

NOBLES ROAD CONSTRUCTION, INC.

5401 S. 1ST ABILENE, TEXAS
325-677-6258- OFFICE

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Date Of Birth			Social Security No.			
Driver Licenses No./ State						

PREVIOUS EMPLOYMENT						
Company				Phone		
Address				Supervisor		
Job Title			Salary		From	To
Reason for leaving						
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Company				Phone		
Address				Supervisor		
Job Title			Salary		From	To
Reason for leaving						
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Company				Phone		
Address				Supervisor		
Job Title			Salary		From	To
Reason for leaving						
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>						

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

APPLICANT CHARACTERISTIC SURVEY

The following requested information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods. CHECK BOXES AS THEY APPLY TO YOU.

SEXUAL ORIENTATION:

- MALE
- FEMALE

MARITAL STATUS:

- MARRIED
- SINGLE

AGE GROUP:

- 19 OR UNDER
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70 OR OLDER

HIGHEST LEVEL OF EDUCATION:

- 0-8 YRS
- 9-12 YEARS BUT DID NOT GRADUATE
- HIGH SCHOOL GRADUATE (OR G.E.D.)
- COLLEGE, LESS THAN B.A. OR B.S. DEGREE
- B.A. OR B.S. DEGREE
- M.A. DEGREE OR SIMILAR
- PHD, J.D., LLB, MD, OR SIMILAR

WHICH RACIAL/ETHNIC GROUP DO YOU CONSIDER YOURSELF A MEMBER?

- AMERICAN INDIAN
- BLACK
- ORIENTAL
- SPANISH/MEXICAN AMERICAN
- WHITE/ANGLO
- OTHER _____

ARE YOU A DISABLED VETERAN OF THE U.S. ARMED SERVICES? _____

ARE YOU A VETERAN OF THE VIETNAM CONFLICT? _____

*******IMPORTANT*******

READ THE FOLLOWING NOBLES ROAD CONSTRUCTION, INC. CONTRABAND POLICY AND AUTHORIZATION AND CONSENT; THEN SIGN AND DATE THE APPLICATION INDICATING YOU UNDERSTAND AND AGREE TO ABIDE BY THESE PROCEDURES AND CONDITIONS.

**NOBLES ROAD CONSTRUCTION, INC. CONTRABAND POLICY
FOR EMPLOYEES AND EMPLOYMENT APPLICANTS**

For the purpose of this policy, contraband includes, but is not limited to, marijuana, illegal drugs, drug paraphernalia, controlled substances, mind-altering substances, unauthorized prescription drugs, firearms, ammunition, weapons, unauthorized explosives, stolen property and alcoholic beverages.

STATEMENT OF POLICY

Contraband possession, use or distribution by any person, or the presence of marijuana, , illegal drugs, drug paraphernalia, controlled substances, mind-altering substances, unauthorized prescription drugs, or alcohol in a person's bodily system while on any Nobles RCI property, work location or other facility, adversely affects work operations and poses a serious threat to the safety of Nobles RCI employees and subcontractors. In order to assist in maintaining a safe working environment for its employees, contraband possession, use or distribution or the presence of marijuana, , illegal drugs, drug paraphernalia, controlled substances, mind-altering substances, unauthorized prescription drugs, or alcohol in a person's bodily system is not permitted on any Nobles RCI property, work location or other facility.

SEARCHES, INSPECTIONS AND ANALYSES

As a part of its efforts to maintain a safe working environment for its employees and subcontractors, Nobles RCI reserves the right at all times for medical personnel to conduct or supervise urinalysis and/or blood test of Nobles RCI employees for the purpose of determining if any such persons have the presence of marijuana, illegal drugs, drug paraphernalia, controlled substances, mind-altering substances, unauthorized prescription drugs, or alcohol in a their bodily system. Urinalysis and/or blood tests are required at the time of a pre-employment physical and may be required when an employee is treated at a medical facility for an injury related to employment with Nobles RCI or from time to time without prior announcement. Any Nobles RCI employee who misrepresents facts during urinalysis and/or blood tests or tampers with a urine or blood sample will be immediately suspended from work without pay and benefits pending disciplinary action, which may result in discharge from employment. Any employment applicant who refuses to submit to pre-employment physical, urinalysis and/or blood test will not be accepted for employment by Nobles RCI. Any contraband discovered through searches or inspections performed by authorized personnel of Nobles RCI will be taken into custody and will be turned over to the proper law enforcement authorities. Entry into Nobles RCI property work locations, or other facilities constitutes consent to and recognition of the right of Nobles RCI to have its authorized personnel conduct searches and/or inspections of all persons, their personal effects, lockers, baggage, vehicles and living quarters located thereon for the purpose of determining if any such persons are in possession of contraband. These searches may be conducted from time to time without prior announcement.

