

AN
EQUAL
OPPORTUNITY
EMPLOYER

WE OFFER EQUAL EMPLOYMENT OPPORTUNITIES TO ALL PARTIES WITHOUT REGARD TO
RACE, RELIGION, AGE, SEX, NATIONAL ORIGIN, OR HANDICAP.

AN
EQUAL
OPPORTUNITY
EMPLOYER

APPLICATION FOR EMPLOYMENT

RAMCRETE, INC.

CONCRETE PUMPING ENGINEERS

We at Ramcrete take pride in belonging to a company that, through the team effort of its individual employees, has achieved a leadership role in the pumping industry. By the successful completion of some of the largest and most challenging construction projects in the country, we have established the reputation for providing the highest level of service and quality to our customers. We are committed to this continued leadership and growth, by attracting the most qualified individuals, and to providing the best training, compensation, and opportunity for personal career growth as based on the individuals level of effort, loyalty, commitment, experience and performance.

We value your interest in Ramcrete but caution you that we expect you to take the time and effort to properly provide us with all the information we have requested. We assure you the we intend to take the time and effort to seriously review and consider your application.

We are committed to selecting the candidate most qualified for consideration for positions available and to provide equal employment opportunity to all parties without regard to race, religion, age, sex, national origin, or handicap.

The use of this form does not mean there are positions open and does not obligate Ramcrete, Inc. in any way.

This application will remain on active file for a period of approximately six months from the date of receipt.

All statements and information furnished on this application will be subject to verification. Misrepresentation of data could result in rejection as a candidate or subsequent dismissal if employed.

PLEASE FILL OUT COMPLETELY

PERSONAL DATA				
LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	ARE YOU 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	COUNTY
PERMANENT ADDRESS (IF OTHER THAN ABOVE)	CITY	STATE	ZIP CODE	COUNTY
PHONE (AREA CODE AND NUMBER) _____ (ALTERNATE PHONE NUMBER) _____	BEST TIME TO CALL _____	DAY (CIRCLE) M T W TH F S _____	ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.	

REFERRAL SOURCE	HOW DID YOU COME TO APPLY AT RAMCRETE, INC. OR WHO REFERRED YOU? CHECK THOSE THAT APPLY AND PROVIDE INFORMATION WHERE REQUESTED.			
<input type="checkbox"/> ANSWERING ADVERTISEMENT	<input type="checkbox"/> COMPANY EMPLOYEE			
<input type="checkbox"/> SCHOOL/CAMPUS RECRUITED OR REFERRAL	<input type="checkbox"/> UNION LOCAL/BUSINESS AGENT			
<input type="checkbox"/> OWN INITIATIVE	<input type="checkbox"/> AGENCY OR EMPLOYMENT SERVICE			
<input type="checkbox"/> OTHER (EXPLAIN) _____				
LAST NAME	FIRST NAME	TITLE OR POSITION		
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	PHONE (AREA CODE AND NUMBER)

Equal Opportunity Employer

WORK EXPERIENCE AND INTEREST

HAVE YOU PREVIOUSLY APPLIED/WORKED FOR RAMCRETE, INC.?

APPLIED: YES NO DATES _____ LOCATION _____
WORKED: YES NO DATES _____ LOCATION _____

CHECK YOUR PRIMARY FIELD OF WORK INTEREST:

TRADE/CRAFT (SEE NEXT SECTION BELOW) OFFICE/CLERICAL (ATTACH RESUME) PROFESSIONAL/TECHNICAL (ATTACH RESUME)

POSITION _____ POSITION _____ POSITION _____

CHECK ANY AREA IN WHICH YOU HAVE EXTENSIVE EXPERIENCE OR SKILL

- BOOM PUMP MAKE: _____ SIZE: _____ TYPE: _____
 TRAILER PUMP MAKE: _____ SIZE: _____ TYPE: _____
 HIGH RISE PUMPING HOW HIGH: _____
 BOBCAT
 FORKLIFT
 LIGHT TRUCK
 HEAVY TRUCK MAKE & TYPE: _____

DO YOU HAVE THE TOOLS REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING? YES NO

