

BLACKMON CONTRACTING COMPANY, INC.

724 South 3rd St. PO Box 991 Smithfield, NC 27577- 0991 Ph: (919) 9 8 9 - 9 9 9 8 Fax (919) 9 8 9 - 9 9 1 7

www.blackmoncontracting.com

APPLICATION FOR EMPLOYMENT

Applicant:(print full name) _____

Date:_____ **Position desired:**_____

COMPLETE and SIGN ALL attached forms

1. Application For Employment (eight pages)
Page 6: Date
Page 8: Date, *Signature Full Name*, Print Full Name
2. Authorization to Obtain Records (one page)
Page 9: Date, *Signature Full Name*, Print Full Name
3. Employment Verification and Reference Check (one page)
Page 10: Date, *Signature Full Name*, Print Full Name, Social Security Number
4. Substance Abuse Policy (two pages)
Page One: *Signature Full name Twice*, Date, Print Full Name
Page Two: *Signature Full name*, Date, Print Full Name
5. Safety Self Assessment (one page)
Total your score, *Signature Full Name*, Date, Print Full Name

Notes to the Applicant:

- 1. Incomplete Or Unsigned Applications WILL NOT Be Considered For Employment.**
- 2. It is understood this application and or the completion of the attached forms is NOT an employment contract, nor does this application serve as an obligation in any way to employ the applicant or not to employ the applicant.**

OFFICE USE ONLY revision: December 2009

Application sent out (Date) _____ by _____

Application returned (Date) _____ by _____

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APPLICATION FOR EMPLOYMENT (page 1 of 8) Revision: December, 2009

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS. PLEASE COMPLETE ALL INFORMATION REQUESTED, ADDITIONAL PAPER IS AVAILABLE IF ADEQUATE SPACE IS NOT PROVIDED. Note: INCOMPLETE AND UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED FOR EMPLOYMENT.

NOTE:

We Utilize:(1)Drug Test(s) (2)Criminal Background (3)Past Employment Checks As A Condition Of Employment

PRINT CLEARLY

DATE _____

LAST NAME _____

FIRST _____ MIDDLE _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

EMERGENCY CONTACT NAME _____ TELEPHONE NUMBER _____

YOUR SOCIAL SECURITY NUMBER _____

HAVE YOU BEEN EMPLOYED WITH US BEFORE? ____ YES ____ NO

IF YES GIVE DATES OF EMPLOYMENT _____ TO _____

POSITION DESIRED _____ PAY EXPECTED _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? ____ YES ____ NO
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

PREVIOUS ADDRESS, IF LESS THAN 3 YEARS AT YOUR CURRENT ADDRESS

ARE YOU ACTIVELY EMPLOYED AT THIS TIME? ____ YES ____ NO

IF NOT, HOW LONG SINCE LEAVING YOUR LAST EMPLOYMENT? PLEASE EXPLAIN FULLY ANY PERIODS OF TIME LONGER THAN 30 DAYS WHEN YOU WERE NOT EMPLOYED DURING THE LAST 10 YEARS

DATE AVAILABLE FOR EMPLOYMENT _____

ARE THERE ANY SPECIAL PROVISIONS THAT WOULD NEED TO BE CONSIDERED? (Temporary, Summer only, Transportation issues, Court ordered services, etc.) _____

EDUCATION AND TRAINING

CIRCLE HIGHEST GRADE COMPLETED: OTHER 9 10 11 12 COLLEGE 1 2 3 4

GRADUATE SCHOOL, COLLEGE, OR BUSINESS/ TRADE/ TECHNICAL EDUCATION COMPLETED

LIST SPECIAL COURSES OR TRAINING THAT YOU HAVE COMPLETED THAT YOU FEEL WILL HELP YOU IN THIS POSITION

IF ASKED TO PROVIDE US WITH A COPY OF ANY CERTIFICATIONS, AWARDS, DIPLOMAS, OR DEGREES, ARE THEY AVAILABLE FOR OUR REVIEW?

