



2231 Phoenix Ave. NE
Albuquerque, NM 87107
(505) 883-5114 Fax 883-5117

**PRE-EMPLOYMENT
DRUG/ALCOHOL TESTING
CONSENT AND RELEASE FORM**

If requested I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by **Advantage Barricade & RoadMarks LLC** in order to meet with their policy regarding the selection of applicants for employment if needed or required by the Company. We reserve the right to randomized testing when deemed needed by the company.

I further agree to pay a \$25.00 deposit to Advantage Barricade & RoadMarks prior to the testing which shall be reimbursed to the applicant promptly ONLY upon a negative test result.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that the use of illegal drugs Would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application or status of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ ID.#: _____

Signature: _____ Date: _____

Advantage Barricade & RoadMarks LLC
APPLICATION FOR EMPLOYEMENT
STOP!
READ THIS PAGE FIRST!

GUIDELINES FOR COMPLETING JOB APPLICATION

1. To work at Advantage Barricade & RoadMarks LLC, you must be able to understand and follow instructions. This application is your “first impression” to us of those abilities. Read the questions asked and then fill out the information that is asked for completely.
2. A large amount of job-related paperwork will be required daily from you if employed by Advantage Barricade & RoadMarks LLC, such as personal and equipment timesheets, driver’s logs, vehicle inspections etc. Again, this application is our “first impression” of you. If you are sloppy and your writing is unreadable on this application, we can only assume that any future paperwork required by us from you will be the same. It is very important that you make an effort to be neat and legible.
3. The personal references and previous employers you list will be contacted to attest to your personal work habits and character. It is important to give accurate information in this area of the application. We will provide you with a phone book if needed to look up addresses and phone numbers.
4. As per our Auto & General Liability insurance carrier your driving record must be acceptable according to their terms. A current MVR is required. Applications with an unacceptable driving record will not be eligible for employment.
5. Please review this application before submitting it. If it is not complete, legible and accurate, it will not be considered. You are more than welcome and invited to attach a resume to this application, but all application information fields must be filled out completely. DO NOT write “see resume” or “see attached” in any areas
6. A complete drug screen will be required before you can be hired. If you use marijuana, amphetamines, cocaine and/or any other illegal or controlled substance, please do not waste our time and yours. If you are taking prescribed medications, make sure to inform this office and the drug testing facility before taking the test.
7. The full cost of all drug screens, and any company issued property that is not returned will be deducted from the last payroll check for all applicants who do not complete their 90-day probationary period. All and any legal fees associated with Advantage Barricade & RoadMarks LLC’s reimbursement of the charges listed above will be the sole financial responsibility of the applicant.

Signature _____

Date _____

Thank you for your interest in employment with
Advantage Barricade & RoadMarks LLC



ADVANTAGE BARRICADE & ROADMARKS LLC

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

WORKSITE TRAFFIC CONTROL / PAVEMENT MARKING EXPERIENCE	
TCS Certified?	
TCT Certified?	Expiration:
PMT Certified?	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date