ARE YOU WILLING & ABLE TO WORK OVERTIME AS REQUESTED OR REQUIRED?
 YES NO

ARE YOU WILLING & ABLE TO WORK ALL SHIFTS AS REQUESTED OR REQUIRED?
 YES NO

GEOGRAPHIC INFORMATION

ARE YOU WILLING AND ABLE TO DRIVE DAILY TO JOBS LOCATED TWO HOURS OR MORE
IN ANY DIRECTION FROM YOUR CURRENT RESIDENCE AS REQUIRED?
 YES NO

ARE YOU WILLING AND ABLE TO TRAVEL FOR PERIODS OF FROM SEVERAL DAYS TO
SEVERAL WEEKS AS REQUIRED?
 YES NO

ARE YOU WILLING AND ABLE TO RELOCATE?
 YES NO

GEOGRAPHIC RESTRICTIONS OR LIMITATIONS.

TRANSPORTATION

DO YOU HAVE RELIABLE TRANSPORTATION?

NO YES WHAT TYPE? _____

DO YOU HAVE A VALID MOTOR VEHICLE OPERATORS LICENSE?

DRIVERS LICENSE NO YES STATE _____ NUMBER _____ RESTRICTIONS: _____

CDL NO YES STATE _____ NUMBER _____ RESTRICTIONS: _____

ARE THERE CURRENTLY ANY RESTRICTIONS OR LIMITATIONS ON YOUR MOTOR VEHICLE OPERATORS LICENSE THAT WOULD IN ANY WAY EFFECT YOUR ABILITY TO
TRANSPORT YOURSELF TO AND FROM WORK OR TO LEGALLY AND SAFELY OPERATE COMPANY VEHICLES UNDER ANY CIRCUMSTANCES?

YES NO IF YES, EXPLAIN: _____

ARE THERE ANY RESTRICTIONS OR LIMITATIONS, REVOCATIONS OR SUSPENSIONS CURRENTLY ON YOUR MOTOR VEHICLE OPERATORS LICENSE OR ANY WHICH MAY BE
PENDING THE OUTCOME OF LEGAL PROCEEDINGS PRESENTLY IN PROGRESS AS A RESULT OF CHARGES NOW FILED AGAINST YOU OR AS A RESULT OF HEARINGS OR REVIEWS OF
ANY TYPE THAT WOULD EFFECT YOUR ABILITY TO TRANSPORT YOURSELF TO AND FROM WORK AT ANY TIME OR TO LEGALLY AND SAFELY OPERATE COMPANY VEHICLES UNDER
ANY CIRCUMSTANCES?

YES NO IF YES, EXPLAIN: _____

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED FOR ANY REASON AT ANY TIME?

YES NO IF YES, EXPLAIN: _____

ARE YOU PRESENTLY LEGALLY INSURED TO OPERATE A MOTOR VEHICLE? (VERIFICATION OF VALID INSURANCE MAY BE REQUIRED UPON EMPLOYMENT FOR SOME POSITIONS)

YES STATE: _____ NO IF NO, EXPLAIN: _____

CONVICTION DATA

THIS PORTION OF YOUR APPLICATION MUST BE COMPLETED, BUT WILL BE DETACHED AND MAINTAINED SEPARATELY. IT WILL BE USED ONLY WHEN CONSIDERING YOUR APPLICATION IF EMPLOYED. THIS INFORMATION WILL NOT BECOME PART OF YOUR PERMANENT EMPLOYMENT RECORD.

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER
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HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CONVICTED OF A LESSER CRIME WITHIN THE LAST FIVE YEARS / DO NOT INCLUDE ARRESTS WITHOUT CONVICTION, CHARGES EXPUNGED, CONVICTIONS ADJUDGED "YOUTHFUL OFFENDER" OR "JUVENILE" OR CONVICTIONS FOR MINOR TRAFFIC VIOLATIONS

YES NO

IF YES, PLEASE BRIEFLY DESCRIBE THE CIRCUMSTANCES OF YOUR CONVICTION AND YOUR NAME AT THAT TIME, INDICATING THE DATE, NATURE, AND PLACE OF THE OFFENSE AND DISPOSITION OF THE CASE INCLUDING ANY REHABILITATION YOUR ANSWER IS LOOKED UPON AS ONLY ONE OF THE FACTORS CONSIDERED IN THE EMPLOYMENT DECISION AND IS EVALUATED IN TERMS OF THE NATURE, SEVERITY, AND DATE OF THE OFFENSE.