NOBLES ROAD CONSTRUCTION

5401 SOUTH 1ST

ABILENE, TX 79605

EMPLOYEE AUTHORIZATION FOR MVR REVIEW

I ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THE COMPANY'S VEHICLE FLEET SAFETY POLICY HAS BEEN REVIEWED WITH ME, AND A COPY OF THE POLICY AND DRIVER RULES HAVE BEEN FURNISHED TO ME. AS A DRIVER OF A COMPANY VEHICLE, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO OPERATE THE VEHICLE IN A SAFE MANNER AND TO DRIVE DEFENSIVELY TO PREVENT INJURIES AND PROPERTY DAMAGE.

I ALSO UNDERSTAND THAT MY EMPLOYER WILL PERIODICALLY REVIEW MY MOTOR VEHICLE RECORD TO DETERMINE CONTINUED ELIGIBILITY TO DRIVE A COMPANY VEHICLE. IN ACCORDANCE WITH THE FAIR CREDIT REPORTING ACT, I HAVE BEEN INFORMED THAT A MOTOR VEHICLE RECORD WILL BE PERIODICALLY OBTAINED ON ME FOR CONTINUED EMPLOYMENT PURPOSES.

I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

PRINT EMPLOYEES NAME

DRIVERS LICENSE NUMBER

EMPLOYEES SIGNATURE

DATE

REVIEWERS SIGNATURE

DATE

NOBLES ROAD CONSTRUCTION

5401 SOUTH 1ST ABILENE, TX 79605

325-672-6258- OFFICE

CONTRACTOR: NOBLES ROAD CONSTRUCTION, INC.

NAME AS SHOWN ON DRIVER LICENSE _____

DRIVER LICENSE NUMBER _____ STATE _____

DATE OF BIRTH _____ EXP DATE _____ CLASS _____

ENDORSEMENTS _____ RESTRICTIONS _____

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVELEGE TO OPERATE A MOTOR VEHICLE? _____

IF YES, WHEN? _____

REASON SUSPENDED _____

THE ABOVE INFORMATION IS REQUESTED FOR THE PURPOSE OF OBTAINING A MOTOR VEHICLE REPORT FROM THE DEPARTMENT OF PUBLIC SAFETY AS REQUIRED BY OUR INSURANCE CARRIER.

THE REPORTED INFORMATION WILL BE USED IN DETERMINING INSURABILITY AND TO MEET THE REQUIRED LICENSE CLASS AS SET FORTH IN THE JOB DESCRIPTION AND PHYSICAL DEMAND REQUIREMENTS OF THE POSITION APPLIED FOR.

BY MY SIGNATURE BELOW, I ATTEST THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GIVE NOBLES ROAD CONSTRUCTION MY PERMISSION TO REQUEST THE MOTOR VEHICLE REPORT.

SIGNATURE _____ DATE _____

AUTHORIZATION AND CONSENT

READ AND INITIAL:

___ I AUTHORIZE any physician, medical practitioner, or authorized personnel at any hospital, clinic, or other medical or medical related facility approved by Nobles RCI to conduct a urinalysis and or blood tests prior to or during my employment by NRCI for the purpose of determining if I have the presence of illegal drugs, controlled substances, mind-altering substances, unauthorized prescription drugs, or alcohol in my system.

___ If after being screened, if the specimen collected is reported as "diluted", the company Nobles RCI, may, at its own discretion, allow a retest. The retest will be at the expense of the potential employee at the facility the company uses.

___ I CONSENT to a pre-employment physical to be conducted by any physician, medical practitioner, or authorized personnel at any hospital, clinic, or other medical or medically related facility approved by NRCI. I AUTHORIZE the release of all information relating to urinalysis, blood test, physical, all medical records relating to on the job injuries, and all personal medical information obtained as a result of such examinations to Nobles RCI.

___ I UNDERSTAND that information obtained under these authorizations will be used by NRCI as one factor in determining my eligibility to be employed or continue employment with Nobles RCI.

___ I AGREE, if injured while on the job, to immediately report the injury to my supervisor and accept medical treatment from a company approved physician, medical practitioner or authorized personnel at any company approved hospital, clinic, or other medical or medical related facility.

___ I AUTHORIZE Nobles RCI to investigate and verify the information on this application. I also AUTHORIZE my workers comp/industrial accident record to be investigated in whole or in part from any source.