EMPLOYMENT HISTORY:

EMPLOYER NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

CONTACT PERSON _____ PHONE NUMBER _____

POSITION HELD _____ FROM MO/YEAR _____ TO MO/YEAR _____

SALARY/WAGE _____ REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSRS** (Federal Motor Carrier Safety Regulations) WHILE EMPLOYED? _____ YES _____ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO

** Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle is:

- (1) Weighs or has a GVWR of 10,001 pounds or more
- (2) Is a designated or used to transport 9 or more passengers, or
- (3) Is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY:

EMPLOYER NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

CONTACT PERSON _____ PHONE NUMBER _____

POSITION HELD _____ FROM MO/YEAR _____ TO MO/YEAR _____

SALARY/WAGE _____ REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSRS** (Federal Motor Carrier Safety Regulations) WHILE EMPLOYED? ____ YES ____ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ____ YES ____ NO

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EMPLOYMENT HISTORY:

EMPLOYER NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

CONTACT PERSON _____ PHONE NUMBER _____

POSITION HELD _____ FROM MO/YEAR _____ TO MO/YEAR _____

SALARY/WAGE _____ REASON FOR LEAVING _____

WERE YOU SUBJECT TO FMCSRS** (Federal Motor Carrier Safety Regulations) WHILE EMPLOYED? ____ YES ____ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? ____ YES ____ NO

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BACKGROUND CHECK

PLEASE PROVIDE US WITH ANY AND ALL INFORMATION THAT MAY BE REVELANT TO US THROUGH A BACKGROUND CHECK. YOU MAY BE DISQUALIFIED FOR EMPLOYMENT FOR FAILURE TO DISCLOSE INFORMATION REGARDING YOUR DRIVING RECORD OR YOUR CRIMINAL RECORD.

List all drivers' license or permits you have held in the last 5 years

State _____	State _____	State _____
License # _____	License # _____	License # _____
Type License _____	Type License _____	Type License _____
Endorsements _____	Endorsements _____	Endorsements _____
Expiration Date _____	Expiration Date _____	Expiration Date _____

TRAFFIC VIOLATIONS For Past 3 years (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENT RECORD

DATE	NATURE OF ACCIDENT (HEAD/REAR END, ETC.)	FALATIES	INJURIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE

_____ YES _____ NO IF YES, PLEASE ATTACH GIVING DETAILS

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE BEEN SUSPENDED OR REVOKED?

_____ YES _____ NO IF YES, PLEASE ATTACH GIVING DETAILS

CRIMINAL RECORD

A. HAVE YOU BEEN CONVICTED OF A FELONY?

____ YES ____ NO IF YES, PLEASE GIVE COMPLETE DETAILS. _____

B. HAVE YOU BEEN INCARCARATED?

____ YES ____ NO IF YES, PLEASE GIVE COMPLETE DETAILS. _____

C. HAVE YOU BEEN PLACED ON PROBATION OR HOUSE ARREST?

____ YES ____ NO IF YES, PLEASE GIVE COMPLETE DETAILS. _____

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition or handicap, or any other legally protected status.

As an employer with an affirmative action program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for data records is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information please note that all data records are kept in a confidential file and are not a part of your application for employment or personnel file.

Please note: **YOUR COOPERATION IS VOLUNTARY INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

PRINT CLEARLY **DATE** _____

Government agencies at times require periodic reports on sex, ethnicity, handicap, veteran and other protected status employees. This data is for statistical analysis with respect to the success of the affirmative active program.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY

FULL NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

SOCIAL SECURITY NUMBER _____

CURRENT JOB _____

CHECK ONE: MALE FEMALE

CHECK ONE OF THE FOLLOWING: (ETHNIC ORIGIN) WHITE BLACK HISPANIC
 OTHER AMERICAN INDIAN / ALASKAN NATIVE ASIAN / PACIFIC ISLANDER

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

VIETNAM ERA VETERAN DISABLED VETERAN DISABLED INDIVIDUAL

BIRTHDATE: _____

SKILLS

SUMMARIZE SPECIAL SKILLS AND OTHER QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE

LIST THE TYPES OF EQUIPMENT THAT YOU HAVE PREVIOUSLY OPERATED

CDL DRIVER QUALIFICATIONS: To be completed only if you hold a Commercial Drivers License and are applying for a position, which requires a CDL. I understand that the information I have provided will be used and that prior employers will be contacted for the purpose of investigation as required by 391.123 of the Motor Carrier Safety Regulations.

