



Test Boring Services, Inc.

181 Beagle Club Road * Washington, PA 15301
1.888.BORINGS * www.testboring.com * TBSoffice@yahoo.com

Application for Employment An Equal Opportunity Employer

Referred by TBS, Inc. Employee? Yes or No

(Employee's Name)

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veteran's status, sex, sexual orientation, national origin, disability and or other legally protected status.

Name: _____ Cell Phone: _____
 Today's Date: _____ Telephone: _____
 Mailing Address: _____ City _____ State _____ Zip _____
 SS#: _____ Are you over the age of 16? Yes _____ No _____

Do you have the legal right to work in the U.S. Yes _____ No _____ If not, _____

Position Applied For: _____ Full Time _____ Part Time _____ Temp _____

Are you available to work weekends if needed? Yes _____ No _____

Are you available to work second shift if needed? Yes _____ No _____

Are you available, for work purposes, to travel outside of the area and stay overnight (at company's expense)?
Yes _____ No _____

How soon could you report to work? _____

Have you ever applied/worked for us before? No _____ Yes _____ When? _____

Licenses & Certificates: Information required only if essential to job functions – attach certificates
(MSHA Part 48, Chainsaw Training, Flagger Training, OSHA HAZWOPER Training)

Drivers License: State: _____ # _____ Expires _____

Is your license to operate a vehicle restricted in any way? No _____ Yes _____ How? _____

A. Has any license, permit or privilege ever been suspended or revoked? No _____ Yes _____

B. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? No _____ Yes _____

If you answered YES to A or B, then please attach a statement of explanation.

List the issuing state, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that have been issued to you:

State _____ # _____ Expires _____

State _____ # _____ Expires _____

State _____ # _____ Expires _____

(Please be sure to complete Motor Vehicle Request Form Attached on Page 7)



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Have you ever been discharged or requested to resign from a position? No _____ Yes _____

If yes, give circumstances _____

Have you ever been convicted of a crime? Yes _____ No _____ If Yes, explain _____

Are you employed now? _____ Reason for seeking change _____

Prior Work History:

List all employers for the past 10 years with the most recent employer first. May we contact all of the employers below? Yes _____ No _____

DATES	EMPLOYER NAME & ADDRESS	SUPERVISOR'S NAME & PHONE NUMBER	POSITION TITLE	RATE OF PAY	REASON FOR LEAVING
From					
To					
From					
To					
From					
To					
From					
To					
From					
To					
From					
To					
From					
To					

TO BE COMPLETED BY CDL DRIVERS ONLY...continued to page 3

Driving Experience

Date of Birth: _____

CDL Type: A B C Endorsements _____

Current DOT Medical Card Expires _____

Class of Equipment	Type of Equipment (Van, Tank, Flat, Other)	Dates		Approx. No. of Miles Total
		From	To	
Straight Truck				
Tractor/Semi-Trailer				
Tractor-Two Trailer				
Other				



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Accident Record for Past 3 Years or More (attach sheet if more space is needed)

Date	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations) (attach sheet if more space is needed)

Location	Date	Charge	Penalty

Education:

Type of School	Name of School City & State	Courses/Majors Studied	No of Years Attended	Did you graduate?
Grammar School				
High School				
College				
Technical/Other				

Equipment Operating Experience and/or any additional information such as special skills, training, management experience, or qualifications you feel will be helpful to us in considering your application:



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Prior Addresses: Please list your prior addresses for the last 7 years

Address:	_____	City _____	State _____	Zip _____
Address:	_____	City _____	State _____	Zip _____
Address:	_____	City _____	State _____	Zip _____
Address:	_____	City _____	State _____	Zip _____
Address:	_____	City _____	State _____	Zip _____
Address:	_____	City _____	State _____	Zip _____

References

This section must be completed. Do not list relative or former employers. Please complete a minimum of (3).

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

Final Questions:

Are you currently under the direct care of a Health Care Professional for a medical condition that may affect or limit your ability to work in the conditions of working outside in all elements? Yes _____ No _____
If yes, explain _____

Does this medical condition require any special intervention during a work day? _____

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best to my knowledge.

Date

Applicant's Signature



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Authorization to Release Information

“I understand that it is the policy of Test Boring Services, Inc. to evaluate all applicant and employee criminal records, and driving records annually. Test Boring Services, Inc. is safety sensitive and requires compliance with regulatory agencies. In addition, Test Boring Services, Inc. reserves the right to recognize standards beyond regulatory agency guidelines.”

“I hereby authorize, consent and grant the privilege to Test Boring Services, Inc. and its agent to review and examine any public or private records pertaining to my education, work history, criminal records, driving history, and other personal information that may be required or directly related to employment with Test Boring Services, Inc.

“I certify that the information given by me in this application is true and complete in all respect and I agree that if the information given is found to be false in any way, or requested information is omitted, it shall be considered sufficient clause for denial of employment or discharge. I authorize that: previous employers, all references and any other person, or agency to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability of damages on account of having furnished such information.”

“I authorize the company to duplicate this agreement for the use of authorizing the release of my personal information from past employers, schools, public and private records, personals or entities that may provide relevant information regarding my application, background and employment.”

