

H.G. JENKINS CONSTRUCTION

1630 S. RAILROAD

LAWTON, OK 73501

1-580-355-9822

## EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

DOB \_\_\_\_\_ Are you a citizen of the United States of America?  Yes  No

Have you applied here before?  Yes  No When? \_\_\_\_\_ Position applied for? \_\_\_\_\_

Start When \_\_\_\_\_  Full time  Part time  Temporary  Other \_\_\_\_\_

EMPLOYMENT EXPERIENCE; Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin

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Employer 1 \_\_\_\_\_

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

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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Employer 2 \_\_\_\_\_

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

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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Employer 3 \_\_\_\_\_

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

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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EMPLOYMENT APPLICATION PART 2

EDUCATION

Schools/Collages Attended: # Years Year Grad. Degree

Schools/Collages Attended:	# Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special qualifications for this job:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Are you a veteran of the U.S. Military service?  Yes  No

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Personnel Department only*

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Interview report by \_\_\_\_\_

Accurate Credit Bureau fax 626 398-0642	
I wish to order <input type="checkbox"/> Credit Report <input type="checkbox"/> DMV Records <input type="checkbox"/> Reference Verification <input type="checkbox"/> Criminal Records	

H.G. JENKINS CONSTRUCTION, INC.

**PRE-EMPLOYMENT DRUG TESTING POLICY**

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company, and by signing a consent agreement, will release the company from liability.

(Any applicant with positive test results will be denied employment at that time.)

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the company will not tolerate.

**This policy statement is to be given out with all job applications.**

**PRE-EMPLOYMENT AGREEMENT**

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the company for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

In the event that employment commences prior to the employer receiving the drug test results, I understand that I will be immediately discharged if the result comes back positive.

I have read in full and understand the above statements and conditions of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Driver License Information:

State: \_\_\_\_\_

DL # \_\_\_\_\_

**\*Please note: The best legal advice instructs us to have this agreement form attached to the employment application.**

FILL OUT ONLY HIGHLIGHTED SECTIONS.

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

First, M.I., Last

Social Security Number

Previous Employers:

Street:

City, State, Zip:

Telephone:

Fax No.:

may release and forward information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer:

H. G. Jenkins Construction, Inc.

1630 S. Railroad

Lawton, OK 73501

Attention:

Street:

City, State, Zip:

Telephone: (580) 355-9822

Fax No.: (580) 357-5399

Applicant Signature

Date

This section is in compliance with §382.405(f) and (h), which states:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's specific written consent as outlined in §40.321(b) of this title. §382.413 states employers shall request alcohol and controlled substances information from previous employers in accordance with the requirements of §40.25. This section is in compliance with §40.25 which states, in part:

(a) An employer shall obtain, pursuant to a driver's written consent, information about the driver listed in paragraph (b) of this section.

(b) An employer shall obtain information on the driver's alcohol tests with a concentration result of 0.04 or higher, verified positive drug tests, refusals to be tested, and, other violations of drug and alcohol testing, within the preceding two years. An employer shall obtain documentation of the driver's successful

completion of return-to-duty requirements (including follow-up tests) if the driver has violated a DOT drug and alcohol regulation.

(c) Information from a previous employer includes any drug and alcohol test information obtained from previous employers or other applicable DOT agency regulations.

(d) The information in paragraph (b) of this section must be obtained and reviewed by the employer prior to first time driver performs safety-sensitive function or as soon as possible thereafter. You must not permit driver to perform safety-sensitive functions after 30 days unless you have obtained or made and documented a good faith effort to obtain this information.

(e) If employer obtains information that driver has violated drug and alcohol regulations, you must also obtain information that driver has complied with return-to-duty requirements of Subpart O of this part prior to driver performing safety-sensitive functions.

(f) The prospective employer must provide to each previous employer written consent for the release of the information cited in paragraph (b) of this section.

(g) The release of information under this section must be in any written form that ensures confidentiality. As a previous employer, you must maintain a written record of the information released, including date, to whom, and summary of information released.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

COMPLETE THIS SECTION AS IT PERTAINS TO PARTS 382 AND 40. SEE SEC. 40.25(b) ABOVE

- 1. Has this person ever tested positive for a controlled substance in the last two years? YES NO
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years? YES NO
3. Has this person ever refused a required test for drugs or alcohol in the last two years? YES NO

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

Name

Street

City, State, Zip Telephone

Section 2 Completed by (Signature): Date

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer. Mailed. Date:

Complete below when information is obtained.

Information received from:

Recorded by: Method: Fax Mail Phone

Personal Interview

Date:

FILL OUT ONLY HIGHLIGHTED SECTIONS.

