



DIFFCO

PO Box 178
Cypress, TX 77410
Phone (713) 489-5297

"We are an Equal Employment Opportunity Employer"

Date: _____

Social Security No: _____

Name: _____
Last First Middle

Are you 18 ☐ Yes
Years or Older? ☐ No

Present Address: _____
Street City State Zip Code

Phone Number: _____ Referred By: _____

Emergency Contact: _____
Name Phone Relationship

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____

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

Have you ever worked for this company before? _____ Where? _____ When? _____

EDUCATION

High School: _____ Diploma? _____

College: _____ Degree? _____

Vocational School: _____ Certificate? _____

Special Skills: _____

Have you ever been convicted of, pled guilty, nolo contendere, or no contest to a crime? ☐ Yes ☐ No

If yes, give details (date, place, offense(s), disposition, etc.) _____

Have you ever been charged with a crime and either been placed on court ordered probation, had adjudication withheld, or entered a pretrial intervention program? ☐ Yes ☐ No

If yes, give details (date, place, offense(s), disposition, etc.) _____

PREVIOUS EMPLOYMENT

List below all of your employers in the last 10 years beginning with your current or most recent employer.

Date Month/Year	Name Address/Phone	Position Job Duties	Salary	Reason for Leaving
From: _____				
To: _____				
From: _____				
To: _____				
From: _____				
To: _____				
From: _____				
To: _____				

Did you work for any of these employers under a different name? ☐ Yes ☐ No

If yes, which employers and under what names? _____

Please explain any gaps in your employment history. _____

Have you received any written reprimands or disciplinary suspensions? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been discharged or asked to resign? ☐ Yes ☐ No

If yes, please explain: _____

DRIVING RECORD

Complete only if probability of driving a company vehicle or driving on company business exists for the position in which you are applying.

Do you have a valid driver's license? ☐ Yes ☐ No

What class of license do you possess? _____

Have you had a suspension or probation of your license within the last five years? ☐ Yes ☐ No

How many speeding or other moving violations or DWI's have you received in the last three years? _____

List below all traffic violations on your record for the last five years and all motor vehicle accidents in which you were involved.

Date	Location	Description	Result
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

List three people not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

POST HIRING MEDICAL QUESTIONNAIRE

Welcome to Our Company!

THIS FORM IS TO BE USED ONLY AFTER AN OFFER OF EMPLOYMENT HAS BEEN MADE TO YOU.

Name: _____ Height: _____ Weight: _____

Social Security No: _____

Answer YES or NO to the following questions. If your answer is YES list the appropriate date of injury or treatment and give the details (doctor, hospital, city, state, etc.) in the space for details. Be sure to specify which numbered questions you are providing the details for in the right-hand column.

DO YOU OR HAVE YOU EVER HAD:

DETAILS (*date of injury/treatment, etc.*):

- | | |
|--|---|
| <p>1. A back injury?..... ☐ Yes ☐ No</p> <p>2. A herniated intervertebral disc in your back?..... ☐ Yes ☐ No</p> <p>3. Back surgery for removal of a disc?..... ☐ Yes ☐ No</p> <p>4. A neck injury?..... ☐ Yes ☐ No</p> <p>5. A herniated disc in your neck?..... ☐ Yes ☐ No</p> <p>6. Neck surgery for removal of a disc?..... ☐ Yes ☐ No</p> <p>7. A knee injury? ☐ Yes ☐ No</p> <p style="padding-left: 20px;">Which knee? _____</p> <p>8. Surgery on either of your knees?..... ☐ Yes ☐ No</p> <p style="padding-left: 20px;">Which knee? _____</p> <p>9. Meniscectomy (knee surgery)?..... ☐ Yes ☐ No</p> <p>10. Patellectomy (knee surgery)?..... ☐ Yes ☐ No</p> <p>11. Ruptured cruciate ligament (knee)?..... ☐ Yes ☐ No</p> <p>12. A shoulder injury?..... ☐ Yes ☐ No</p> <p style="padding-left: 20px;">Which shoulder? _____</p> <p>13. Surgery on either of your shoulders?..... ☐ Yes ☐ No</p> <p style="padding-left: 20px;">Which one? _____</p> <p>14. An elbow injury? ☐ Yes ☐ No</p> <p style="padding-left: 20px;">Which elbow? _____</p> <p>15. Surgery on either of your elbows? ☐ Yes ☐ No</p> <p style="padding-left: 20px;">Which elbow? _____</p> <p>16. Amputation of a foot, leg, arm, hand, finger, or toe? ☐ Yes ☐ No</p> <p>17. Epilepsy?..... ☐ Yes ☐ No</p> <p>18. Diabetes?..... ☐ Yes ☐ No</p> <p>19. Cardiac disease (heart trouble)?..... ☐ Yes ☐ No</p> <p>20. Total loss of sight in one or both eyes or partial loss
of corrected vision of more than 75% bilaterally? ☐ Yes ☐ No</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---|