“I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Test Boring Services, Inc. and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Test Boring Services, Inc. unless made in writing. If any employment relationship is established, I understand that I have the right to terminate my employment at any time and that Test Boring Services, Inc. retains the same right.”

“I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship and that failure to provide such proof at the time of request may legally force my termination.”

“I understand that if employed and while employed, policies and rules which are issued are conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.”

“I understand that if I am applying for work that my application will be keep on active file for 30 days from the date completed, after which time I would have to reapply in accordance with establish company procedures.”

By signing, printing, or typing my name below, I understand, agree with and accept the terms and statements above. I agree that a copy of this agreement has the same effect as an original.

Signature _____ **Date** _____



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Permission to Conduct Drug and Alcohol Tests and Release for All Applicants and Employees

I hereby give my permission for the company to conduct drug and/or alcohol test(s) based on the Employer's Drug and Alcohol Testing Policy, which requires applicants and employees to submit to Drug and/or Alcohol testing under a variety of circumstances. I am aware that this testing will be done by means of urine and breath sampling, unless otherwise stated and that if I test positive for Alcohol or a drug, I will not be hired to work at the company or I will be subject to disciplinary action.

I hereby attest that I do not use illegal drugs or prescription drugs for which I do not have a current prescription. If a drug test has a positive result, I understand that I will be given the opportunity to demonstrate that the drug(s) present are due to current prescription(s). I hereby give you and your contractors permission to contact any doctor I use to verify the legitimacy of my prescription(s). I agree to provide those who administer the tests with any information necessary to interpret the test result and, in particular, will disclose all drugs or medication, whether legal or illegal, which I have used in the 60 days preceding any testing.

I understand that if any test is determined to be a positive by the Medical Review Officer, I will be denied employment with the company and will have no opportunity for a retest unless mandated by state law in the state in which I am applying for a position and a retest is requested by me.

I understand that the company may conduct additional drug tests in the future if permitted by the laws and/or regulations in the state in which I work, such as in "reasonable suspicion" situations. I also understand that if any specimen I provide indicates evidence that it was altered or that it was not my specimen provided under the controlled conditions, I may be denied employment or my employment will be terminated.

I authorize the disclosure of the test results to Test Boring Services, Inc., and understand that I can request a copy of the test results from Test Boring Services, Inc. upon written notification.

I agree to hold harmless the following companies, contractors and individual and their respective employees, vendors and contractors: Test Boring Services, Inc. – the company to which I am applying for a position; its Drug Program Manager and any and all other TBS, Inc. personnel; Tri-State Diagnostics Corp.; Quest Diagnostics; Drug Free Pennsylvania; Washington Hospital; the Medical Review Officer; the Collection Site and the Clinical Laboratory; from any and all claims or liabilities arising out of this and/or other Drug and/or Alcohol test that they may conduct including, but not limited to, the testing procedures, the providing of the samples, the analysis, the firm, at any time, in reliance on the test results.

This Consent and Release is given voluntarily in exchange for Test Boring Services, Inc. consideration of my application or continuation of my employment.

By signing, printing, or typing my name below, I understand, agree with and accept the terms and statements above.

Applicant Name: _____ Signature _____ Date _____



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MOTOR VEHICLE REQUEST FORM

PROSPECTIVE OR NEW EMPLOYEE

<input type="checkbox"/> Prospective Employee <input type="checkbox"/> New Employee						Relationship to					
Last	First	Middle Initial	Date of Birth	State	Driver's License Number	Named Insured*					
						1	2	3	4	5	6
CHECK THE APPROPRIATE BOX FOR EACH QUESTION:						Yes	No				
Have you ever been denied a driver's license or had one suspended or revoked?						<input type="checkbox"/>	<input type="checkbox"/>				
Have you had any violations in the past 3 years?						<input type="checkbox"/>	<input type="checkbox"/>				
Have you had any auto accident in the past 3 years?						<input type="checkbox"/>	<input type="checkbox"/>				
IF THE ANSWER TO ANY QUESTION WAS "YES", please explain (give dates of violations and/or accident(s)) _____											

DRIVER – I hereby grant permission for State Auto Insurance Company, Donald R. Weaver Insurance, Inc., and my employer or prospective employer to secure a Motor Vehicle Report on me. I also affirm that the statements made above are stated truthfully and without reservation.											
Signed this _____ day of _____, _____. Driver's Signature _____											

OTHER EMPLOYEE DRIVERS

Last	First	Middle Initial	Date of Birth	State	Driver's License Number	Relationship to					
						Named Insured*					
						1	2	3	4	5	6
						1	2	3	4	5	6
						1	2	3	4	5	6

*Please show Relationship to Named Insured, as indicated below, by circling the corresponding number above.

- | | |
|---|--|
| 1. Owner (owner, partner, officer, director) | 4. Driver or salesperson |
| 2. Owner's family member (spouse, dependent) | 5. All other frequent use (not shown in 1-4 but often drives) |
| 3. Heavy truck driver (2-ton truck and heavier) | 6. All other infrequent use (not shown in 1-4 but rarely drives) |