

**M.R. PITTMAN GROUP, LLC**  
**GENERAL CONTRACTORS**

***WALK-IN APPLICATION FOR EMPLOYMENT***

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If related to anyone in our employ, state their name: \_\_\_\_\_

If referred to us by any of our employees, state their name: \_\_\_\_\_

How did you learn about us?		
<input type="checkbox"/> Job One	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Advertisement/Employment Agency	<input type="checkbox"/> Union Referral	<input type="checkbox"/> Other _____

Are you over 18 years old? \_\_\_\_\_

**Minority Status:** \_\_\_\_\_ African American \_\_\_\_\_ Spanish American \_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_ Non-Minority

**Are you a member of a union?:** (Yes/No) \_\_\_\_\_

If yes, Local Name and Number: \_\_\_\_\_

***Employment Desired:***

Position: \_\_\_\_\_

Date you can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Present Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**CARPENTERS' ONLY:**

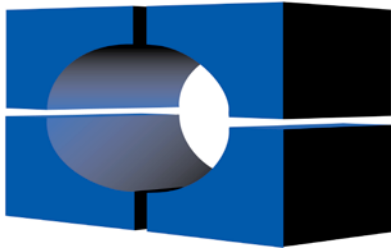
Please list form work experience – Type \_\_\_\_\_ Length of Time \_\_\_\_\_

*M.R. Pittman Group, LLC invites all applicants who wish to benefit under the affirmative action program to identify themselves to us. The information you provide is voluntary and will be kept confidential, and refusal to provide information will not subject you to any adverse treatment. See Separate Self Identification Forms*

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**FOR INTERNAL USE ONLY:**

- \_\_\_\_ Pre offer Self-Identifying form for Veteran Status & Disability filed separately
- \_\_\_\_ Added to Walk-In tracking list



**M.R. PITTMAN GROUP, LLC  
GENERAL CONTRACTORS**

**Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Current or last job

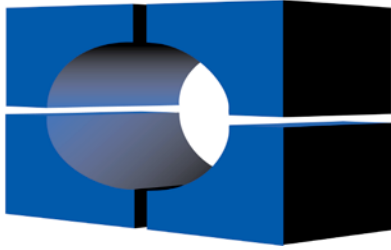
Employer	Dates Employed From:      To:	Work Performed:
Address:		
Telephone Number(s)	Hourly Rate/Salary Starting	Final
Job Title	Supervisor	
Reason for Leaving		

2. Prior Employment

Employer	Dates Employed From:      To:	Work Performed:
Address:		
Telephone Number(s)	Hourly Rate/Salary Starting	Final
Job Title	Supervisor	
Reason for Leaving		

3. Prior Employment

Employer	Dates Employed From:      To:	Work Performed:
Address:		
Telephone Number(s)	Hourly Rate/Salary Starting	Final
Job Title	Supervisor	
Reason for Leaving		



**M.R. PITTMAN GROUP, LLC  
GENERAL CONTRACTORS**

4. Prior Employment

Employer	Dates Employed From:      To:	Work Performed:
Address:		
Telephone Number(s)	Hourly Rate/Salary Starting	Final
Job Title	Supervisor	
Reason for Leaving		

**References**

Name	Address	Telephone Number
1.		
2.		
3.		

**Applicant's Statement**

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 decision.

I understand that employment may depend upon the results of physical examinations, drug tests or other types of pre-employment tests.

This application for employment shall be considered active for a period of time not to exceed 45 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It I further understood that this "at will" employment relationship may not be changed by any written document or conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

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 rules and regulations of the employer.

\_\_\_\_\_

Applicant Name (Signature)
Applicant Name (Printed)
Date

**M.R. PITTMAN GROUP, LLC**  
Employee Screening

Name: \_\_\_\_\_

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

<b>Summary of Experience</b>
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HOW MUCH EXPERIENCE DO YOU HAVE WITH EACH TYPE OF WORK LISTED BELOW?					Company/#yrs (FOR OFFICE USE)
↓ type of work ↓	none	very little	satisfactory	proficient	
flag machinery					
rigging					
vibrate concrete					
finish concrete					
cut with torch					
weld					
rodbuster work (tie resteel)					
use chipping/jack hammer					
experience installing concrete pipe					
scaffold work (setup & break down)					

**Carpenter work:**

worked with Symons forms					
worked with metal wall forms					
worked with wood wall forms					
worked with gang forms					
worked with struts & walers					

