



# East Coast Underground LLC

"WE DO IT ALL UNDERGROUND"

✧ Horizontal Directional Drilling ✧ Trenching ✧ Excavation ✧  
✧ Are Our Specialty ✧

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P.O. Box 500, Bridgeport, WV 26330  
Phone: (304) 709-7412 · Fax: (304) 709-7445  
email: eastcoast@frontier.com

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## Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

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

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

How long at this address: \_\_\_\_\_

Previous address if at present address for less than 3 years: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State \_\_\_\_\_

**(A copy of your driver's license is required)**

Position applied for: \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage: \$ \_\_\_\_\_

How will you be getting to and from work? \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Are you looking for full-time employment?  Yes  No

If no, what hours are you available? \_\_\_\_\_

## Education

<u>School Name and Location</u>	<u>Year</u>	<u>Major / Degree</u>
High School _____	_____	_____
College _____	_____	_____
Post-College _____	_____	_____
Other Training _____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History

Please list the last three (3) years of your employment history beginning with the most recent. If additional space is needed, utilize the reverse side of this paper.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact?  Yes  No

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact?  Yes  No

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May we contact?  Yes  No

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been convicted of a felony? (This will not necessarily affect your application.)  Yes  No

If yes, please describe conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any moving violations, citations or accidents in the last 5 years?

Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list two personal references other than relatives.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone numbers: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone numbers: \_\_\_\_\_

Attach additional information if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I give the Employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

By signing and dating this form you hereby agree to the above statement.

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



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## Driving Record Release Authorization

I, \_\_\_\_\_ hereby authorize East Coast Underground, LLC to obtain my individual driving record from my applicable state Department of Motor Vehicles, for the purposes of ascertaining my qualification to operate any East Coast Underground, LLC owned or leased vehicle, or my personal vehicle, in connection with any East Coast Underground, LLC-sponsored activity.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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## **DRUG AND ALCOHOL ABUSE POLICY AND TESTING PROCEDURES**

### **INTRODUCTION**

East Coast Underground, LLC acknowledges the problems of drug and alcohol abuse in our society. Drug and alcohol abuse pose a serious threat to our employees and the public at large. East Coast Underground, LLC, is, therefore, committed to providing a safe work environment that is safe from the effects of the illegal drugs and alcohol abuse and, where applicable, complying with the provisions of the Drug Free Workplace Act, United States Department of Transportation (DOT) regulations and other applicable federal and state laws.

Accordingly, East Coast Underground, LLC, adopts the following policy and procedures to insure a workplace free of illegal drugs and alcohol abuse.

The policy applies to all regular, part-time, temporary, introductory and causal employees of East Coat Underground, LLC. A copy of this policy will be conspicuously posted at all job sites and each employee at East Coast Underground, LLC will receive a copy of the policy and participate in the mandatory training on the features of this policy.

Substances covered by the policy include, but are not limited to, marijuana, heroin, hashish, cocaine, hallucinogens, depressants, stimulants such as methamphetamine, or any drug or controlled substances which are not prescribed by a licensed medical doctor, or prescription drugs used in a manner inconsistent with recognized medical procedures.

### **POLICY**

All employees, applicants, even employees of the other companies, vendors or visitors are strictly prohibited from the use, abuse, presence in the body or reporting to work under the influence of illegal drugs and alcohol. Further prohibited is the use of

prescription drugs in a manner inconsistent with the recognized medical procedures as well as the illegal manufacture, distribution, possession, transfer, storage, concealment, transportation, promotion or sale of controlled substances, unauthorized alcohol or intoxicating beverages, or drug related paraphernalia while on the jobsite, company premises and/or during work time. Violation of this policy will result in disciplinary action up to and including discharge, and where appropriate, denial of access to the jobsite. Employees who engage in criminal conduct by using, distributing, selling or possessing controlled substances on their own time away from company premises or jobsites will also be subject to disciplinary action up to and including discharge.

All job applicants whom have been offered employment shall be subject to a drug and/or alcohol screening test prior to the finalization of such employment offer. Failure to submit to a testing or a positive result will disqualify the applicant from employment with East Coast Underground, LLC.