SIGNATURE OF APPLICANT

DATE

SUPPLEMENTAL DATA SHEET

THE FOLLOWING APPLICANT INFORMATION IS REQUESTED FOR THE PURPOSE OF PREPARING PERIODIC REPORTS TO THE GOVERNMENT OR OTHER RECORD KEEPING IN CONNECTION WITH GOVERNMENT REQUIREMENTS. WE ENCOURAGE YOU TO COMPLETE THIS SECTION, BUT YOUR EMPLOYMENT PROSPECTS WILL NOT BE ADVERSELY AFFECTED SHOULD YOU CHOOSE NOT TO PROVIDE THIS INFORMATION THIS PORTION OF THE EMPLOYMENT APPLICATION WILL NOT BECOME PART OF YOUR APPLICANT OR EMPLOYMENT FILE.

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER
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ARE YOU A
DISABLED VETERAN?

YES NO

ARE YOU A VETERAN?

YES NO

DO YOU HAVE A
PHYSICAL OR MENTAL
HANDICAP?

YES NO

PLEASE DESCRIBE

SEX/RACE-ETHNIC (CHECK ONE)

1 WHITE MALE

2 BLACK MALE

5 ASIAN OR PACIFIC ISLANDER MALE

3 WHITE FEMALE

4 BLACK FEMALE

6 ASIAN OR PACIFIC ISLANDER FEMALE

7 HISPANIC MALE

0 AMERICAN INDIAN OR ALASKAN NATIVE MALE

OTHER _____

8 HISPANIC FEMALE

9 AMERICAN INDIAN OR ALASKAN NATIVE FEMALE

EMPLOYMENT HISTORY

START WITH PRESENT OR MOST RECENT POSITION YOU MAY INCLUDE MILITARY SERVICE, SUMMER POSITIONS AND VOLUNTEER WORK EXPERIENCE. (YOU MAY ATTACH A SEPARATE SHEET IN ADDITION TO COMPLETING THIS SECTION.)

