SALARY)	(REASON FOR LEAVING)

SECTION V. ACTUAL WORK EXPERIENCE

REVIEW THE CATEGORIES BELOW AND CHECK ANY THAT YOU MAY HAVE EXPERIENCE IN. THE LAST PART OF THIS SECTION ALLOWS FOR YOU TO DESCRIBE ANY ADDITIONAL, SPECIALIZED WORK EXPERIENCE.

<u>EQUIPMENT</u>	<u>CRANE</u>	<u>TRUCK OPERATOR</u>
<input type="checkbox"/> BULLDOZER	<input type="checkbox"/> HOOKWORK	<input type="checkbox"/> DUMP TRUCK, SMALL
<input type="checkbox"/> TRACK BACKHOE	<input type="checkbox"/> PILEDIVING	<input type="checkbox"/> DUMP TRUCK, TANDEM
<input type="checkbox"/> RUBBER TIRE BACKHOE	<input type="checkbox"/> DRAGLINE	<input type="checkbox"/> TRACTOR/TRAILER, DUMP
<input type="checkbox"/> FRONT END LOADER	<input type="checkbox"/> CLAMSHELL	<input type="checkbox"/> TRACTOR/TRAILER, FLAT
<input type="checkbox"/> FORKLIFT	<input type="checkbox"/> HYDRAULIC	<input type="checkbox"/> TRACTOR/TRAILER, LOW
<input type="checkbox"/> RUBBER TIRE PAN	<input type="checkbox"/> CRANE ON BARGE	<input type="checkbox"/> BOY HAULING EQUIPMENT
<input type="checkbox"/> TUGBOAT		
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
(OTHER)	(OTHER)	(OTHER)

<u>SKILLED TRADES</u>	<u>MECHANICS</u>
<input type="checkbox"/> WELDER	<input type="checkbox"/> TRUCK MECHANIC
<input type="checkbox"/> TUGBOAT CAPTAIN	<input type="checkbox"/> HEAVY EQUIPMENT
<input type="checkbox"/> SHEETPILE THREADER	<input type="checkbox"/> GAS ENGINE
<input type="checkbox"/> PILEDIVER	<input type="checkbox"/> DIESEL
<input type="checkbox"/> SANDBLASTER	
<input type="checkbox"/> PAINTER	
<input type="checkbox"/> _____	<input type="checkbox"/> _____
(OTHER)	(OTHER)

<u>SUPERVISION</u>	<u>SECRETARY/CLERICAL</u>
<input type="checkbox"/> PILEDIVING FOREMAN	<input type="checkbox"/> TYPING (WPM)
<input type="checkbox"/> LABOR FOREMAN	<input type="checkbox"/> SHORTHAND (WPM)
<input type="checkbox"/> GRADE FOREMAN	<input type="checkbox"/> DICTAPHONE
<input type="checkbox"/> _____	<input type="checkbox"/> WORD PROCESSOR
(OTHER)	<input type="checkbox"/> PERSONAL COMPUTER
	<input type="checkbox"/> BOOKKEEPING
	<input type="checkbox"/> _____
	(OTHER)

ADDITIONAL REMARKS: _____

SECTION VI. AUTHORIZATIONS AND RELEASES

I UNDERSTAND THAT THIS EMPLOYMENT APPLCCATION FORM REPRESENTS NO OFFER OF EMPLOYMENT NOR CONTRACT FOR EMPLOYMENT AND THAT COMPLETION OF THIS FORM IS PART OF WAFF CONTRACTING'S STANDARD APPLICANT SCREENING.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ALL INFORMATION FROM FORMER EMPLOYERS CONCERNING MY WORK EXPERIENCE IS NECESSARY FOR EMPLOYMENT CONSIDERATION FROM WAFF CONTRACTING AND I APPROVE THE RELEASE OF EMPLOYMENT RECORDS AND INFORMATION TO WAFF CONTRACTING.

I DO HEREBY AUTHORIZE WAFF CONTRACTING TO OBTAIN A COPY OF MY DRIVER'S LICENSE HISTORY AND I UNDERSTAND THAT MY DRIVER'S LICENSE HISTORY WILL BE REVIEWD FOR EMPLOYMENT. I DO HERBY AUTHORIZE WAFF CONTRACTING TO RUN A BACKROUND CHECK AND I UNDERSTAND THAY MY BACKROUND CHECK WILL BE REVIEWED FOR EMPLOYMENT.

IF THE APPLICATION CONTAINS OMMISSIONS OR MISREPRESENTATION OF FACTS, THE APPLICATION WILL NOT BE PROCESSED AND THE APPLICANT WILL NOT BE CONSIDERED FOR EMPLOYMENT WITH WAFF CONTRACTING.

