



East Coast Underground LLC
WE DON'T MEET THE STANDARD, WE SET IT
P.O. Box 500, Bridgeport, WV 26330

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) _____ (Email) _____

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 _____ | _____ | _____ |



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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



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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: _____



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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



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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



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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.

Printed name of employee

Signature of employee

Date



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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: _____