# REQUEST FOR INFORMATION

## From Previous Employer

FROM: H. G. Jenkins Construction, Inc.  
1630 S. Railroad  
Lawton, OK 73501

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

Gentlemen: **Social Security No.** \_\_\_\_\_

Mr. \_\_\_\_\_ has made application to this company for a position as \_\_\_\_\_ and states that he was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Will you kindly reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility.

For your convenience in replying by return mail, we enclose a stamped, self-addressed envelope.  
Very truly yours,

Manager

- Is employment record with your company correct as stated above? \_\_\_\_\_
- What kind(s) of work did he do? \_\_\_\_\_
- Did he have custody of money or valuables? \_\_\_\_\_
- Were his accounts properly kept? \_\_\_\_\_
- Did he drive motor vehicles for you? Passenger Car \_\_\_\_\_? Straight Truck \_\_\_\_\_? Bus \_\_\_\_\_?  
Tractor-Semitrailer \_\_\_\_\_? Other (Specify) \_\_\_\_\_?
- Was he a safe and efficient driver? \_\_\_\_\_
- Give dates of vehicle accidents in which he was involved \_\_\_\_\_  
Number preventable \_\_\_\_\_ Explain \_\_\_\_\_
- Reason for leaving your employ: Discharged \_\_\_\_\_? Laid Off \_\_\_\_\_? Resigned \_\_\_\_\_?  
Remarks: \_\_\_\_\_
- Was his general conduct satisfactory? \_\_\_\_\_
- Is he competent for the position he is seeking? \_\_\_\_\_
- Did this subject drink any alcoholic beverages while on duty? \_\_\_\_\_

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving Skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Any other remarks	_____				

Date: \_\_\_\_\_ For: \_\_\_\_\_  
(Name of Company)

By: \_\_\_\_\_  
(Signature of person supplying information)

\_\_\_\_\_  
(Former Employer)

\_\_\_\_\_  
(Date)

I hereby authorize this company to release all information concerning records of employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Witness Signature)

FILL OUT ONLY HIGHLIGHTED SECTIONS.

H.G. Jenkins Construction, Inc.  
1630 S. Railroad Street  
Lawton, OK 73501  
Phone: 580-355-9822

**ALLIED HEALTH RESEARCH LABORATORY**  
5243 NW Cache Road  
Lawton, Oklahoma 73505  
Phone/Fax: (580) 248-9679

E-MAIL: ALLIED70@AOL.COM

WEB: WWW.ALLIEDLAB.COM

**AUTHORIZATION AND REQUEST FOR DRUG AND/OR ALCOHOL SCREENING**

SPECIMEN ID NO: \_\_\_\_\_

TYPE OF SCREENING: D.O.T. \_\_\_\_\_ NON-D.O.T. X \_\_\_\_\_

ALCOHOL \_\_\_\_\_ DRUG SCREENING \_\_\_\_\_ BREATH ALCOHOL \_\_\_\_\_

**REASON FOR SUBSTANCE ABUSE SCREENING:**

PRE-EMPLOYMENT X \_\_\_\_\_ REASONABLE SUSPICION/CAUSE \_\_\_\_\_

RANDOM \_\_\_\_\_ FOLLOW-UP \_\_\_\_\_ RECERT \_\_\_\_\_ POST ACCIDENT \_\_\_\_\_

TIME AND DATE OF ACCIDENT: \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
(MUST PROVIDE DRIVER'S LICENSE OR OFFICIAL PHOTO IDENTIFICATION)

DATE OF REFERRAL \_\_\_\_\_ TIME OF REFERRAL \_\_\_\_\_ AM/PM

TIME OF ARRIVAL \_\_\_\_\_ AM/PM

PLEASE REPORT TO ALLIED HEALTH RESEARCH LABORATORY WITHIN (TWO) 2 HOURS OF THIS REQUEST FOR SCREENING.

I UNDERSTAND THAT IF I FAIL TO REPORT TO ALLIED LAB WITHIN THE TIMEFRAME THAT HAS BEEN SPECIFIED, I MAY JEOPARDIZE MY EMPLOYMENT OPPORTUNITIES OR CONTINUED STATUS OF EMPLOYMENT.

I HEREBY AUTHORIZE ALLIED LABORATORY TO COLLECT THE SPECIMEN TO INCLUDE: URINE FOR DRUGS, AND/OR BREATH ALCOHOL FOR PURPOSES OF RANDOM, PRE-EMPLOYMENT, POST ACCIDENT, AND/OR REASONABLE SUSPICION.