**Pile Driver work:**

pull or drive sheet piles					
pull or drive concrete piles					
pull or drive timber/composite piles					
pull or drive pipe or H-piles					
worked with fixed leads					
worked with swinging leads					

**Operator experience:**

<u>dirt machinery:</u> excavator, bobcat, backhoe, dozer, etc...					
Longarm Excavator					
Friction Crawler Crane					
Cherry Picker					

**Current Operator Certification:**

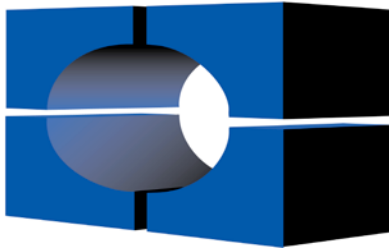
CCO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
City of New Orleans	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Comments:**

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

*Applicant's Statement*

<p>I certify 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 decisions. In the event of employment, I understand that false and/or misleading information given in my application and/or interview(s) may result in my discharge.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Applicant</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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**M.R. PITTMAN GROUP, LLC**  
**GENERAL CONTRACTORS**

**COMPANY WORKPLACE SUBSTANCE ABUSE  
AND ALCOHOL MISUSE POLICY**

Effective Date: IMMEDIATELY – UPON EMPLOYMENT

**BACKGROUND:**

M.R. Pittman Group, LLC is committed to maintaining a safe and healthy work environment and a drug and alcohol-free workplace for all employees, suppliers, and the general public. Widely available statistics and information establish that the incidence of drug and alcohol abuse is increasing nationwide and that the effect is devastating to lives, business and the community at large. M.R. Pittman Group, LLC is concerned that due to the potential for abuse among some of our employees, the safety of our employees and the general public could be endangered. Our commitment to maintaining safe and secure workplace requires a clear policy and supportive programs relating to the detection, identification and prevention of substance abuse by employees. The provisions of this policy are intended to enhance safe conduct of operations and afford the means to attain the highest work standards.

Safety is very important at M.R. Pittman Group, LLC. On-the-job impairment from the use of drugs and alcoholic beverages pose critical threats to safety and to the work environment, generally, and will not be tolerated.

The goals of maintaining safety and reaching the high standards of a drug and alcohol-free workplace are attainable through cooperation at every level and by explicitly and forcefully prohibiting the use or manufacture, distribution and possession of prohibited drugs, alcoholic beverages, or drug paraphernalia, anywhere or anytime, on M.R. Pittman Group, LLC property, premises or it's job sites.

**POLICY STATEMENT:**

Although M.R. Pittman Group, LLC has no intentions of intruding into the private lives of its employees, we recognize that involvement with alcohol or other drugs off the job eventually takes its toll on job performance. Our concern is to assure that employees report to work in condition to perform their duties safely and efficiently in the interest of their fellow workers and customers as well as the employees themselves. M.R. Pittman

Group, LLC prohibits all employees from possessing, using, or being under the influence of illegal drugs or alcoholic beverages at any location on M.R. Pittman Group, LLC premises, the premises of clients and customers, or any location where work is being performed by an M.R. Pittman Group, LLC employee. This prohibition extends to travel on M.R. Pittman Group Federal, LLC business, in M.R. Pittman Group, LLC owned vehicles or private vehicles.

### **SCOPE:**

This policy applies to all employees of M.R. Pittman Group, LLC while on the job and to situations where an employee's off-the-job or off-premises conduct impairs work performance or undermines the public confidence in, or harms the reputation of M.R. Pittman Group, LLC while on our premises.

Additionally, all applicants and employees will be required, as a condition of employment, to submit to requested drug and/or alcohol testing. Such testing will be performed in accordance with this policy.

### **POLICY STRUCTURE AND GUIDELINES:**

All testing of M.R. Pittman Group, LLC employees will follow closely the well established procedures and guidelines of federally mandated testing programs. M.R. Pittman Group, LLC will formulate a policy that will comply with the requirements of the Drug-Free Workplace Act of 1988, the drug-free work force rules promulgated by the U.S. Department of Defense, U.S. Department of Transportation, and all other Federal agencies as well as all other Federal, State, and local laws and regulations. These testing methods will provide employees with the greatest assurances of fairness, accuracy, integrity of tested specimen, and confidentiality of test results.

M.R. Pittman Group, LLC expects the full support of this policy and cooperation in its implementation by all employees and all persons doing business with M.R. Pittman Group, LLC.

