



REMAC INC.

P. O. Box 9
Freeman, Virginia 23856
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Email:remac@remacus.com

Employment Application

Date: _____

Name: _____ Social Security # _____

Current Address: _____

City _____ State: _____ Zip _____

Home Phone: _____ Cell Phone _____

Position Applied For: _____ EMAIL ADDRESS _____

Education Level (example: 8th grade, High school grauduate, 1 years college, college Graduate, etc.)

Military Service: YES NO Branch _____

Valid Driver's License YES / NO Expires: _____ License # _____ State _____

Do you have a commercial driver's License? YES / NO

When will you be available for work? _____ Do you have your own transportation? YES /NO

In case of emergency contact: _____ Relationship: _____

Their Telephone #'s _____

List past and present employers:

COMPANY & ADDRESS COMPANY PHONE #	START DATE	END DATE	SALARY	SUPERVISOR	TYPE OF WORK DONE	REASON FOR LEAVING

Remac, Inc. is committed to providing a drug free work place for all employees. All employees are subject to random drug testing, or may be required to submit to a drug test if requested.

URINE DRUG AND ALCOHOL TESTING CONSENT FORM

I hereby agree to submit to urine drug testing and alcohol breath analysis as mandated in the Federal Register, 49CFR, sections 391 and 392.

I understand that if my test is positive for a controlled substance, I will be deemed medically unfit for duty.

I further understand that a medical review office (MRO) will evaluate the results of my test. This information will be released to my employer or prospective employer.

I understand that a positive drug test for a controlled substance or a 0.040 or higher Alcohol Breath Test is grounds for immediate dismissal or other disciplinary action.

Date: _____

Print Name: _____
 First MI Last

Signature: _____

Drug Free Workplace Policy

With the exception of over the counter drugs such as aspirin or drugs prescribed by a physician, there shall be no drugs or alcohol on any job site. Alcohol and drug abuse cause an unacceptable level of safety hazard not only for the offending employee, but for others in the vicinity. Those found to be under the influence of drugs and/or alcohol will be immediately removed from the job site by the competent person and further disciplinary action will be taken by the Safety Director.

Employees taking prescription medication that reduces motor skills should report this to their supervisor for appropriate work assignment.

Chemical dependency is a devastating problem for not only the employee, but also the employee's family and co-workers. For obvious safety reasons, it cannot be tolerated in the workplace. Those with such a problem should seek professional help. The Safety Director will assist any employee in finding appropriate treatment should they voluntarily come forward.

I understand the above Drug Free Workplace Policy. If the Drug Free Workplace Policy is not adhered to and you are found to be under the influence of drugs and/or alcohol this will be grounds for immediate dismissal or other disciplinary action.

Date: _____

Print Name: _____

First

MI

Last

Signature: _____

List of Equipment operated or jobs performed such as Paver Operator, Sealcoating, Crackfilling, Asphalt Patching, Etc.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Have you ever been convicted of a felony or pleaded no contest to a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged?

Yes _____ No _____

If yes, please explain

Do you have any personal conflicts that would prevent you from working out of town all week? (Example- Having to come home and see a Probation Officer every Wednesday, etc.)

Yes _____ No _____

If yes, please explain

Are you willing to release your criminal history?

Yes _____ No _____