



Wyoming Crushing, Inc.



Wayne Coleman Construction, Inc.



Precision Hydraulics, LLC

P.O. Box 2440  
Mills, WY 82644  
Phone (307) 265-3158 Fax (307) 265-3159  
info@wcolemanconstruction.com

## LABORER/OPERATOR POLICIES

### BEFORE FILLING OUT THIS APPLICATION, PLEASE BE AWARE THAT WAYNE COLEMAN CONSTRUCTION, INC., WYOMING CRUSHING, INC., AND PRECISION HYDRAULICS, LLC ARE:

- 1) A DRUG AND ALCOHOL FREE ENVIRONMENT/WORK PLACE. ALL EMPLOYEES ARE SUBJECT TO PRE-EMPLOYMENT, RANDOM, REASONABLE SUSPICION, AND POST-ACCIDENT DRUG TESTING, WITH OR WITHOUT NOTICE OF TESTING TIME AND/OR PLACE. ANY AND ALL POSITIVE DRUG/ALCOHOL TEST RESULTS ARE CAUSE FOR IMMEDIATE TERMINATION OR SUSPENSION WITHOUT PAY (NO LESS THAN A 24 HOUR PERIOD) UNTIL QUESTIONS ARISING ABOUT TEST RESULTS ARE ANSWERED OR EMPLOYEE CAN FURNISH A NEGATIVE DRUG/ALCOHOL TEST RESULT. REFUSAL FOR DRUG/ALCOHOL TEST IS SAME CONSEQUENCE AS A POSITIVE RESULT. ANY POSITIVE ALCOHOL TEST REGARDLESS OF CONCENTRATION IS CONSIDERED A POSITIVE RESULT AND CONSEQUENCE IS THE SAME AS A POSITIVE TEST. PLEASE REFER TO THE DRUG AND ALCOHOL TESTING POLICY FOR FURTHER INFORMATION.
- 2) A NON-SMOKING ORGANIZATION. THERE IS NO SMOKING ALLOWED IN ANY VEHICLE, PIECE OF MACHINERY, OR IN ANY BUILDING BELONGING TO WAYNE COLEMAN CONSTRUCTION, INC., WYOMING CRUSHING, INC., OR PRECISION HYDRAULICS, LLC.
- 3) ALL EMPLOYEES ARE HIRED AS PART TIME/SEASONAL EMPLOYEES FOR A SIX MONTH PERIOD OF TIME. AFTER SIX MONTHS EMPLOYEES WILL BE RE-EVALUATED FOR EMPLOYMENT.
- 4) SETH, AND CALEB COLEMAN ARE THE CONTACT PERSONS DESIGNATED TO ANSWER QUESTIONS ABOUT ANY OF THIS MATERIAL.
- 5) ANY AND ALL INCIDENTS, ACCIDENTS, OR INJURIES **MUST** BE REPORTED TO CALEB COLEMAN, SETH COLEMAN, OR A SUPERVISOR **IMMEDIATELY**. AN INCIDENT REPORT **MUST** BE TURNED INTO THE MAIN OFFICE WITHIN 4 HOURS OF THE INCIDENT, ACCIDENT OR INJURY.
- 6) ALL EMPLOYEES WILL BE TESTED AFTER ANY INCIDENT, ACCIDENT, OR INJURY.
- 7) PROCEDURE FOR TESTING, PROTECTION OF EMPLOYEE, INTEGRITY OF PROCESS, SAFEGUARD OF VALIDITY OF TEST RESULTS AND ENSURANCE THAT RESULTS ARE ATTRIBUTED TO CORRECT EMPLOYEE ARE ACCORDING TO LAB COLLECTION POLICY AND PROCEDURES.
- 8) PERSONS WITH A DRUG/ALCOHOL PROBLEM JEOPARDIZE HEALTH AND WORK OF THEMSELVES AND EVERYONE ELSE AROUND THEM.
- 9) ALL EMPLOYEES ARE REQUIRED TO REPORT SUSPECTED DRUG/ALCOHOL USE IN THE WORK PLACE IMMEDIATELY TO MANAGEMENT. REFERRAL AND ASSISTANCE PROGRAMS ARE AVAILABLE.
- 10) NO PERSONAL CELL PHONE USAGE/TEXTING IS ALLOWED DURING WORK HOURS. TEXTING WHILE DRIVING IS GROUNDS FOR IMMEDIATE DISMISSAL.
- 11) ANY AND ALL MOVING VIOLATIONS MUST BE REPORTED **IN WRITING** TO THE MAIN OFFICE WITHIN THREE WORK DAYS OF OCCURRENCE. FAILURE TO DO SO IS GROUNDS FOR DISMISSAL.

I HEREBY CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

PRINT NAME \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

PHONE # \_\_\_\_\_ DATE \_\_\_\_\_



Wyoming Crushing, Inc.



Wayne Coleman Construction, Inc.