EMPLOYER (PRESENT OR MOST RECENT)				TYPE OF BUSINESS				NUMBER OF EMPLOYEES					
ADDRESS (NUMBER AND STREET)				DATES EMPLOYED		FROM MO. YR.		TO MO. YR.		AVERAGE NUMBER OF WORK HOURS PER WEEK			
CITY STATE ZIP CODE				BASE PAY		STARTING		ENDING		ADD. COMPENSATION		TOTAL ANNUAL INCOME	
PHONE (AREA CODE AND NUMBER)				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				CHECK NUMBER DAYS ABSENT PER MONTH <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5+					
YOUR POSITION / TITLE				YOUR DUTIES / RESPONSIBILITIES / MAJOR ACCOMPLISHMENTS									
NAME OF IMMEDIATE SUPERVISOR				SUPERVISOR'S TITLE				PHONE (AREA CODE AND NUMBER)					
FROM THIS EMPLOYER I (WAS): <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RESIGNED				REASON FOR LEAVING:									
EMPLOYER (NEXT MOST RECENT)				TYPE OF BUSINESS				NUMBER OF EMPLOYEES					
ADDRESS (NUMBER AND STREET)				DATES EMPLOYED		FROM MO. YR.		TO MO. YR.		AVERAGE NUMBER OF WORK HOURS PER WEEK			
CITY STATE ZIP CODE				BASE PAY		STARTING		ENDING		ADD. COMPENSATION		TOTAL ANNUAL INCOME	
PHONE (AREA CODE AND NUMBER)				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				CHECK NUMBER DAYS ABSENT PER MONTH <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5+					
YOUR POSITION / TITLE				YOUR DUTIES / RESPONSIBILITIES / MAJOR ACCOMPLISHMENTS									
NAME OF IMMEDIATE SUPERVISOR				SUPERVISOR'S TITLE				PHONE (AREA CODE AND NUMBER)					
FROM THIS EMPLOYER I (WAS): <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RESIGNED				REASON FOR LEAVING:									
EMPLOYER (NEXT MOST RECENT)				TYPE OF BUSINESS				NUMBER OF EMPLOYEES					
ADDRESS (NUMBER AND STREET)				DATES EMPLOYED		FROM MO. YR.		TO MO. YR.		AVERAGE NUMBER OF WORK HOURS PER WEEK			
CITY STATE ZIP CODE				BASE PAY		STARTING		ENDING		ADD. COMPENSATION		TOTAL ANNUAL INCOME	
PHONE (AREA CODE AND NUMBER)				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				CHECK NUMBER DAYS ABSENT PER MONTH <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5+					
YOUR POSITION / TITLE				YOUR DUTIES / RESPONSIBILITIES / MAJOR ACCOMPLISHMENTS									
NAME OF IMMEDIATE SUPERVISOR				SUPERVISOR'S TITLE				PHONE (AREA CODE AND NUMBER)					
FROM THIS EMPLOYER I (WAS): <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RESIGNED				REASON FOR LEAVING:									
EMPLOYER (NEXT MOST RECENT)				TYPE OF BUSINESS				NUMBER OF EMPLOYEES					
ADDRESS (NUMBER AND STREET)				DATES EMPLOYED		FROM MO. YR.		TO MO. YR.		AVERAGE NUMBER OF WORK HOURS PER WEEK			
CITY STATE ZIP CODE				BASE PAY		STARTING		ENDING		ADD. COMPENSATION		TOTAL ANNUAL INCOME	
PHONE (AREA CODE AND NUMBER)				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				CHECK NUMBER DAYS ABSENT PER MONTH <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5+					
YOUR POSITION / TITLE				YOUR DUTIES / RESPONSIBILITIES / MAJOR ACCOMPLISHMENTS									
NAME OF IMMEDIATE SUPERVISOR				SUPERVISOR'S TITLE				PHONE (AREA CODE AND NUMBER)					
FROM THIS EMPLOYER I (WAS): <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RESIGNED				REASON FOR LEAVING:									
EMPLOYER (NEXT MOST RECENT)				TYPE OF BUSINESS				NUMBER OF EMPLOYEES					
ADDRESS (NUMBER AND STREET)				DATES EMPLOYED		FROM MO. YR.		TO MO. YR.		AVERAGE NUMBER OF WORK HOURS PER WEEK			
CITY STATE ZIP CODE				BASE PAY		STARTING		ENDING		ADD. COMPENSATION		TOTAL ANNUAL INCOME	
PHONE (AREA CODE AND NUMBER)				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				CHECK NUMBER DAYS ABSENT PER MONTH <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5+					
YOUR POSITION / TITLE				YOUR DUTIES / RESPONSIBILITIES / MAJOR ACCOMPLISHMENTS									
NAME OF IMMEDIATE SUPERVISOR				SUPERVISOR'S TITLE				PHONE (AREA CODE AND NUMBER)					
FROM THIS EMPLOYER I (WAS): <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RESIGNED				REASON FOR LEAVING:									

EDUCATION												
NAME, CITY AND STATE OF EDUCATIONAL INSTITUTION	CIRCLE YEARS COMPLETED				MAJOR	GRADUATED		TYPE OF DEGREE RECEIVED OR EXPECTED.		DID YOU WORK DURING EDUCATIONAL PROGRAM?		AVERAGE HOURS WORKED PER WEEK
	1	2	3	4		5	YES	NO	MO.	YR.	YES	
ELEMENTARY												
	6	7	8									
HIGH SCHOOL												
	9	10	11	12								
VOCATIONAL / TECHNICAL												
	1	2	3	4								
COLLEGE / UNIVERSITY												
	1	2	3	4	5							
	6	7	8	9								
MILITARY, G.E.D., OTHER TRAINING												
LIST OTHER EDUCATIONAL PREPARATION PERTINENT TO THE POSITIONS FOR WHICH YOU ARE APPLYING (INSTITUTES, SEMINARS, ETC.)												
LIST SPORTS, ACADEMIC OR OTHER ACHIEVEMENTS OR ACTIVITIES YOU PARTICIPATED IN DURING SCHOOL.												

