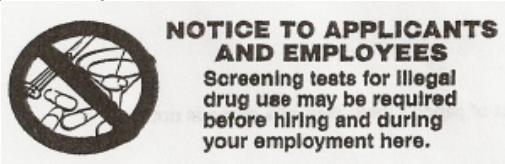


NOTICE: Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

AVISO: La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.



**P.O. Box 17 Cozad, NE 69130
DRIVER APPLICATION**

Release & Documentation of Pre-employment Testing Information by Driver/Applicant

The prospective employer is required by Federal drug & Alcohol testing rules to ask each prospective employee/driver the following questions. (CPR 49, part 40.24 j)

To Be Completed By The Driver/Applicant

During the past (3) three years, have you tested positive 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 the Department of Transportation (DOT) drug & alcohol testing rules?

YES ___ NO ___

During the past (3) three years, have you 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 the Department of Transportation (DOT) drug & alcohol testing rules?

YES ___ NO ___

If you answered YES to either of the questions above, please provide documentation of your successful completion of the "return to duty" process required by the Federal DOT drug & alcohol testing rules (CFR 49, part 382.605)

NAME _____ DATE _____

Do you have experience in the construction industry? Yes ___ No ___

Have you worked for Paulsen Inc. before? Yes ___ No ___ Dates employed _____

What type of construction have you been involved with? _____

I am interested in work located; _: ___ Through out the state ___ Central NE, ___ Northeastern NE, ___ Western NE, ___

Southwestern NE, ___ North central NE, ___ South central NE, ___ Dawson County area ___

Are you legally eligible for employment in the USA? Yes ___ No ___

On what date are you eligible to begin work? _____

What is the best means to contact you? _____

If you have a preference of division/department please circle one Asphalt Paving Sand & Gravel Ready Mix

Is there someone working for Paulsen Inc that you would like to list as a reference _____

AUTHORIZATION TO RELEASE DRUG & ALCOHOL TEST RESULTS TO PROSPECTIVE EMPLOYERS

The following information is requested to fulfill the requirements of parts 382.413 & 391.23 of the Federal Motor Carrier Safety Regulations.

Part I – To be completed by driver/applicant

I, _____, hereby authorize
(Name of driver/applicant)
_____, _____
(Previous Employer) (Box # or Street)

(City, State & Zip code)
(_____) _____, (_____) _____
(Phone) (Fax)
To release to _____
(New Employer/Company Name)

(Mailing Address)
(_____) _____, (_____) _____
(Phone) (Fax)

The results of any positive controlled substance test; alcohol test with a result of .04 or greater, evidence of refusal to be tested; and information of any required substance abuse professional (SAP) evaluation, determination of need for assistance and compliance with SAP recommendations for the proceeding three years. I request such records be released immediately.

This authorization is valid until I withdraw it in writing.

Dated this _____ day of _____, 20_____
Name of driver _____
Signature of driver _____
Soc. Sec. Number _____ Witness _____

Part II – To be completed by previous employer

1. Has this individual participated in a random drug & alcohol-testing program?
Yes _____ No _____
2. Has this person ever tested positive for controlled substances in the past three years during their employment with your company?
Yes _____ No _____
3. Has this person ever had a breath alcohol test with a result of .04 or greater in the past three years during their employment with your company?
Yes _____ No _____
4. Has this person ever refused a required test for drugs or alcohol in the past three years during their employment with your company?
Yes _____ No _____
5. Has this person ever violated any other prohibitions of part 382 subpart B concerning controlled substance or alcohol use?
Yes _____ No _____
6. If you answered YES to any of the above questions, did a Substance Abuse Professional evaluate this individual while in your employment?
Yes _____ No _____
7. If in a follow up program under the direction of an SAP, did this individual have a controlled substance test with a positive result?
Yes _____ No _____ An alcohol test with a result of .04 or greater Yes _____ No _____
Refusal to be tested Yes _____ No _____ Adulterated or substituted drug test result Yes _____ No _____

Please release any documentation relating to the SAP evaluation, determination, compliance, follow through program. Please provide the SAP's name, address and phone # for further reference.

SAP name _____ Phone # _____
SAP Address _____
SAP city, state, zip _____
Name of person releasing information _____
Signature of person releasing information _____

Name _____ Phone _____
(First) (Middle) (Last)

Current Address _____
(Street) (City) (State) (Zip)

Previous Address _____
(Street) (City) (State) (Zip)

Previous Address _____
(Street) (City) (State) (Zip)

Position Applying for _____ Temp _____ Full _____ Part _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status.

