



P.O. Box 1287 / Jennings, La. 70546

LA. License # 46197

(Fax) 888-247-7549

office@creativeedgeconcrete.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

SSN# _____

NAME _____ PHONE NUMBER _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE

PERMANENT ADDRESS _____
STREET CITY STATE

DRIVER'S LICENSE NUMBER _____ STATE _____ TYPE _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

MARRIED _____ SINGLE _____ DIVORCED _____ SEPARATED _____

DEPENDENTS OTHER
NUMBER OF CHILDREN _____ THAN WIFE OR CHILDREN _____

CITIZEN OF U.S.A. YES _____ NO _____ VISA TYPE _____ VERIFIED BY: _____

IN CASE OF EMERGENCY NOTIFY: _____
NAME ADDRESS PHONE

EMPLOYMENT DESIRED

POSITION APPLIED FOR:

FIRST CHOICE _____ YEARS EXPERIENCE _____

SECOND CHOICE _____ YEARS EXPERIENCE _____



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LIST SPECIAL SKILLS OR EQUIPMENT USED---YEARS OF EXPERIENCE:

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____

DATES: FROM _____ TO _____ RATE OF PAY _____ POSITION _____

REASON FOR LEAVING _____

NAMES OF RELATIVES IN OUR EMPLOY _____

ARE YOU CURRENTLY EMPLOYED? ____ IF NOT, HOW LONG SINCE LAST EMPLOYMENT? ____

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED? _____

	YEARS	DATE	
EDUCATION:	NAME/LOCATION OF SCHOOL	ATTENDED	GRADUATED SUBJECT STUDIED
GRAMMAR	_____	_____	_____
SCHOOL	_____	_____	_____
HIGH	_____	_____	_____
SCHOOL	_____	_____	_____
COLLEGE	_____	_____	_____
TRADE, BUSINESS	_____	_____	_____
CORRESPONDENCE	_____	_____	_____
SCHOOL	_____	_____	_____



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FORMER EMPLOYERS: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST)

DATE MONTH/YEAR	NAME, ADDRESS, TELEPHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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FROM: _____
TO: _____

FROM: _____
TO: _____

FROM: _____
TO: _____

HAVE YOUR WAGES EVER BEEN GARNISHED? _____

MILITARY:

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? _____ **BRANCH** _____

RANK AT DISCHARGE? _____ **TYPE OF DISCHARGE?** _____

HONORABLE _____ **DISHONARABLE** _____ **DATE OF DISCHARGE?** _____

REFERENCES: GIVE BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
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1. _____

2. _____

PHYSICAL RECORD:

WHEN WAS THE LAST TIME YOU HAD A PHYSICAL EXAM? _____

HAVE YOU HAD A PHYSICAL EXAM IN THE LAST FIVE YEARS? _____

DO YOU AGREE TO TAKE A PHYSICAL EXAM IF ASKED BY CREATIVE EDGE? _____



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HAVE YOU EVER HAD AN INJURY THAT COULD AFFECT YOUR ABILITY TO WORK? _____
IF YES, EXPLAIN THE INJURY IN DETAIL BELOW.

INJURY: DESCRIBE CIRCUMSTANCE AND OUTCOME OF INJURY IN DETAIL BELOW:

1. NATURE OF INJURY? _____

EMPLOYER WHEN INJURED? _____

YEAR OF INJURY? _____

ATTORNEY EMPLOYED, IF ANY. _____

2. NATURE OF INJURY? _____

EMPLOYER WHEN INJURED? _____

YEAR OF INJURY? _____

ATTORNEY EMPLOYED, IF ANY. _____

3. NATURE OF INJURY? _____

EMPLOYER WHEN INJURED? _____

YEAR OF INJURY? _____

ATTORNEY EMPLOYED, IF ANY. _____

HAVE YOU EVER BEEN INJURED IN GOVERNMENT SERVICE? _____

WILL YOU ABIDE BY THE SAFETY RULES OF THIS COMPANY? _____

WILL YOU INFORM THE COMPANY IN WRITING OF SAFETY VIOLATIONS? _____

**IF INJURED, WILL YOU ACCEPT THE MEDICAL FACILITIES RECOMMENDED BY YOUR
EMPLOYER? _____**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES _____ NO _____

IF YOU ANSWERED, YES TO EITHER CONVICTION, EXPLAIN IN DETAIL BELOW:

DATE: _____ NATURE OF CONVICTION? _____

WHERE? _____ RESULTS _____

DATE: _____ NATURE OF CONVICTION? _____

WHERE? _____ RESULTS _____



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POLICY STATEMENT

Creative Edge requires that all employees use appropriate Personal Protective Equipment (PPE) (including eye, face, foot, hand, and head protection) as required by particular job function, and complete training in the usage, maintenance, and applicability of protective equipment. Personal protective equipment (PPE) is used to create a protective barrier between the worker and hazards in the workplace. PPE includes such equipment as chemical resistive gloves, safety shoes, protective clothing, safety glasses, respirators, etc. as by [Occupational Safety and Health Act of 1970](#), **Occupational Safety and Health Administration (OSHA)**.

MINIMUM PERSONAL PROTECTIVE EQUIPMENT

The following PPE is considered under this policy: Employee must/shall furnish/provide the following equipment:

- Hard hats
- Safety glasses
- Safety goggles
- Hearing protection
- Gloves
- Flame Retardant Clothing (FRC)
- Safety shoes



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READ THE FOLLOWING CAREFULLY

I, hereby declare that I am not disabled in any way which would prevent me from steadily performing all work applied for in this application, and that the above information is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given, and any intentional misrepresentation or omission on my part will constitute a release to the employer for any liability that he may encounter by having acted on such facts, and also constitute grounds for my dismissal.

I, hereby authorize the company to investigate and verify the facts claimed by me.

Under the provisions of Section 606, (A) (1), of the Fair Credit Reporting Act, notice is hereby given that an investigative consumer report may be made which may include information pertaining to your character, general reputation, personal characteristics, and mode of living, which will be used for employment purposes.

You are further advised under said act that "Any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request made by the consumer within a reasonable time after the receipt by him of the disclosure required by subsection (a) (1), shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosures was received from the consumer or such report was first requested, whichever is the latter."

You are further advised that if you are denied employment, either wholly or partly, because of information contained in a consumer report and that item is defined in the Fair Credit Reporting Act, that a disclosure will be made to you of the nature and address of the consumer reporting agency making such report.

I, the undersigned have read the above and foregoing notice and understand the same.

Witness _____ Date _____

Signature
of Applicant _____ Date _____



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DRUG AND/OR ALCOHOL TESTING CONSENT FORM

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request pursuant to the drug/alcohol testing policy of **CREATIVE EDGE, LLC**, to submit to drug and/or alcohol tests and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician 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 and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. I further authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged unintentional harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL PERFORM RANDOM AND OR ROUTINE DRUG/ALCOHOL TESTS OR REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER



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THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Employee

Date

Employee's Name - Printed

Company Representative

Date



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DRUG-FREE WORKPLACE POLICY

CREATIVE EDGE, LLC intends to provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of **CREATIVE EDGE, LLC**.

The Company explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Company or customer premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from the Company or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the Company or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of the company or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

The Company will conduct drug and/or alcohol testing under any of the following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug and/or alcohol testing at any interval determined by the Company.
- **FOR-CAUSE TESTING:** The Company may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way.



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If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, or if an employee refuses a request to submit to testing under this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.

WITNESS _____ DATE _____

SIGNATURE OF EMPLOYEE _____ DATE _____

EMPLOYEE'S NAME-PRINTED _____