### **PROCEDURE:**

To attain the goals and meet the objectives of this policy to provide a safe drug and alcohol-free working environment, M.R. Pittman Group, LLC will:

1. Establish definitive rules and regulations.
2. Provide increased awareness through training, education, and communication on the subject of alcohol and other drug abuse.
3. Recognize that there may be employees who have an alcohol or other drug problem and stand willing to assist in the resolution of that problem by encouraging employees to seek help through community helping resources.

4. Conduct alcohol and other drug test both prospective to and during employment.
5. Cooperate with outside law enforcement agencies.
6. Take any other action deemed necessary and appropriate by M.R. Pittman Group, LLC.

#### **DRUG AND ALCOHOL TESTING:**

In accordance with the objectives of this policy, M.R. Pittman Group, LLC requires that all drug testing be done by a laboratory that has been properly approved and certified by the Department of Health and Human Services (DHHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

M.R. Pittman Group, LLC may require drug and/or alcohol testing under the following circumstances:

**PRE-EMPLOYMENT** – Applicants will be required to submit to a drug test prior to being hired. M.R. Pittman Group, LLC will not engage or employ any individual unless the individual passes a test for controlled substances.

**REASONABLE SUSPICION** – Employees may be required to submit to drug and/or alcohol testing upon the recommendation of a supervisor, following the documented observation of employee behavior which may indicate drug or alcohol impairment or the violation of other prohibitions stated in this policy. The decision to test will be based on a reasonable and articulable belief that the individual has used controlled substance or alcohol based on direct observation of specific, contemporaneous, physical, behavioral, or performance indicators of probable drug or alcohol use.

**POST-ACCIDENT** – Employee will be required to submit to drug and/or alcohol testing following an incident or accident deemed significant by M.R. Pittman Group, LLC. This testing is founded upon a need to complete a successful fact-finding investigation of the incident or accident. The request for drug or alcohol testing, under these circumstances, is not to be understood as accusatory or prejudicial toward any tested individual.

**RANDOM** – M.R. Pittman Group, LLC will provide for the selection of employees for drug testing on a scientifically random basis. Random Selection means that every individual of a selection pool has an equal chance with all other individuals at being randomly selected.

**RETURN TO WORK** – Employees will be requested to submit to a drug and alcohol test following a positive test and treatment/counseling/rehabilitation, after a 6 month period. Each employee is subject to random testing for an additional year after the return to work as a probation period for the original failed test.

### **DRUGS TO BE TESTED:**

The controlled substances for which testing is conducted shall include drugs described in **Appendix A**, which include illegal use of prescription drugs. The policy is subject to change, based on additional standards and commonly accepted drug test at the time the testing is performed.

### **TEST LEVELS:**

In order for a test to be classified as positive, the concentration of the drug must equal or exceed certain levels. Concentrations below these levels are reported as "none detected". These levels are listed in **APPENDIX A**.

### **MEDICAL REVIEW OFFICER (MRO):**

M.R. Pittman Group, LLC will utilize the services of Medical Review Officer (MRO) to verify all test results generated by the M.R. Pittman Group, LLC drug testing program. The MRO will be a licensed physician, either a doctor of medicine or a doctor of osteopathy,

knowledgeable in drug abuse disorders. The MRO will be knowledgeable about the medical effects of prescription drugs and the pharmacology and toxicology of illicit drugs.

The primary responsibility of the MRO is to review and interpret positive test results. It is important to remember that a positive laboratory test result does not automatically identify an employee/applicant as a user of prohibited drugs. The MRO will review confirmed positive test results and determine whether any legitimate alternative medical explanation could account for the positive test results.

### **POLICY VIOLATIONS:**

- Any employee found in possession of or using, manufacturing, distributing any illegal or prohibited drug or substance or alcoholic beverages will be terminated.
- Any employee who, as a result of testing, is found to have identifiable traces of a prohibited drug or substance in his or her system, regardless of the time or place in which this condition came about, will be considered in violation of this policy, and will be terminated.
- Any employee who reports to work under the influence of a prohibited drug or alcoholic beverage will be terminated. "Under the influence" means having detectable traces of a prohibited substance in his or her body, or having an alcohol



concentration of 0.04 percent or greater. It is a condition of employment that all employees report for work at all times in an unimpaired condition and fit for duty.