DO YOU OR HAVE YOU EVER HAD:**DETAILS** (date of injury/treatment, etc):

21. Residual disability from poliomyelitis?..... ☐ Yes ☐ No _____
22. Cerebral palsy?..... ☐ Yes ☐ No _____
23. Multiple sclerosis?..... ☐ Yes ☐ No _____
24. Parkinson's Disease?..... ☐ Yes ☐ No _____
25. Hemophilia?..... ☐ Yes ☐ No _____
26. Chronic osteomyelitis?..... ☐ Yes ☐ No _____
27. Surgical or spontaneous fusion of a major weight-bearing joint?..... ☐ Yes ☐ No _____
28. Hyperinsulinism?..... ☐ Yes ☐ No _____
29. Muscular dystrophy?..... ☐ Yes ☐ No _____
30. Thrombophlebitis?..... ☐ Yes ☐ No _____
31. Total deafness?..... ☐ Yes ☐ No _____
32. Have you ever been classified as mentally retarded? ☐ Yes ☐ No _____
33. Any permanent physical condition which constitutes a 20% impairment of a member or of the body as a whole?..... ☐ Yes ☐ No _____
34. Are you now or have you ever been obese (30% or more over normal body weight)?..... ☐ Yes ☐ No _____
35. Head injury?..... ☐ Yes ☐ No _____
36. Any injury, operation or any disability not covered By the above questions?..... ☐ Yes ☐ No _____
37. One or more back injuries or a disease process of the back resulting in disability over a total of 120 days?..... ☐ Yes ☐ No _____
38. Any permanent physical impairment which is a result of a prior industrial accident?..... ☐ Yes ☐ No _____
Employer at the time of the accident? _____
39. Received compensation for disability from a source ☐ Yes ☐ No _____
40. Is there any question you do not understand?..... ☐ Yes ☐ No _____
Which question? _____

All statements and information given in this application are true, to the best of my knowledge and belief I understand that any misstatements or omissions in the answers given by me in this questionnaire may result in a decision to rescind the conditional job offer, or to discharge me if discovered only after I have been hired.

Name of Employee (Printed): _____

Employee Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER

Reviewed by: _____ Title: _____ Date: _____

DIFFCO

Drug-Free Workplace Policy

STATEMENT OF POLICY:

DIFFCO (the Company) recognizes the problem of substance abuse in our society, and has implemented a drug-free workplace policy. The purpose of this policy is to deter the use of drugs and alcohol in the workplace by establishing standards and procedures for drug testing of employees and job applicants. Substance abuse testing at the Company includes pre-employment, random, post-accident, and reasonable suspicion. A positive confirmed drug test will result in disciplinary action, including termination, for current employees and a refusal to hire job applicants. Additionally, a positive confirmed drug test may impact an injured employee's workers' compensation benefits.

CONFIDENTIALITY:

All information, reports, discussions with testing labs, and drug screening results, written or otherwise, received by the Company are confidential communications. However, such information may be obtained in discovery, or used in a legal proceeding pursuant to a court order.

TESTING & PRESCRIPTION / NON-PRESCRIPTION DRUG USE:

The Company may test for any or all the following drugs. Employees and job applicants are reminded to confidentially report the use of prescription or non-prescription drug use to the drug testing entity prior to and after the administration of the drug test. It is the employee's responsibility to inform their immediate supervisor when they are taking a prescribed drug or medication that can or will interfere with one's work. Listed in the brackets [] are some of the more common prescribed or non-prescribed drugs that could affect the drug testing results.

Alcohol [All liquid medications containing ethyl alcohol (ethanol). As an example, Vicks Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contac Severe Cold formula Night Strength is 25% (50 proof) and Listerine is 26% (54 proof)]. Cutoff levels 0.05g/dl%.

Amphetamines [Obetrol, Biphedamine, Desoxyn, Dexedrine, Didrex]. Cutoff level of 500 ng/ml.

Cannabinoids [Marinol (Dronabinol, THC)]. Cutoff level of 15 ng/ml.

Cocaine [Cocaine HCl topical solution (Roxanne)]. Cutoff level of 150ng/ml.

