

# ATLAS CONTRACTORS, INC.

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## NOTICE AND AUTHORIZATION CONCERNING CONSUMER AND INVESTIGATIVE REPORTS

This form, which you should read carefully, has been provided to you because ATLAS CONTRACTORS, INC. ("Company") may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with the Company, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between you and the Company are filed with any third parties, the Company may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ of the Company at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

### AUTHORIZATION

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the Company (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after my employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company and confirm that all such information provided in connection with my job application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is an offer of employment or a promise of continued employment. If employed by the Company, my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause of notice, by me or by the Company.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATLAS CONTRACTORS, INC.  
DRUG TESTING PROGRAM  
NOTICE TO APPLICANTS**

Atlas Contractors, Inc. has a vital interest in maintaining safe, healthful and efficient working conditions for its customers and employees. Using or being under the influence of drugs and/or alcohol on the job may pose serious safety and health risks not only for the user, but to the public and all those who work with the user. The possession, use or sale of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, individuals who wish to be considered for employment must agree to **PRE-PLACEMENT DRUG TESTING AND DRUG AND ALCOHOL TESTING DURING EMPLOYMENT.**

By completing and signing this Notice and the attached Application of Employment, the applicant understands and agrees to submit to drug and alcohol testing during the course of employment as provided for in Atlas Contractors, Inc.'s Drug and Alcohol Policy. The applicant further understands and agrees to release Atlas Contractors, Inc. and its directors, officers, agents, employees, parents, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol testing and any decision concerning employment made by Atlas Contractors, Inc. in whole or in part, based upon the results of drug and alcohol testing. Submission of an altered or adulterated specimen or the substitution of a specimen by the applicant will result in a withdrawal of the employment offer.

**ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE  
CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH  
ATLAS CONTRACTORS, INC.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPLICATION FOR EMPLOYMENT**

ATLAS CONTRACTORS, INC.  
1475 HULDA WAY  
SPARKS, NV 89431

ALL THE FOLLOWING INFORMATION IS TRUE. FALSE INFORMATION, STATEMENTS OR OMISSIONS CAN RESULT IN DISCHARGE.

**PERSONAL INFORMATION:**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
                                    First                                    Middle                                    Last

PRESENT ADDRESS: \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip

PHONE NO: \_\_\_\_\_ SSN: \_\_\_\_\_

**EMPLOYMENT DESIRED:**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED OR CURRENTLY ON LAYOFF FROM ANOTHER COMPANY? \_\_\_\_\_ IF SO MAY WE INQUIRE AT YOUR CURRENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

**EDUCATION:**

NAME & LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
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HIGH SCHOOL			
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COLLEGE			
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TRADE/BUSINESS OR CORRESPONDENCE SCHOOL			
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**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH \_\_\_\_\_

U.S. MILITARY SERVICE \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

**FORMER EMPLOYERS:**

PLEASE START WITH THE LAST OR CURRENT EMPLOYER AND WORK BACK. PLEASE PROVIDE FOUR PAST EMPLOYERS.

DATE MO & YR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
<u>FROM</u> <u>TO</u>				
<u>FROM</u> <u>TO</u>				
<u>FROM</u> <u>TO</u>				
<u>FROM</u> <u>TO</u>				

**REFERENCES:**

PLEASE GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WILLING TO PROVIDE PROFESSIONAL AND OR CHARACTER REFERENCES

	NAME	PHONE NUMBER	YEARS KNOWN
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY

NAME	PHONE NUMBER
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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHER WISE , AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

I ACKNOWLEDGE HAVING READ AND UNDERSTAND THE JOB DESCRIPTION FOR THE POSTION OF WHICH I AM APPLYING.

\_\_\_\_\_  
SIGNATURE DATE

**AN EQUAL OPPORTUNITY EMPLOYER**

03/26/03