



S.L. WILLIAMSON COMPANY, INC.
1230 RIVER ROAD
CHARLOTTESVILLE, VA 22901
(434) 295-6137 (FAX) 977-7852
info@slwilliamson.com

Application For Employment

Equal Opportunity Employer

Qualified Applicants are considered for all positions without regard to Race, Color, Religion, Sex, National Origin, Age, Marital or Veteran Status, or the presence of a non-job related medical condition or handicap. Since S.L. Williamson Co. is a **DRUG FREE** work environment. All positions require pre-employment drug testing. S.L. Williamson Co. is an Equal Opportunity Employer.

Date: _____

Personal Information

Name _____ Telephone No. _____

Driver's License Number _____ Issuing State _____ Expiration Date _____

Soc. Sec. No. _____ Referred By _____

Current Address _____
Street _____ City _____ State _____ Zip _____

Former Address _____
(If less than 3 years above) Street _____ City _____ State _____ Zip _____

Place of Birth _____ Date of Birth _____

Are you an American Citizen? Yes No

If not, do you have an Employment Authorization Card? Yes No

Note: If you have an Employment Authorization Card, you will be asked to present this at the time of employment as part of filling out the required Federal I-9 form.

Position Applying For

Position _____

Date Available for work _____ Desired Salary _____

Ever applied for this company before? Yes No If yes, Where? _____ When? _____

Are you a former employee? Yes No If yes, Where? _____ When? _____

Relatives Employed by this company? Name _____

Are you currently employed? Yes No Name of employer _____

If Yes, may we contact your present employer? Yes No If no, please explain _____

Do you have a valid VA Drivers License? Yes No If no, please explain _____

Do you have reliable transportation to work? Yes No

Do you have a Commercial Drivers License (CDL)? Yes No

If yes, State of Issue _____ Drivers License No. _____ Restrictions _____

- Class: A Endorsements: Passenger
 B Double Trailer
 C Tank Vehicle
 Hazardous Materials
 Air Brakes

Education

| | Name and Location | Years Attended | Date Graduated | Subject(s) Studied |
|------------------------------------|-------------------|----------------|----------------|--------------------|
| High School | | | | |
| Jr. College/ College University | | | | |
| Business/ Trade School | | | | |
| Other | | | | |

Skills

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Asphalt Paver | <input type="checkbox"/> Driving (Truck) |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Asphalt Plant | <input type="checkbox"/> Grader |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Asphalt Roller | <input type="checkbox"/> Iron Work |
| <input type="checkbox"/> Management | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Laborer |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Cement Finishing | <input type="checkbox"/> Loaders |
| <input type="checkbox"/> Quality Control | <input type="checkbox"/> Cranes | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Crushers | <input type="checkbox"/> Vehicle Body Work |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Electrical | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Dispatching | <input type="checkbox"/> Other _____ |

List off-highway equipment you can operate _____

Have you had any Specific Job Training? _____

Driving Experience

- Mixer Truck Dump & Pup Trailer Tractor/Doubles
 Dump Truck Tractor/Semi-Trailer Combination # of Axles _____
 Skid Steer Broom/Sweeper Backhoe Other _____

Previous Employment

| Date Month/Year | Name and Address of Employer (List most recent employer first) | Salary | Nature of Work | Reason for Leaving |
|--------------------------------|--|--------|-------------------|--------------------|
| From ___ / ___ To ___ / ___ | Company Name _____ Address _____ Phone _____ Supervisor _____ | | | |
| From ___ / ___ To ___ / ___ | Company Name _____ Address _____ Phone _____ Supervisor _____ | | | |
| From ___ / ___ To ___ / ___ | Company Name _____ Address _____ Phone _____ Supervisor _____ | | | |
| From ___ / ___ To ___ / ___ | Company Name _____ Address _____ Phone _____ Supervisor _____ | | | |

References

(Excluding relatives and past employers)

| Name | Address | Business | Years Known | Phone # |
|----------|---------|----------|-------------|---------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

Miscellaneous

Do you have responsibilities, activities, or commitments that may require time away from work? _____ If yes,

Explain _____

What type of work do you enjoy most? _____

What do you know about this company? _____

What are your career goals for the future? _____

What do you feel you can bring to this company? _____

Why are you interested in working for this company? _____

Any additional comments or information you feel we should know about you: _____



Certification and Release

I certify that the information given by me to the company is true and complete to the best of my knowledge. I understand that, if employed, any false or misleading information that I have provided to the company during the employment application process, or the omission of any relevant information, may be grounds for my immediate dismissal at any time.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the company's interest or those of its clients, nor will I become engaged in such activity or business if employed.

I authorize the company to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the company from any liability for future references it may provide regarding my work history at the firm.

I acknowledge that in return for the company considering my application, and in further consideration of my possible employment, I agree that if I am ever hired, my employment will be strictly "at-will," and I can be terminated with or without cause and with or without notice at any time, either at the option of the company or myself.

In signing this form, I certify that I understand all the questions and statements in this application.

Signature _____ Date _____
Applicant



Chain of Custody (C.O.C.) Drug Screening

Protocol for Chain of Custody (C.O.C.)

1. The requesting agency (S.L. Williamson Co., Inc.) sends the employees to CareTeam Corporate Health.
2. The employee to be tested brings a picture I.D. to the lab and signs a C.O.C. release form in the lab.
3. The proctor signs the C.O.C. form stating:
 - *Received the specimen directly from the subject.
4. The proctor and employee observe the sealing and packaging of the specimen.
 - Packaging:
 - a.) The specimen is labeled and sealed with confidential evidence tape.
 - Both the employee and proctor initial the confidential tape.
 - b.) The sealed specimen is placed in a plastic bag and sealed.
 - After having witnessed the sealing of the bag, the employee initials the bag.
 - The Specimen is then placed in a mailer and sealed.
5. The specimen is referred to American Medical Laboratories (AML) in Fairfax, Virginia, for testing.
6. At AML, the sealed mailer is opened, the plastic bag and seal are inspected the bag is opened and the specimen is accessioned and placed in secured (locked) storage. All AML personnel handling the specimen from receipt to report sign, date and time the chain of custody form.
7. All screens found positive are retested a second and third time. Samples the are positive on all three screens are then confirmed by gc/mass spec and are only reported positive if the gc/mass spec confirmation is positive.
8. Results will be transmitted to Kasey Moscato, the designated S.L. Williamson Co., Inc. contact, and a written report will follow.



**Statement
Pre-Employment Drug Screening**

You have applied for a job with S.L. Williamson Co., Inc. whose policy requires pre-employment drug screening. The testing procedure requires urine specimen collection, and a high accuracy test for drugs of abuse will be completed using the specimen obtained. This test will be performed by CareTeam Corporate Health, in accordance with attachment 1 (Chain of Custody) and Attachment 2 (Drug Screening Process) and you will be notified of the results.

Drug screening is a confirmed urine screen for standard street drugs, including but not limited to the following:

- Amphetamines
- Cannabinoids (Marijuana)
- Cocaine
- Opiates
- Phencyclidine (PCP)

Your signature below will indicate that you have read and understood the above statement and accompanying drug screening procedure and agree to be tested accordingly. Your signature will further indicate that you understand that if you test positive for drugs of abuse, your application for employment will be rejected from consideration.

Printed Name

Signature

Date