EMPLOYMENT RECORD

DOT requires that driver applicants show all employment for the past 3 years and must show commercial driver employment for the past (7) seven years immediately preceding this three year period. Start with last or current position, including military experience, and work back.
(Attach a separate sheet of paper if necessary)

Current Employer _____ Supervisor's Name _____
Address _____ Phone (____) _____
Position Held _____ From (date) _____ To _____ Salary _____
Were you subject to the Federal Motor Carrier Safety Regulations? _____
Was this position considered a safety sensitive function subject to drug & alcohol testing? _____
Reason for leaving _____

Prior Employer _____ Supervisor's Name _____
Address _____ Phone (____) _____
Position Held _____ From (date) _____ To _____ Salary _____
Were you subject to the Federal Motor Carrier Safety Regulations? _____
Was this position considered a safety sensitive function subject to drug & alcohol testing? _____
Reason for leaving _____

Prior Employer _____ Supervisor's Name _____
Address _____ Phone (____) _____
Position Held _____ From (date) _____ To _____ Salary _____
Were you subject to the Federal Motor Carrier Safety Regulations? _____
Was this position considered a safety sensitive function subject to drug & alcohol testing? _____
Reason for leaving _____

Prior Employer _____ Supervisor's Name _____
Address _____ Phone (____) _____
Position Held _____ From (date) _____ To _____ Salary _____
Were you subject to the Federal Motor Carrier Safety Regulations? _____
Was this position considered a safety sensitive function subject to drug & alcohol testing? _____
Reason for leaving _____

Prior Employer _____ Supervisor's Name _____
Address _____ Phone (____) _____
Position Held _____ From (date) _____ To _____ Salary _____
Were you subject to the Federal Motor Carrier Safety Regulations? _____
Was this position considered a safety sensitive function subject to drug & alcohol testing? _____
Reason for leaving _____

Voluntary Affirmative Action Information
(Completion of information below is voluntary)

The purpose of this section is to assist in gathering information required under various affirmative action status, and government reporting requirements. The information requested is voluntary and will be kept confidential. Furthermore, this information is not part of your employment application, and will not jeopardize his/her opportunity for employment by refusing to complete the requested information. Information given will not be kept in your personnel file.

Applicants name _____ Date _____ Social Security # _____
Address _____
Position(s) applied for _____
Date of birth _____ Gender: Male _____ Female _____
Referral Source: _____ Advertisement _____ Employee _____ Relative _____ Walk in _____ Job Service _____
Community Organization _____ Government Placement _____

Check one of the following Race/Ethnic group

- Hispanic: Origins in Mexico, Puerto Rico, Cuba, Central or South America
 Black: Origins in Africa
 White: Origins in Europe, North Africa, or Middle East
 Asian: Origins in Far East, SE Asia, India, and Pacific Islands
 American Indian: Origins in North America Including Alaska
 Other:

Check one of the following regarding Veteran/U.S. Military statuses.

- Non-Veteran
 Veteran of Military service Service separation date _____
 Vietnam Era Veteran (8/5/64 to 5/7/75)
 Vietnam Era Veteran with service incurred disability
 Active National Guard or Reserve

As a prospective employee be advised of the following:

1. That your driving history background, accident record and drug and alcohol testing records will be checked and verified with your previous employer.
2. That you have the right to have errors in this information corrected by previous employers and to re-send corrected information to the prospective employer
3. That you have the right to have a rebuttal statement attached to the alleged erroneous information if you cannot agree with your previous employer on the accuracy of the information.
4. That if you have previous DOT regulated employment history in the preceding three years you may review this submitted information with a written request within thirty days of employment or notification of denial of employment and that the prospective employer will begin processing this information within 5 days of your written request.

Fair Credit Reporting Act Disclosure Statement

In accordance with the provision of section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II), Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Sections 382, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations require these reports.

Applicant's signature _____ Date _____

Print name _____ Soc. Sec. # _____

I certify that answers given here are true and complete to the best of my knowledge. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer, and that employment is at will, as present law understands it.

Paulsen Inc. complies with the requirements of the DRUG FREE WORK PLACE ACT and all applicable regulations this application will be considered active for a period of time no to exceed (60) sixty days. I certify that I have read and understand all of this employment application. It is agreed and understood that Paulsen Inc. may investigate my background to ascertain any and all information of concern to my employment history, to include accident, alcohol and drug testing, whether same is of record or not, and I release Paulsen Inc. from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with Paulsen Inc., I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that, as required by 49 CFR 382 and company policy, all applicants who fall under the Paulsen Inc. DOT Drug & Alcohol Testing Regulations must submit to a pre-employment controlled substance test involving collection of a urine sample that will be tested for the following substances: marijuana, cocaine, opiates, amphetamines & phencyclidine (PCP). I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. I understand that I will be given a reasonable opportunity to confer with the company's medical review officer after which he/she will report the results to Paulsen Inc. The results of any test will not be released to any additional parties except as provided in 49 CFR 40.37 without my written authorization.

I hereby agree to submit to a urine drug test. Date _____

Print applicants name _____

Applicants signature _____

**FOR COMPANY USE
Process Record**

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

If rejected, explain reason

Signature of Department Head/Interviewee _____

Date _____