MILITARY SERVICE				
BRANCH OF U. S. SERVICE:	DATE ENTERED:	DATE DISCHARGED:	RANK AT DISCHARGE:	TYPE OF DISCHARGE:
NATURE OF DUTIES AND ANY SPECIAL TRAINING AND HONORS RECEIVED.				
				PRESENT DRAFT RESERVE OR MILITARY STATUS

MEDICAL HISTORY				
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY				
LAST NAME	FIRST NAME	MI	PHONE (AREA CODE AND NUMBER)	DEPT / EXT.
ADDRESS				
ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL?		ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING TEST?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN INJURED ON THE JOB?				
<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN _____				
HAVE YOU EVER COLLECTED WORKER'S COMPENSATION?				
<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN _____				
HAVE YOU HAD ANY SERIOUS ILLNESS OR INJURY IN THE PAST 5 YEARS?				
<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" EXPLAIN _____				
ANY PHYSICAL DEFECTS OR LIMITATIONS?				
<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", EXPLAIN _____				
DATE LAST HOSPITALIZED	LOCATION	REASON		
ARE YOU CURRENTLY A USER OR ABUSER OF ILLEGAL DRUGS AND/OR AN ABUSER OF ALCOHOL. RECOVERING OR RECOVERED FROM DRUG OR ALCOHOL ABUSE. UNDER TREATMENT OF ANY KIND FOR THE ABUSE OF DRUGS OR ALCOHOL OR CURRENTLY PARTICIPATING IN A DRUG OR ALCOHOL ABUSE REHABILITATION PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU HAVE ANY DEFECTS IN ANY OF THE FOLLOWING AREAS?	IN HEARING?	IN VISION?	IN RESPIRATORY FUNCTIONS?	IN BACK OR SPINAL AREAS?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

HOBBIES

PLEASE GIVE US SOME IDEA OF THE TYPES OF RECREATIONAL ACTIVITIES YOU ENJOY OR REGARD AS RELAXING. YOU MAY WISH TO OMIT THOSE THAT INDICATE RACE, SEX, RELIGION, OR NATIONAL ORIGIN.

JOB EXPECTATIONS

WHAT DO YOU WANT FROM THIS JOB THAT IS LACKING IN YOUR PRESENT (PAST) JOB?

OPEN FORMAT

WE REALIZE THAT SOMETIMES THE FORMAT OF AN APPLICATION DOES NOT PERMIT THE APPLICANT TO ADEQUATELY EXPRESS THEIR INTERESTS. PLEASE ADD ANY ADDITIONAL INFORMATION YOU FEEL WILL HELP US GIVE YOU MAXIMUM CONSIDERATION.

AFFIRMATIONS

CAREFULLY READ THE PARAGRAPH BELOW BEFORE SIGNING AND DATING THE APPLICATION

I ACKNOWLEDGE THAT THE INFORMATION I HAVE FURNISHED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION COULD BE GROUNDS FOR DISCIPLINARY ACTION TO INCLUDE RETRACTION OF EMPLOYMENT OFFER OR DISMISSAL IF EMPLOYMENT HAS TAKEN PLACE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS, REFERENCES AND INFORMATION CONTAINED HEREIN, BY WHATEVER MEANS THE COMPANY CHOOSES*, AND I AUTHORIZE PERSONS, SCHOOLS, MY CURRENT EMPLOYER (UNLESS SO INDICATED), AND PREVIOUS EMPLOYERS AND ORGANIZATIONS NAMED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) TO PROVIDE ANY RELEVANT INFORMATION THAT THEY MAY HAVE, PERSONAL OR OTHERWISE, THAT MAY BE REQUIRED TO ARRIVE AT AN EMPLOYMENT DECISION, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND THAT I SHALL NOT BECOME AN EMPLOYEE OF RAMCRETE, INC. UNTIL I HAVE COMPLETED AND SIGNED ALL EMPLOYMENT DOCUMENTS, INCLUDING BUT NOT LIMITED TO, PROVIDING EVIDENCE OF U.S. CITIZENSHIP, WITH FINAL APPROVAL OF THE COMPANY. FURTHER, I UNDERSTAND THAT, IF HIRED, SUCH EMPLOYMENT MAY BE CONTINGENT UPON MY SUBMITTING TO A PHYSICAL EXAMINATION TO ASSURE THAT I AM PHYSICALLY ABLE TO PERFORM THE TYPE OF EMPLOYMENT FOR WHICH I AM APPLYING AND SUCH EMPLOYMENT WILL BE SUBJECT TO VERIFICATION OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION AND ANY DOCUMENTS OR RESUME.

