

# Acknowledgment

## Pre-Employment Drug Screening Consent

I, \_\_\_\_\_, hereby voluntarily consent to the taking of a urine, blood, plasma, breath, and/or saliva sample to be used for drug and/or alcohol screening. I also authorize and give full written permission to the doctor, clinic, hospital or its agents and associates to send this specimen to the laboratory for screening test for the presence of alcohol and/or Amphetamines, Opiates, Cocaine, Cannabinoids, Phencyclidine, Barbiturates, Benzodiazepines, Methadone, Methaqualone, and Propoxyphene, for non-covered employees, and screening tests for the presence of Amphetamines, Opiates, Cocaine, Cannabinoids, and Phencyclidine, for covered employees, and hereby authorize these results to be given to SAS CONSTRUCTION, INC., its authorized agents and/or employees, partners or associates.

I have been informed and understand that I retain the express right to terminate the taking of the urine, blood, plasma, breath, and/or saliva samples at any time I so desire and to leave the room without further delay.

I have been informed and understand that the test results will be released to SAS CONSTRUCTION, INC. solely for the purpose of consideration of employment, and such authorization will expire 60 days from the date on this form. I may also revoke this authorization at any time (except to the extent that action has been taken in reliance thereon).

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Witness: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SAS Construction Employee

# Application for Employment

## PRE-EMPLOYMENT QUESTIONNAIRE

### Personal Information

AN EQUAL OPPORTUNITY EMPLOYER

NAME		SOC. SEC. NO. _____ - _____ - _____
PRESENT ADDRESS	CITY, STATE ZIP	
PERMANENT ADDRESS	CITY, STATE ZIP	
ARE YOU 18 YEARS OR OLDER?    YES        NO	PHONE #	

### Desired Employment

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?    YES    NO	IF SO MAY WE INQUIRE OF YOUR        EMPLOYER?    YES    NO PRESENT	
EVER APPLIED TO THIS COMPANY BEFORE?    YES    NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE?    YES    NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY? _____ EMPLOYMENT AGENCY    _____ FRIEND    _____ WALK IN    _____ NEWSPAPER ADVERTISING _____ OTHER		

### Education

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORR. SCHOOL				

### General

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

## Former Employers

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER		
ADDRESS	CITY, STATE & ZIP	
STARTING DATE	LEAVING DATE	JOB TITLE
STARTING PAY	FINAL PAY	MAY WE CONTACT YOUR SUPERVISOR?
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

NAME OF PRESENT OR LAST EMPLOYER		
ADDRESS	CITY, STATE & ZIP	
STARTING DATE	LEAVING DATE	JOB TITLE
STARTING PAY	FINAL PAY	MAY WE CONTACT YOUR SUPERVISOR?
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

NAME OF PRESENT OR LAST EMPLOYER		
ADDRESS	CITY, STATE & ZIP	
STARTING DATE	LEAVING DATE	JOB TITLE
STARTING PAY	FINAL PAY	MAY WE CONTACT YOUR SUPERVISOR?
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

**References**

Below, give the names of three persons you are not related to, whom you have known at least one year.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

**Service Record**

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?	YES	NO
IF YES, EXPLAIN.(WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

**AUTHORIZATION**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

IN MAKING THIS APPLICATION FOR EMPLOYMENT, IT IS UNDERSTOOD AND ACCEPTED THAT AS PART OF THE APPLICATION AND EMPLOYMENT PROCESS, AND/OR DURING EMPLOYMENT WITH SAS CONSTRUCTION, INC., I MAY BE ASKED TO SUBMIT TO PHYSICAL EXAMINATIONS WHICH MAY INCLUDE TESTING FOR ALCOHOL AND DRUGS, AND/OR BE FINGERPRINTED, ALL IN ACCORDANCE WITH LAW. BY SIGNING THIS APPLICATION, I HEREBY AGREE TO SUBMIT TO SUCH EXAMINATIONS, TESTS, AND FINGERPRINTING AND RELEASE ALL PERSONS AND COMPANIES FROM ANY LIABILITY ARISING OUT OF SUCH EXAMINATIONS, TEST, AND FINGERPRINTING. I UNDERSTAND THAT THE USE OF THIS FORM DOES NOT INDICATE THAT THERE ARE POSITIONS OPEN AND DOES NOT IN ANY WAY OBLIGATE SAS CONSTRUCTION, INC. . I FURTHER UNDERSTAND THAT ANY SUCH FUTURE EMPLOYMENT IS TERMINABLE BY EITHER PARTY AT WILL WITH OR WITHOUT NOTICE OR CAUSE.

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 DATE SIGNATURE