



## **NORRIS BROTHERS EXCAVATING, LLC.**

Employment application

Norris Brothers Excavating, LLC (NB) expects its Employees to maintain a safe and healthy environment. Norris Brothers Excavating, LLC. (NB) prohibits the unlawful manufacture, distribution, dispensation, Possession, or use of a Controlled Substance, of any kind in any amount on Company property or at its Worksites, or while conducting Company business away from the office. This prohibition includes the manufacture, distribution, dispensation, Possession, or use of prescription drugs without a prescription.

In accordance with the Drug-Free Workplace Act of 1988, Norris Brothers Excavating, LLC. must certify that it will maintain a drug-free Workplace. As a term and condition of employment at NB, Employees are prohibited from the unlawful manufacture, distribution, dispensation, Possession or use of illegal drugs and Controlled Substances on NB premises, or at its Worksites. Additionally, Employees must make reports in accordance with Section 5.0 of this policy. NB may require an Employee to participate in a drug abuse assistance or rehabilitation program at the employee's own expense.

In addition, Employees are prohibited from consuming any illegal substances at any time during performing of their job duties and responsibilities in the Workplace. Employees are always expected to be able to safely perform their job duties. The Company will not permit criminal activity of any kind by anyone on its property or on property under its direct control. If criminal activity is found, NB will take appropriate action up to and including terminating an Employee.

**In the conditions upon which an offer of employment is made by a representative of Norris Brothers Excavating, LLC.**

Will you consent to pre-employment drug screening and background checks?  YES,  NO

Also, in conditions of an offer of employment made by a representative of NB, do you consent to future drug screening in accordance with the Drug Free Workplace Act of 1988, which may include randomized drug screenings, Incident/Accident Drug Screenings under the NB's Workman's Compensation agreement, or automatic drug screening if under reasonable suspicion of illegal consumption?  
 YES,  NO

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

**Licenses and Certifications**

Do you have a valid driver's license? Please Circle

Yes No	License No.	Expiration Date

Certification Name: \_\_\_\_\_ Type: \_\_\_\_\_  
 Certification Date: \_\_\_\_\_ Certification Expires: \_\_\_\_\_

Certification Name: \_\_\_\_\_ Type: \_\_\_\_\_  
 Certification Date: \_\_\_\_\_ Certification Expires: \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

**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: \_\_\_\_\_