___ I AUTHORIZE all information services and sources from my past employers to release any and all information, personal or other, that may or may not be on record to Nobles RCI, and release any liability for any damages which may result either directly, or indirectly from giving Nobles RCI information regarding my previous employment, or any information, personal or otherwise, that may or may not be in their records.

___ I AGREE that any material misrepresentation or omission made by me in this application constitutes my RELEASE of Nobles RCI from liability for damages which may result from Nobles RCI having relied on such misrepresentation or omission as being true and correct, and will also constitute grounds for my dismissal.

___ I CONSENT, whether as an employment applicant or as an employee to comply, sign and date any and all policy authorization and consent agreements that are required of me by Nobles RCI, and I UNDERSTAND that failure to do so will cause me to be ineligible for employment, or will constitute grounds for my dismissal.

I, the undersigned, have read, or have had read to me, the above and foregoing Nobles RCI CONTRABAND POLICY FOR EMPLOYEES AND THE EMPLOYMENT APPLICANTS AUTHORIZATION AND CONSENT, and I UNDERSTAND and AGREE to the same.

Signature of Applicant _____ Date _____

PRINT NAME: _____ **DATE:** _____

I understand that the location I begin working is not a permanent work site. When the company has finished at the current work site, I fully understand that I will be required to move to the next work site anywhere within the state of Texas at the company's discretion. In signing this statement, I am also certifying to the company that I am not under court order or subject to some other condition that would prevent me from traveling with Nobles Road Construction, Inc.

SIGNATURE: _____

NOBLES ROAD CONSTRUCTION

LIST ANY AND ALL CRIMINAL CONVICTIONS THAT YOU MAY HAVE:

CONVICTION DATE

OFFENSE

DISMISSAL DATE

<u>CONVICTION DATE</u>	<u>OFFENSE</u>	<u>DISMISSAL DATE</u>

ANY FALSIFICATION OF THIS FORM WILL BE REASON FOR TERMINATION

NAME _____

SIGNATURE _____

SS# _____

NOBLES ROAD CONSTRUCTION

NO ONE EXPECTS AN ACCIDENT, BUT IF YOU ARE INVOLVED IN ONE, WE NEED TO REACH YOUR FAMILY QUICKLY. PLEASE COMPLETE THE FORM BELOW. IF YOU MOVE OR IF YOUR PERSONAL INFORMATION SHOULD CHANGE AT ANY TIME, PLEASE LET US KNOW SO THAT WE MAY UPDATE YOUR INFORMATION. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

NAME: _____

IN CASE OF EMERGENCY PLEASE NOTIFY THE FOLLOWING PERSON:

NAME	ADDRESS	PHONE	RELATIONSHIP

IN CASE OF EMERGENCY IS THERE ANYTHING THAT WE SHOULD KNOW THAT WOULD BE HELPFUL IN CASE OF A MEDICAL EMERGENCY (ALLERGIES TO MEDICATIONS).

NOBLES ROAD CONSTRUCTION, INC.

5401 S. 1ST STREET ABILENE, TX 79605

325-677-6258- OFFICE / 325-677-7918- FAX

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

FULL NAME _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

I HEREBY AUTHORIZE THE RELEASE AND FORWARD OF INFORMATION CONCERNING MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS, SAFETY PERFORMANCE HISTORY, AND ACCIDENT HISTORY TO NOBLES ROAD CONSTRUCTION, INC. FROM MY PREVIOUS EMPLOYER WITHIN THE PREVIOUS 3 YEARS FROM TODAYS DATE _____.

PREVIOUS EMPLOYER INFO

PREVIOUS EMPLOYER _____

ADDRESS _____

PHONE/FAX # _____

EMAIL _____

APPLICANT SIGNATURE _____ DATE _____

Nobles Road Construction, Inc.

5401 South 1st Street

Abilene, TX 79605

325/677-6258

325/677-7918

NOBLES ROAD CONSTRUCTION ACKNOWLEDGEMENT

I _____ UNDERSTAND THAT UPON
ACCEPTANCE OF A POSITION AT NOBLES ROAD CONSTRUCTION, INC., IF I DECIDE
TO QUIT WITHIN A 30 DAY PERIOD, I AGREE TO A REASONABLE DEDUCTION OF
EMPLOYMENT EXPENSE, WHICH MAY INCLUDE: DRUG TESTING, PHYSICALS,
PAYROLL CARDS, AND OTHER MISC COSTS.

SIGNATURE _____ DATE _____