Phencyclidine Not legal by prescription. Cutoff level of 25 ng/ml.

Methaqualone Not legal by prescription. Cutoff level of 150 ng/ml.

Opiates [Paregoric, Parepectolin, Donnagel PO, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guaiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Confin and Roxanal{morphine sulfate}, Percodan, Vicodin, etc.] Cutoff level of 300 ng/ml.

Barbiturates [Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabartital, Butabital, Phrenilin, Triad, etc.] Cutoff level of 150 ng/ml.

Benzodiazepines [Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Zanax, Serax, Traxene, Valium, Vertran, Halcion Paxipam, Restoril, Centrax.] Cutoff level of 150 ng/ml.

Methadone [Dolophine, Methadose.] Cutoff level of 150 ng/ml.

Propoxyphene [Darvocet, Darvon N, Dolene, etc.] Cutoff level of 150ng/ml.

The individual being tested shall be provided an opportunity to set forth on the urine custody and control form information concerning prescription or non prescription medications taken or administered or any other relevant medical information.

FAILURE TO SUBMIT:

Failure to submit to drug screen testing is insubordination and is grounds for suspension without pay or discharge from employment. Job applicants who fail to report for drug testing will not be considered for employment with the Company. If an injured employee involved in an accident refuses to submit to a test for alcohol or other drugs, he forfeits his eligibility to workers' compensation benefits.

EMPLOYEE ASSISTANCE/ REHABILITATION PROGRAMS:

The Company encourages employees to contact drug/alcohol rehabilitation programs, or similar organizations, to seek help in addressing abuse issues.

Drug-Free Workplace Acknowledgement

I do hereby certify that I have received and read the DIFFCO Drug-Free Workplace Policy regarding substance abuse, and have had the entire policy explained to me. I understand that complying with this policy is a condition of my employment.

I understand that if conditions as specified in the policy indicate it is necessary, I will submit to substance abuse screening. I also understand that failure to comply with a request for drug screening or a positive result may lead to termination of employment.

I agree to submit to a drug screen as part of my application for employment. I understand that either refusal to submit to the drug screen, or failure to qualify according to the minimum standards established for this screen, may disqualify me from further consideration for employment. I will be tested for drugs from one or all of the following categories: amphetamines, cannabinoids, cocaine, phencyclidine, methaqualone, opiates, barbiturates, benzodiazepines, methadone, propoxyphene, and alcohol.

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

If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act.

I have read in full and understand the above statements and conditions of employment as specified by company policy.

Applicant's Signature

Print Name

Social Security Number

Date

Driver's License Number

State

Release Form

In connection with my application for employment (including contract for services) with DIFFCO, I understand that an investigative consumer report is being requested. This report will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that DIFFCO, will be requesting information concerning my driving record and/or information from various federal, state and other agencies which maintain records concerning traffic offenses, accidents, etc., as well as information concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving records; (3) claims involving me in the files of insurance companies. I also understand that quarterly MVR's will be run on Drivers and I am not allowed to have more than seven points on my license at any time. If so, this will lead to immediate dismissal. I also understand that a criminal background report will be requested.

I hereby consent to collection by DIFFCO, of blood, urine or saliva samples from me, and for DIFFCO, to conduct other necessary medical tests for substances. Further, I hereby give my consent for the release of the test results and other relevant medical information to authorized DIFFCO representatives for review.

I certify that I have not taken, within the past 72 hours, any over-the-counter drugs or prescription drugs other than those listed below:

Over-The-Counter-Drugs
(i.e. aspirin, Contact, Nyquil)

Prescription Drugs

I authorize, without reservations, any party or agency contacted by DIFFCO, to furnish the above mentioned information. Photocopies of this form are acceptable.

Date

Applicant's Signature

Applicant's Name (Please Print)

DIFFCO is a Drug-Free Workplace

90 Day Probation Notice

I understand that after accepting a position with the company, the first 90 days of employment will be considered a probationary period, where I may be terminated without advance notice or cause.

Furthermore, I acknowledge that I have received the company's Employee Manual and Safety Manual and agree to comply with them as a condition of continued employment.

Employee Signature

Date

Employment Application Certification

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the company to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the company, including but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or company medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a 90 day probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the company or myself. I understand that no supervisor or other representative of the company other than the president of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that there is the possibility that construction work locations may require travel to locations outside of my area of residence.

I understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the company to submit to a urinalysis or other drug screen test and that my failure to take such tests when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am employed, may result in my immediate dismissal.

I certify that I have read and agree to the above.

Applicant Signature

Date