I REALIZE THAT THIS SCREENING IS BEING REQUIRED AS PER AND IN ACCORDANCE WITH THE DRUG AND ALCOHOL POLICY OF MY EMPLOYER. FAILURE TO COMPLY WITH THE REQUIREMENTS OF THIS POLICY MAY JEOPARDIZE MY OBTAINING THE JOB FOR WHICH I APPLIED OR MY CONTINUING EMPLOYMENT STATUS.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT OR EMPLOYEE** DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DESIGNATED SUPERVISOR DATE \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED LABORATORY REPRESENTATIVE DATE \_\_\_\_\_

**State of Oklahoma  
Department of Public Safety  
RECORDS REQUEST and CONSENT TO RELEASE**

<b>I hereby request the following driver record(s):</b>	<b>Per Record Fee</b>	
	<b>Regular</b>	<b>Certified</b>
<input type="checkbox"/> Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state law limits this summary to three years]	<b>\$25.00</b>	<b>\$28.00</b>
<input type="checkbox"/> Collision Report. Provide Date: _____ City/County _____	<b>\$ 7.00</b>	<b>\$10.00</b>
<input type="checkbox"/> Other Record(s) [please be specific] _____	<b>\$ 0.25</b>	<b>\$ 3.25</b>

**related to:**

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

**Driver License Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Check the following applicable statement:**

- I am the person named in the record(s) sought.                       I am requesting the record(s) of another person.

**If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply. If none of these reasons apply, you must have the named person sign the Consent to Release below.]:**

- Business:** To verify the accuracy of personal information submitted by the individual. If the information submitted is not correct, to obtain the correct information for the purpose of preventing fraud or recovering on a debt or security interest against the individual
- Legal:** For use in connection with any court, agency or self-regulatory proceeding, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments or orders, or pursuant to an order of any court
- Licensed Private Investigative Agency, Licensed Security Service:** For any purpose pursuant to 18 U.S.C. §2721, subsection (b)
- Insurer, Insurance Support Organization, Self-insured Entity:** For claims investigation activities, antifraud activities, rating or underwriting
- Toll Transportation Facilities:** For operation of facilities or for use in providing notice to the owners of towed or impounded vehicles.
- Court, Law Enforcement Agency, Other Government Agency:** For use in carrying out official functions
- Research Activities and Statistical Reports.** Personal information shall not be published, rediscovered, or used to contact individuals
- Other Matters:** Driver safety; motor vehicle safety, theft, emissions, products (alterations, recalls, advisories), performance monitoring, market/survey research; removal of non-owner records from records of motor vehicle manufacturers; any other use specifically authorized under the laws of the State of Oklahoma related to the operation of a motor vehicle or public safety

**CONSENT TO RELEASE by Person Named in Request** [if none of the reasons above apply, consent to release is required]

**Printed Name of Person Named in Request** \_\_\_\_\_

**Signature of Person Named in Request** \_\_\_\_\_

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA; **OR**, unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

**AFFIRMATION of Person Making Request**

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose.

**Printed Name of Person Making Request** \_\_\_\_\_

**Signature of Person Making Request** \_\_\_\_\_

**H. G. JENKINS CONSTRUCTION, INC.**

**Print Name of Company (if applicable)** \_\_\_\_\_

**Date** \_\_\_\_\_

**1630 S. RAILROAD**  
Address

**LAWTON**  
City

**OK**  
State

**73501**  
Zip



Mail completed form along with appropriate fees to:  
Department of Public Safety  
Records Management Division  
P. O. Box 11415  
Oklahoma City, OK 73136-0415

Fees are listed above.  
Please send total amount due in form of:  
Cashier's Check, Money Order, Personal or Business Check  
Cash is accepted only when paying in person.  
Record fees are in accordance with Oklahoma Statutes.

**H.G. Jenkins Construction, Inc.**

**P.O. Box 706**

**Lawton, OK 73502**

**(580)355-9822**

**(580)357-5399 fax**

**Email: hg\_jenkins@yahoo.com**

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Thank you for your application. We will review your completed application within the next few days. If we feel that you are qualified for this position, we will call you to set up a time for an interview.

Our benefits include:

401k—To become eligible, you must be at least 21 years old and have been employed here full time for one year. The company matches 50% up to 3% of your weekly gross earnings.

Health Insurance—Company pays 100% for the employee's coverage after 6 months of full time employment. Employee is responsible for their dependent's premium.

Uniforms—Company pays 100% for the employee's uniforms after 6 months of full time employment.

Paydays are every Friday.