I AGREE TO OBSERVE ALL PRESENT AND SUBSEQUENTLY ISSUED PERSONNEL POLICIES AND RULES. THESE RULES AND POLICIES ARE INTENDED TO GUIDE THE ORGANIZATION IN ITS RELATIONSHIP WITH ITS EMPLOYEES. IT IS NOT A CONTRACT OF EMPLOYMENT, AND I DO NOT CONSTRUCT IT AS SUCH. POLICIES AND RULES WHICH ARE ISSUED ARE NOT CONDITIONS OF EMPLOYMENT. I UNDERSTAND THAT THE EMPLOYER MAY REVISE POLICIES OR PROCEDURES, IN WHOLE OR IN PART, AT ANY TIME, WITH OR WITHOUT NOTICE. I UNDERSTAND THAT IF EMPLOYED BY RAMCRETE, INC. I MAY BE REQUIRED AS A CONDITION OF THAT EMPLOYMENT TO SUBMIT TO POLYGRAPH EXAMINATIONS, DRUG AND/OR ALCOHOL ABUSE SCREENING TESTS OR OTHER WORK-RELATED TESTS OR EXAMINATIONS UPON REQUEST BY THE COMPANY IF LAWFUL IN THE STATE WHERE I WORK.

I FURTHER AGREE, IF EMPLOYED, THAT I AM TO WORK FAITHFULLY, DILIGENTLY AND CO-OPERATIVELY, TO BE CAREFUL AND AVOID ACCIDENTS, TO COME TO WORK PROMPTLY, AND THAT I AM NOT TO BE ABSENT FOR ANY REASON WITHOUT PRIOR NOTICE TO MY SUPERVISOR, AND THAT EMPLOYMENT IS TERMINABLE AT THE WILL OF EITHER THE EMPLOYEE OR EMPLOYER.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINATE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE, AT THE DISCRETION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVE OR MANAGEMENT OFFICIAL OTHER THAN THE PRESIDENT OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT, IMPLIED, EXPRESSED OR OTHERWISE.

SIGNATURE _____

DATE _____

WE APPRECIATE YOUR INTEREST IN RAMCRETE, INC. AND THE TIME YOU HAVE TAKEN TO PREPARE THIS APPLICATION.

*NOTE: THE PROVISION OF THE FAIR CREDIT REPORTING ACT MAY BE APPLICABLE IF A CREDIT REPORT ON THE APPLICANT IS OBTAINED AND CONSIDERED

**PLEASE RETURN COMPLETED FORM TO PERSONNEL OFFICE AS ADDRESSED BELOW
OR OTHERWISE INSTRUCTED.**

Equal Opportunity Employer

RAMCRETE, INC.

DRUG AND ALCOHOL POLICY

A. PURPOSE

- 1.) To ensure that all Ramcrete personnel are provided a safe and drug-free working environment.
- 2.) To satisfy our customers that Ramcrete has utilized every reasonable resource to assure that the Company's work force is drug-free and that the level of safety, quality, and production will not be sacrificed.
- 3.) To comply with federal and state laws and contractual obligations.
- 4.) To protect Ramcrete employees and customers.
- 5.) To protect the safety and health of the public.
- 6.) To protect property.
- 7.) To protect and enhance the Company's reputation.

Ramcrete will not employ anyone who uses illegal drugs, or anyone who uses or is under the influence of alcohol on the job. "Illegal drugs" include all drugs controlled or prohibited by federal or Ohio law, and all prescription drugs for which an employee has no current prescription.

B. ALCOHOL AND ILLEGAL DRUG WORK RULES

- 1.) No employee may report to work under the influence of alcohol and/or illegal drugs, or with detectable traces of illegal drugs in his or her system.
- 2.) Any employee taking a prescription drug or an over-the-counter drug with a warning label must report such use to the personnel department and fill out a prescription drug form.
- 3.) No employee may use, sell, possess or receive any alcohol or illegal drugs while at work, on Company property, in a Company vehicle, or on a customer's property.
- 4.) No employee may refuse to submit a sample for a Company-requested test or screening for alcohol or illegal drugs.
- 5.) Entry into any Company work location, including project sites, offices and vehicles, is conditional on the Company's right to search the person and his or her personal effects and vehicle for prohibited drugs and paraphernalia, alcoholic beverages, or unauthorized property or equipment, including firearms and or weapons.
- 6.) No employee may refuse to submit to a Company-requested search of his or her personal effects and vehicle.
- 7.) Any employee convicted of a criminal conviction for a substance violation while at work, on Company property, in a Company vehicle, or on a customer's property, must notify the Company within five (5) days of the conviction.
- 8.) Anytime an employee is given a prescription that could affect his/her ability to drive, (may cause drowsiness, impairment, etc.) Management must be notified immediately.

