

APPENDIX M

PRE-EMPLOYMENT ALCOHOL/CONTROLLED SUBSTANCES STATEMENT

I, _____, certify that I have not tested positive or refused to test on any pre-employment alcohol/controlled substances test administered by a past employer in which I applied for but did not obtain safety-sensitive transportation work covered by the Department of Transportation's Alcohol and Controlled Substances Testing Rules during the past two years from the date of my employment application with the company.

Signature of Applicant: _____

Date:

Witness: _____

Date:

This authorization is valid until revoked in writing by the above stated applicant.

- APPLICANT NOTICE -

IF THE APPLICANT HAS HAD A POSITIVE PRE-EMPLOYMENT CONTROLLED SUBSTANCES OR REFUSAL TO TEST DURING THE PAST TWO YEARS FROM THE DATE OF THIS EMPLOYMENT APPLICATION WITH THE COMPANY, DO NOT SIGN THIS FORM.

THE COMPANY WILL NOT ALLOW AN INDIVIDUAL TO PERFORM SAFETY-SENSITIVE FUNCTIONS UNTIL AND UNLESS THE APPLICANT DOCUMENTS SUCCESSFUL COMPLETION OF THE RETURN TO DUTY PROCESS AS OUTLINED IN THE D.O.T. REGULATIONS. VERIFICATION OF THE COMPLETION OF THE RETURN TO DUTY PROCESS MUST BE SUBMITTED TO THE COMPANY'S DESIGNATED EMPLOYER REPRESENTATIVE TO BE CONSIDERED ELIGIBLE FOR EMPLOYMENT.

FORMER EMPLOYERS:

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

| DATE MO & YR FROM TO | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|-------------------------------|-------------------------------|--------|----------|-----------------------|
| | | | | |
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |

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 |
|------|--------------|
| | |

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 OTHERWISE, 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 POSITION OF WHICH I AM APPLYING.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

AN EQUAL OPPORTUNITY EMPLOYER

ATLAS CONTRACTORS

NOTICE AND AUTHORIZATION CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because ATLAS CONTRACTORS ("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 any such 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