I UNDERSTAND THAT, SHOULD I BE CONTACTED BY WAFF CONTRACTING FOR EMPLOYMENT CONSIDERATION, I AUTHORIZE AND WILL HAVE TO COMPLETE A COMPREHENSIVE "FITNESS FOR DUTY" MEDICAL EXAMINATION BY WAFF CONTRACTING'S COMPANY PHYSICAN WHICH WILL INCLUDE TESTING FOR DRUG AND ALCOHOL ABUSE.

DATE: _____

SIGNATURE: _____

(DO NOT WRITE BELOW THIS LINE)

1. INITIAL CONTACT
DATE: _____ INTERVIEWED BY: _____
JOB SUITED FOR: _____ RATING: _____
REMARKS: _____

2. PRE-HIRE CONTACT
DATE: _____ BY: _____
MEDICAL EXAM DATE: _____ CONFIRMED: _____
(INITIALS & DATE)
RESULTS: _____

3. ACCEPTED POSITION/JOB OFFERED? ____NO ____YES RATE? _____
REMARKS: _____

ESSENTIAL JOB FUNCTION SUMMARY

1. Willing to do duties that are assigned.
2. Be able to lift 50 lbs unassisted.
3. Be able to walk, bend, reach, push, pull, stoop, squat, climb, grasp, lift and handle heavy equipment necessary to complete assigned duties.
4. Be able to ensure proper body mechanics when physical labor is required.
5. Must be able to work every day of the week and anytime day or night as needed.
6. Must be able to stay out of town, as needed.

I have reviewed and understand the above job summary:

Name: _____

Signature: _____

Date: _____

Revised 3/2/2018



DEPS Safety & Security Services, Inc.

Records Release Form

Fax form to: 252-523-6464 or Email form to:msmith@depsnet.com

General Information:

Name: _____
Last First Middle

Social Security Number: _____

Aliases or Other Names: _____
Including Maiden Names

Date of Birth: _____ (00/00/0000) Sex: Male Female Race: _____

Residence Information:

Must list all places lived in the past 7 years (Including Temporary Residences)

Street	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drivers License Information:

License Number: _____ State: _____

I (employee) have also read and signed the BGC Disclosure that my employer will keep in my records.

Signature: _____ **Date:** _____

Company Authorization Signature: _____ **Date:** _____

Company: _____

I



Disclosure

We DEPS Safety & Security will obtain an investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is background-checks.com ("BGC"). BGC's address is P.O. Box 353, Chapin, SC 29036. BGC's telephone number is (866) 265-6602. BGC's website is www.backgroundchecks.com.

To prepare the reports, BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may inspect BGC's files about you (in person, by mail, or by phone) by providing identification to BGC. If you do, BGC will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If BGC obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

The Federal Trade Commission provides a summary statement of your rights on its website at www.ftc.gov/credit.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed name

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

This form is to be signed and remain in the employers records on any employee which a background check is requested. It is not to be returned to DEPS Safety & Security Services.

DRIVER'S DISCLOSURE FORM

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
TRAFFIC RECORDS SECTION
3105 MAIL SERVICE CENTER
RALEIGH, NC 27699-3105

Effective September 13, 1997, all motor vehicle records are subject to the Federal Driver's Privacy Protection Act (FDPPA) and General Statute 20-43.1. The FDPPA and GS 20-43.1 require that personal information in the Division of Motor Vehicles records be closed to the public. Personal information from these records may be released to individuals or organizations that qualify under one of the fourteen (14) exceptions listed on the back of this form. These exceptions are summarized statements of permissible uses.

NAME OF DRIVER: _____

DL#: _____ **State of DL#:** _____ **TELEPHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

By signing this form, you are granting the company access to your personal information under exception number 13 of the FDPPA and GS 20-43.1.

NAME OF COMPANY / AGENCY: Waff Contracting Inc.

SIGNATURE OF DRIVER: _____

DATE SIGNED: _____

My signature on this document acknowledges that I understand that improper release of information and/or false representation to gain information from the DMV's records is prohibited and is subject to civil action.

COMPANY / AGENCY: Waff Contracting Inc.
NAME OF REQUESTER/CONTACT: Douglas L. Belch, Safety Director
REQUESTER'S SIGNATURE: _____ **DATE:** _____

My signature on this document acknowledges that I understand that improper release of information and/or false representation to gain information from the DMV's records is prohibited and is subject to civil action.

COMPANY / AGENCY: Waff Contracting Inc.
COMPANY / AGENCY APPROVAL AUTHORITY: Al Waff
TITLE: General Superintendant
SIGNATURE: _____ **DATE:** _____