Driving Experience/ circle Y = YES or N = NO

<u>CLASS of EQ</u>			<u>Circle type of Eq.</u>	<u>Dates from (M/Y) to (M/Y)</u>	<u>Approx. # of miles (total)</u>
Straight Truck	yes	no	(Van, Tank, Flat Dump, Refer)	_____ to _____	_____
Tractor & Semi-Trailer	yes	no	(Van, Tank, Flat Dump, Refer)	_____ to _____	_____
Tractor - 2 trailers	yes	no	(Van, Tank, Flat Dump, Refer)	_____ to _____	_____
Tractor – 3 trailers	yes	no	(Van, Tank, Flat Dump, Refer)	_____ to _____	_____
School bus 7 passengers	yes	no	N/A		
School Bus 10 + passengers	yes	no	N/A		
Other _____					

LIST STATES OPERATED IN FOR LAST 5 YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

CDL EXPERIENCE AND QUALIFICATIONS

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

HOW LONG HAVE YOU HELD A COMMERCIAL DRIVERS LICENSE? _____

DATE OF YOUR CURRENT DRIVER'S PHYSICAL EXAMINATION & EXPIRATION DATE _____

AS A CONDITION OF YOUR EMPLOYMENT IT IS YOUR RESPONSIBILITY TO PROVIDE US WITH A COPY OF THE MEDICAL EXAMINATION REPORT FOR COMMERCIAL DRIVER FITNESS DETERMINATION. WILL YOU BE ABLE TO PROVIDE THE REPORT UPON REQUEST? _____

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A COMMERCIAL MOTOR VEHICLE? IF YES, PLEASE EXPLAIN. _____

HAVE YOU EVER BEEN DISQUALIFIED BY THE DEPARTMENT OF TRANSPORTATION TO OPERATE A COMMERCIAL MOTOR VEHICLE? IF YES, PLEASE EXPLAIN. _____

YOU ARE REQUIRED BY SEC. 40.25 TO RESPOND TO THE FOLLOWING QUESTION: HAVE YOU EVER TESTED POSITIVE, OR REFUSED TO TEST, ON A PRE-EMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN, SAFETY-SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG AND ALCOHOL TESTING RULES DURING THE PAST THREE (3) YEARS? _____

ALL APPLICANTS:

1. This certifies that I completed the application for employment, and that all entries on it and information in it are true and complete, and that I have disclosed my work history, driving record and my criminal record to the best of my ability. I understand that failure to provide accurate and detailed information, or providing false information, may result in my application being rejected for employment with **Blackmon Contracting Company, Inc.**
2. It is understood this application including attachments is NOT an employment contract.

Date _____ **Signature Full name** _____

Print Full name _____

Authorization to Obtain Records and Other Information for Employment Purposes

TO THE APPLICANT: This form must be filled out completely – **LEAVE NO BLANKS.** Direct any questions to Human Resources. **READ ALL INFORMATION CAREFULLY BEFORE SIGNING.**

I hereby authorize Blackmon Contracting Company, Inc. to utilize the services of an outside agency to conduct an investigation into my background, which may consist of the following: employment history, education, credit records, DMV records, criminal court records, and other records as may be appropriate.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

Signature Full Name _____ **Date** _____

Print Full Name _____

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person. For reference checking purposes only, please complete the following information. This information will remain separate from your employment application.

