

**CONSENT**

(Pre-employment & Employment)

I, \_\_\_\_\_, of \_\_\_\_\_, as a precondition of my application for employment by Jensen Rock & Sand Inc. agree that I will take a physical examination through a physician or laboratory testing facility designed and paid for by Jensen Rock and Sand Inc., which will include a urine screening test to determine the presence of certain drugs and/or controlled substances. I agree that the presence of one or more of these drugs or controlled substances will be sufficient cause for the company to exercise its option not to give further consideration to my application for employment or to hire me.

I do understand that I have the right to refuse to submit to a physical examination or drug screening test and that if I do refuse either, then the company will exercise its option not to give further consideration to my application for employment or to hire me.

If I accept employment, I agree that a basic condition of such employment, which I accept, is that the company has a continuing right upon grounds which to the company at that time appear to be reasonable, to require me to promptly submit to a physical examination and urine screening at company expense, to determine if I have been using drugs or other controlled substances that might effect my ability to perform my work duties in a manner that is safe for myself and my fellow employees, and the property of the company.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnesses:

\_\_\_\_\_  
\_\_\_\_\_

(PLEASE PRINT)

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

How did you learn about us?

\_\_\_\_\_Advertisement \_\_\_\_\_Friend  
\_\_\_\_\_Walk-in \_\_\_\_\_Relative  
\_\_\_\_\_Employment Agency \_\_\_\_\_Other\_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone Number(s) Social Security Number

Are you currently employed? \_\_\_\_\_Yes \_\_\_\_\_No

May we contact your current employer? \_\_\_\_\_Yes \_\_\_\_\_No

Are you prevented from lawfully becoming  
employed in this country because of

Visa or Immigration Status? \_\_\_\_\_Yes \_\_\_\_\_No

(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_\_\_Full Time \_\_\_\_\_Part  
\_\_\_\_\_Shift Work \_\_\_\_\_Temporary

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_Yes \_\_\_\_\_No

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain\_\_\_\_\_

\_\_\_\_\_  
Have you any limitations that preclude you from performing certain jobs?

\_\_\_\_\_Yes \_\_\_\_\_No

**REFERENCES:**

Name	Address	Phone#
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EDUCATION HISTORY:**

Name & Address	Years Attended	Did You Graduate?
HighSchool _____	_____	_____
College _____	_____	_____
Other _____	_____	_____

**EMPLOYMENT:**

(Start with present or last employment and work back)

Employer	Address	Job Title	Wage	Date Started	Date Left	Reason Leaving?

**SPECIAL SKILLS AND QUALIFICATIONS INCLUDING HOBBIES:** (Summarize special job related skills and qualifications from employment or other experiences.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a current driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which state? \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

# VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the affirmative action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name			
Address			
City	State	Zip Code	
Social Security Number:		Sex:	Age:
Ethnic Origin: _____ White _____ Black _____ Hispanic _____ Other _____ American Indian/Alaskan Native _____ Asian/Pacific Islander			
Check if Applicable: _____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped			

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I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in waiting. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Interviewed by: \_\_\_\_\_ Signed: \_\_\_\_\_  
\_\_\_\_\_ Signed: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_