C. VIOLATIONS

Violations of Section B are subject to discipline up to and including discharge, at the discretion of the Company, on a case-by-case basis. Prohibited drugs and paraphernalia, firearms and weapons, alcoholic beverages, or unauthorized property or equipment discovered through Company searches will be taken into custody and will be turned over to the proper laws enforcement authorities. The Company may also report any employee violating an illegal drug rule to law enforcement authorities.

D. REASONS FOR TESTING

- 1.) Pre-employment Testing (Drugs Only)
- 2.) Reasonable Suspicion Testing
- 3.) Post Accident Testing - Testing will be done if a moving violation or cause of death
- 4.) Random Testing
- 5.) Return to Duty - If tested & has a .04 or above, (Alcohol) or positive result (Drugs) will go through SAPS program. (Substance Abuse Professional)

E. FIVE PROHIBITED CONDUCTS FOR EMPLOYEES

- 1.) A breath concentration of .04 and above
- 2.) Consumption of alcohol within 4 hours of beginning duty (Something to think about: for every alcohol drink, you must allow 1 hour for the alcohol to leave your system before you would test negative.)
- 3.) Consumption of alcohol after an accident if a moving violation is issued to the DOT regulated driver
- 4.) Consumption on duty.
- 5.) Refusal to take a test for drugs or alcohol (considered a positive test)

F. PRE-EMPLOYMENT DRUG TESTING

Pre-employment drug testing will be conducted on all applicants for employment. The Company will explain this to applicants for employment. The Company will explain this to applicants before they sign the Company's Applicant Consent Form. The drug testing will take place immediately prior to the pre-employment physical examination or prior to assignment if no physical examination is required. Pre-employment testing will consist of blood, urine, or other tests conducted in accordance with procedures established at the office.

If the drug test is "positive", the applicant will be notified of the results and informed that a "positive" test precludes employment at that time. At the discretion of management, retesting may be performed by a certified laboratory no sooner than 30 days from the date of the last "positive" drug test. An applicant who satisfactorily completes a follow-up drug test may be considered for employment based on skills and job availability. An applicant who fails to pass two tests will not be considered for employment. Applicants who refuse screens will have their applications terminated.

G. RANDOM DRUG AND ALCOHOL TESTING

Ramcrete will utilize drug and alcohol testing to ensure compliance with its drug and alcohol policy. Since it is required that we do this randomly, we have enlisted the services of the Bethesda Small Employer DOT Consortium. Names and social security numbers are provided to Bethesda. They are put into a computer, and each month names are randomly selected.

H. CONFIDENTIALITY

Ramcrete will make every reasonable effort to keep information generated in association with the drug/alcohol testing program confidential.

I. SEARCHES

The Company will conduct periodic random searches of personal articles and vehicles on Company premises, employee lockers, and Company vehicles. Such searches may not involve 100% of the personnel. No stigma attaches to Company searches; they are conducted because the Company's need to control the unauthorized possession of Company property, and to control the use of drugs and alcohol in the workplace. The Company may also conduct special searches of employee clothing, lockers, personal and Company vehicles, purses, lunch boxes, desks, briefcases, and other containers. Failure to cooperate with a Company request for a search will result in disciplinary action, up to and including discharge.

The Company reserves the right to modify this policy at any time.

Any questions pertaining to this Drug & Alcohol Policy need to be directed to Audrey Baker.

Todd Morgan
V.P. of Operations

EMPLOYEE ACKNOWLEDGEMENT

I have read, understand, and agree to comply with Ramcrete's Drug & Alcohol Policy.

____ (current employee): I realize my signature is necessary for my continued employment with Ramcrete, Inc.

____ (applicant): I realize my signature is necessary for me to be considered for employment with Ramcrete, Inc.

Date

Employee

Social Security Number

Date

Witness