PRINT CLEARLY

__ Mr. __ Mrs. __ Ms. Phone Number(s) _____

Last Name _____

First Name _____ Middle _____

Other Names (maiden names, aliases, nicknames) _____

Date of Birth _____ Social Security # _____

Drivers License # _____ State _____ if no DL # State ID _____

Current Address _____ Street, Apt, City, State, Zip _____

1. **Previous Address(es)** (last 10 years) _____

2. _____

Dear Sir/Madam:

I have applied for employment to Blackmon Contracting Company, Inc. and I am requesting and authorizing you to release all of the information requested below by Blackmon Contracting Company Inc.

Signature Full Name _____ **Date** _____

Print Full Name _____ **Social Security #** _____

Dear Sir/Madam:

We are requesting an employment history verification on the above listed person. **All information that you provide on this form will be held in strict confidence. A prompt reply is requested and appreciated.**

Please complete the questions below and return via U.S. Mail or Fax to (919) 989-9917

Should you have questions please contact us at (919) 989-9998

Thank you

Dates of employment: From _____ To _____

What was his/her earnings? _____

What position did he / she hold in your company? _____

Would you rehire this employee? Yes _____ No _____

On a scale of 1-5, with 5 being the highest and 1 being the lowest, please rate the applicant on the following:

Quality of work _____ Attendance _____ Ability to cooperate _____

Other Comments: (optional)

MAIL TO: Blackmon Contracting Company, Inc.

Post Office Box 991

Smithfield, NC 27577-0991

Acknowledgement of receiving Substance Abuse Policy including Drug and Alcohol Awareness Material.

I, (**PRINT** your Full Name) _____, acknowledge that I can and have read, and received a copy of the company illegal drug an alcohol policy (including a one page summary of the policy) and drug and alcohol awareness material on the following page.

I agree to abide by the entire “substance abuse policy” for my personal safety, others in the workplace and the public.

Blackmon Contracting Co., Inc. Requires a drug test performed for: (1) pre-employment (2) random test(s) (3) reasonable suspicion (4) post-incident / post-accident test (5) return to duty (6) follow up

Blackmon Contracting Company, Inc. is committed to providing a safe, drug-free work place for all employees. This policy applies to all employees, subcontractors, vendors, and other third party employees, including management working or visiting any projects.

Drug and alcohol abuse on and off the job can contribute both to incidents and to greater risk for all individuals employed on our projects, as well as the general public. Construction work is dangerous; therefore all work tasks on all projects will be considered safety sensitive. The use, sell, offer to sell, purchase, transfer, distribution, or possession of drug paraphernalia, any detectable amounts of alcohol or illegal drug, firearm, or other dangerous weapon by any employee on our projects is prohibited. Each subcontractor will promote a Drug Free Workplace with their employees and communicate prohibited activities. **Every worker involved in an incident/accident shall have a post incident/accident drug/alcohol test performed within Twenty Four (24) hours after the incident/accident.** Subcontractors will transport their workers involved in an incident to a collection facility selected by Blackmon Contracting. Subcontractors will not be allowed to use third collection facility without the prior approval of Blackmon Contracting. **Upon request, workers that fail to provide an adequate breath or urine specimen for required alcohol or drug testing (without a valid medical explanation), or employees that refuse to test, stall to be tested, are uncooperative with collectors, attempt to alter a urine specimen will be considered positive and immediately removed from the job/project and will be suspended and or terminated.**

As a condition of my employment, I agree that at such time or times during my employment as the company shall require, I will consent to and undergo an urinalyses for the presence of illegal drugs or alcohol. I further agree that at the time of any such tests, I will execute all forms of consent and release of liability as are usually and reasonably attendant to such tests. Finally, I understand that the results of any such tests can be made available to the company, its employees, or agents on a need to know basis. **Any employee with a “questionable drug screen” will be suspended from work until test is completed.**

I further understand that in the event of a positive test result, I have the right, under North Carolina General Statutes, to have a retest of the same urine sample at the same or another approved laboratory. If you desire to have a retest conducted, you are required to notify the company in writing within 90 days of the date of the urine sample collection date specifying to which approved laboratory the sample is to be sent. You will be responsible for payment of all reasonable expenses for chain of custody procedures, shipping, and retesting of the positive sample.