Any employee whose behavior or performance suggests the influence of alcohol or controlled substances, or who is involved in an accident, may be required to submit to a screening test administered by a physician or laboratory selected by East Coast Underground, LLC. Employees in safety-sensitive job positions will also be tested on a random basis for drug and/or alcohol abuse. If an employee refuses to submit to a testing or tests positive, the employee will be subject to disciplinary action up to and including discharge.

This policy does not apply to the use of over-the-counter medication when used in accordance with the manufacturer's directions, nor does the policy apply to the use of alcohol at authorized business or social functions. Employees, who are required to take prescription or non-prescription drugs which may affect their ability to perform their duties in a safe and efficient manner, must immediately notify their supervisor prior to beginning work. Failure to report the taking of prescription or non-prescription drugs which may affect your ability to work safely and efficiently shall be grounds for appropriate disciplinary action.

Any employee who is convicted of violating any federal or state criminal statute involving the manufacture, distribution, dispensing, possession or use of any controlled substance, whether on or off company premises, must notify his/her supervisor within five (5) days of such conviction. For the purposes of this notice requirement, a conviction means a finding of guilt (including a plea of "no contest" or imposition of sentence or both by a judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes. Failure to advise the appropriate supervisor within five (5) days of such conviction will result in disciplinary action up to and including discharge.

**Compliance with this policy is a condition of employment or continued employment with East Coast Underground, LLC.**

**\*\* This is a CONDENSED version of our full drug and alcohol policy. A copy of the entire policy will be provided to you upon request.**



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## ACKNOWLEDGMENT AND CONSENT FOR DRUG AND ALCOHOL TESTING

I understand that as a condition of prospective or continued employment with East Coast Underground, LLC, I must comply with the Company's substance abuse policy, and upon request submit to any required drug or alcohol testing as required by company policy. I also acknowledge that by signing this document that I have hereby received written notice of such drug and alcohol testing, and have read and understand all aspects of the Company policy regarding a *Drug Free Workplace* and procedures for substance abuse testing as described in the employee handbook.

I have read and understand the above conditions regarding drug and alcohol testing and agree to comply with them. Additionally, I hereby authorize the release of the results of such examination to East Coast Underground, LLC for their use in evaluating my suitability for employment.

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Printed name of employee

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Signature of employee

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Date

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**East Coast Underground, LLC.** ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, salary information, credit history, professional licenses and credentials and drug & alcohol use. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **SHIELD SCREENING, 6810 S 121st Street, Bixby, OK 74008, P: 918.970.2800, F: 800.737.5184**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine Applicants or Employees Only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the **DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **SHIELD SCREENING, 6810 S. 121st, Bixby, OK 74008, P: 918.970.2800, F: 800.737.5184**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York Applicants or Employees Only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.

California applicants or employees only: By signing below, you also acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW**. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

- I am authorizing SHIELD SCREENING, Inc to conduct the background check(s) described above
- I am consenting to use electronic means to sign this form and have read and understand the above disclosure
- I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling SHIELD SCREENING at P: 800.260.3738, F: 800.737.5184.

FULL NAME	DOB	EMAIL ADDRESS
ADDRESS	CITY	ZIP CODE
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / ISSUING STATE	
SIGNATURE	DATE	CELL PHONE

SHIELD SCREENING | 11719 South Memorial | Bixby, OK 74008 | WWW.SHIELDSCREENING.COM | [ P ] 918.970.2800 | [ F ] 800.737.5184

## NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

**East Coast Underground, LLC.** (the “Company”) intends to obtain information about you for employment purposes from an investigative consumer reporting agency or consumer credit reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **SHIELD SCREENING, 11719 South Memorial, Bixby, OK 74008**. The source of any credit report will be **SHIELD SCREENING, 11719 South Memorial, Bixby, OK 74008**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your student practicum and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

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## Previous Pre-Employment Employee Alcohol and Drug Test Statement

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

Prospective Employee Printed Name: \_\_\_\_\_

Prospective Employee SS or ID Number: \_\_\_\_\_

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:       Yes       No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

Check one:       Yes       No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_