- Any employee who refuses to comply with the requested testing, or who fails to cooperate with an investigation, will be terminated. Cooperation is a condition of employment, and a refusal to be tested upon request will constitute grounds for termination.
- In compliance with the requirements of the Drug-Free Workplace Act of 1988, M.R. Pittman Group, LLC will require any employee, convicted under a criminal drug statute, to report his conviction within five (5) days after the conviction. Failure of any employee, so convicted, to report this to M.R. Pittman Group, LLC will be considered in violation of this policy and will subject the employee to disciplinary action up to and including termination.
- M.R. Pittman Group, LLC reserves the right to conduct reasonable security searches and inspections of employees and their effects for the purposes of determining if such employees are in possession of, using, transporting, or concealing any of the prohibited items and substances covered by this policy.

#### **EMPLOYEE ASSISTANCE PROGRAM (EAP):**

Drug awareness education and supervisory training are key elements of the M.R. Pittman Group, LLC Employee Assistance Program (EAP) and will help to promote a drug-free workplace. All employees and supervisory personnel will participate in the program, which will include indoctrination on substance abuse and the availability of community helping resources. Information will include, but not be limited to the following:

1. Effects and consequences of drug and alcohol use on personal health, safety, and the work environment.
2. The symptoms and behavioral clues that may indicate drug and/or alcohol use or abuse.
3. The display and distribution of literature and other informational material and a community service "hotline" telephone number for employees requiring confidential help or assistance with substance abuse problems.
4. The display and distribution of the M.R. Pittman Group, LLC Substance Abuse Policy.

**POLICY ADMINISTRATION:**

M.R. Pittman Group, LLC management is responsible for the implementation and administration of the policy, however, the coordination and enforcement of the policy may be delegated to others.

In addition to the procedures set forth elsewhere in this policy, for the successful administration of policy provisions, including alcohol and/or drug testing, M.R. Pittman Group, LLC also intends to follow other specific guidelines. The purpose of including these additional procedures is to enhance the equity, accuracy and confidentiality of the M.R. Pittman Group, LLC testing program.

1. All drug testing shall include strict procedures for specimen collections and use of "chain of custody" control forms, approved by and according to guidelines established by the Department of Health and Human Services (DHHS).
2. All drug and alcohol testing shall be conducted by standards and guidelines already approved and established by law.
3. All initial (screening) positive test results shall be confirmed by means of Gas Chromatography/Mass Spectrometry (GC/MS).
4. Alcohol testing will be conducted by trained and certified personnel, using scientifically approved methods and in accordance with appropriate law.
5. All drug and alcohol test results shall be treated as confidential medical records of the individual employee.
6. All drug and alcohol test results will be released to third parties **only** upon written consent of the employee. Test results may, however, be released to lawful authorities in accordance with appropriate laws and statutes which may require this information.
7. Disclosure of drug and alcohol test results within M.R. Pittman Group, LLC will be to those with a "need to know".

M.R. Pittman Group, LLC

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

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

## APPENDIX "A"

### Drug Detection Limits

A positive test for drugs will mean the presence of drug metabolites, as determined by appropriate testing of a urine specimen, that is equal to or greater than the level specified below for the confirmation test. All values are stated in terms of nanograms (ng) per milliliters (ml).

<u>DRUG DESCRIPTION</u>	<u>INITIAL (SCREENING) TEST</u>	<u>CONFIRMATION TEST</u>
	<u>LEVELS</u>	<u>LEVELS</u>
1. 6-ACETYLMORPHINE	10.0 ng/ml	10.0 ng/ml
2. AMPHETAMINES	500 ng/ml	250 ng/ml
3. BARBITURATES	300 ng/ml	200 ng/ml
4. BENZODIAZEPINES	300 ng/ml	300 ng/ml
5. BENZOYLECGONINE-COCAINE METAB	150 ng/ml	100 ng/ml
6. EXTENDED OPIATES	300 ng/ml	300 ng/ml
7. MARIJUANA METABOLITE	50 ng/ml	15 ng/ml
8. METHADONE	300 ng/ml	300 ng/ml
9. METHYLENEDIOXYMETHAMPHETAMIN	500 ng/ml	250 ng/ml
10. PHENCYCLIDINE	25 ng/ml	25 ng/ml
11. PROPOXYPHENE	300 ng/ml	300 ng/ml
12. MEQ	300 ng/ml	300 ng/ml
13. ETOH     0.04% GMS     0.04%		

NAME: \_\_\_\_\_

**Invitation for pre offer SELF IDENTIFICATION OF Veterans Status**

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

**If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.**

**[ ] I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE**

**[ ] I AM NOT A PROTECTED VETERAN**

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.