THE UNDERSIGNED FURTHER STATES THAT HE or SHE HAS READ THE FOREGOING CONSENT FORM AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS/HER OWN FREE WILL.

Signature Full Name _____ *Date* _____

Print Full Name _____

Blackmon Contracting Company Inc, is a drug free workplace employer. Blackmon Contracting Company Inc. is committed to providing a safe, drug-free work place for all employees. **The following is a summary of the Blackmon Contracting Company program which applies to all employees. Please refer to the substance abuse policy on the previous page for complete details of employee obligations, expectations, and violation consequences.**

1. **ALCOHOL**

No employee may use, purchase, sell, offer to sell, trade, transfer, distribute, or possess alcohol while on duty or allow personal alcohol consumption on duty or off duty to interfere with safe work practices.

2. **MEDICATION**

Employees must report medication warnings which may affect safe job performance to their supervisor.

3. **CONTROLLED SUBSTANCES**

No employee may use, purchase, sell, offer to sell, trade, transfer, distribute or possess any controlled substance or drug paraphernalia at any time in violation of State or Federal laws.

4. **TESTING**

(a) Testing circumstances include pre-employment, random test(s), reasonable suspicion, post incident, post accident test, return to duty, follow-up testing.

(b) The substance abuse test panel for these tests will include marijuana, cocaine, amphetamines, opiates, and PCP.

5. **REFUSAL TO TEST**

Upon request, workers that fail to provide an adequate breath or urine specimen for required alcohol or drug testing (without a valid medical explanation), or employees that refuse to test, stall to be tested, are uncooperative with collectors, attempt to alter a urine specimen will be considered positive and immediately removed from the job/project and will be suspended and or terminated.

6. **DISCIPLINE**

(a) A driver producing a Blood Alcohol Content (BAC) of 0.02 to 0.039 will be removed from safety sensitive duties for at least 24 hours. A second violation will result in termination

(b) Any alcohol test of 0.04 BAC or above, a verified positive drug test, or refusal to test will result in termination and may result in disqualification of unemployment benefits or in reduced workers' compensation benefits.

THE UNDERSIGNED FURTHER STATES THAT HE/SHE HAS READ THE FOREGOING CONSENT FORM AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS/HER OWN FREE WILL.

Signature Full Name _____ Date _____

Print Full Name _____

SAFETY SELF ASSESSMENT

My Relationship to Safety

Instructions: Circle the answer that is most accurate for you

- When Driving**, do I drive within the speed limits and do I maintain the “4-second rule” in highway traffic ? 1= always 2= most of the time 3= not when I am behind or in a hurry
- When Driving**, do I talk on a cell phone, eat food or “fiddle” with the music system?
1= never 2= occasionally 3= lots of times or when something is really important
- When I do work** around my house, including mowing the lawn, do I wear full range personal protective equipment (glasses, hearing protection, steel-toed boots and hat) whenever appropriate?
1= always 2= most of the time 3= almost never
- Do I read the safety precautions** for any new home appliances or equipment that I buy?
1= always 2= most of the time 3= almost never
- When I use a stepladder** do I use it properly, e.g. not step on the top step?
1= always 2= most of the time 3= almost never
- When do I thoroughly review procedures**, permits or Job Safety Analysis?
1= always, before starting any task 2 = occasionally, especially when it is a high hazard work
3= hardly ever, I leave it up to the boss or lead man
- When I see something that a co-worker** is doing that seems unsafe for example lifting, walking downstairs without the using railing, etc., do I stop the person and express my concerns?
1= never 2= occasionally 3= hardly ever
- When I am at my computer workstation**, is my body position ergonomically friendly, back straight and supported, thighs, wrists and arms horizontal to the ground; top of screen just below eye level?
1= never 2= occasionally 3= hardly ever
- Please add up your scores: _____ Signature _____
- Print FULL Name _____ Date _____