Precision Hydraulics, LLC

P.O. Box 2440  
Mills, WY 82644  
Phone (307) 265-3158 Fax (307) 265-3159  
info@wcolemanconstruction.com

---

## GENERAL POLICIES

It is agreed and understood that the employer or his agent may investigate the applicant's background to ascertain any and all information of concern to the applicant's record whether same is of record or not and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Report Act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time, at the option of either the company or myself.

I understand that by signing below I am certifying that I have read and understand the Smoking Policy of Wayne Coleman Construction, Inc., Wyoming Crushing, Inc., and Precision Hydraulics, LLC and that NO SMOKING is allowed in any vehicle, piece of machinery, or in any building belonging to Wayne Coleman Construction, Inc., Wyoming Crushing, Inc., or Precision Hydraulics, LLC. I also understand that failure to comply with such policy can result in immediate dismissal from the company.

I understand that, if hired, I must provide a current Motor Vehicle Record prior to starting work, and a yearly updated MVR.

I further understand that I am hereby certifying that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

**PRINT NAME** \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



Wyoming Crushing, Inc.



Wayne Coleman Construction, Inc.



Precision Hydraulics, LLC

P.O. Box 2440  
Mills, WY 82644  
Phone (307) 265-3158 Fax (307) 265-3159  
info@wcolemanconstruction.com

## DRUG AND ALCOHOL TESTING POLICIES

Wayne Coleman Construction, Inc., Wyoming Crushing, Inc., and Precision Hydraulics, LLC are a drug and alcohol free environment/work place. All employees are subject to pre-employment, random, reasonable suspicion, and post-accident drug testing, with or without notice of testing time and/or place. Any and all positive drug/alcohol test results are cause for immediate termination or suspension without pay until questions arising about test results are answered or employee can furnish a negative drug/alcohol test result. Refusal for drug/alcohol testing is the same consequence as a positive test result. ANY AND ALL positive alcohol test regardless of concentration is considered a positive test and consequences are the same as a positive test. All employees WILL be tested after any incident, accident, or injury. Procedure for testing, protection of employee, integrity of process, safeguard of validity of test results and assurance that results are attributed to correct employee are according to lab collection policy and procedures. Persons with a drug or alcohol problem jeopardize health and work of themselves and everyone else around them. All employees are required to report suspected drug/alcohol use in the work place immediately to management. Referral assistance programs are available. Employees are required to complete safety and substance abuse training annually. Supervisors complete annual training with the intent of being up to date on how to spot drug/alcohol misuse. Seth Coleman or Caleb Coleman are the contact persons designated to answer employee questions about any of the above material. Employees who receive a positive confirmed test result have the right to contest the result or to explain the results to the employer within five working days after written notification of the result. All testing protocols comply with WWCR, Chapter 10, Section 2, which can be found at <http://soswy.state.wy.us/Rules/RULES/8195/pdf>. Random testing shall be conducted, at a minimum, on 20% of the average staff on an annualized basis. The Drug Testing process and results are confidential. Policies are posted in visible employee areas on the premise, and are available in the office to employees upon request.

I understand that Wayne Coleman Construction, Inc., Wyoming Crushing, Inc., and Precision Hydraulics, LLC are a drug and alcohol free environment/work place. I understand all employees are subject to pre-employment, random, reasonable suspicion, and post-accident drug testing, with or without notice of testing time and/or place. I understand any and all positive drug/alcohol test results are cause for immediate termination or suspension without pay until questions arising about test results are answered or I can furnish a negative drug/alcohol test result. I understand refusal for drug/alcohol testing is the same consequence as a positive test result. I understand ANY AND ALL positive alcohol test regardless of concentration is considered a positive test and consequences are the same as a positive test. I understand all employees WILL be drug/alcohol tested after any incident, accident, or injury. I understand procedure for testing, protection of employee, integrity of process, safeguard of validity of test results and assurance that results are attributed to correct employee are according to lab collection policies and procedures. I understand that persons with a drug or alcohol problem jeopardize health and work of themselves and everyone else around them. I understand all employees are required to report suspected drug/alcohol use in the work place immediately to management. I understand referral assistance programs are available. I understand Seth Coleman or Caleb Coleman are the contact persons designated to answer questions about any of the above material.

**BY SIGNING BELOW, I AGREE THAT I HAVE READ AND FULLY UNDERSTAND THE POLICIES IMPLIMENTED BY WAYNE COLEMAN CONSTRUCTION, INC., WYOMING CRUSHING, INC., AND PRECISION HYDRAULICS, LLC.**

**PRINT NAME** \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



Wyoming Crushing, Inc.



Wayne Coleman Construction, Inc.



Precision Hydraulics, LLC

P.O. Box 2440  
Mills, WY 82644  
Phone (307) 265-3158 Fax (307) 265-3159  
info@wcolemanconstruction.com

**AUTHORIZATION TO WITHHOLD FUNDS  
FOR PRE-EMPLOYMENT DRUG SCREEN**

In the event that I, \_\_\_\_\_, voluntarily terminate my employment with WAYNE COLEMAN CONSTRUCTION, INC., WYOMING CRUSHING, INC., OR PRECISION HYDRAULICS, LLC prior to completing six (6) months of employment, I hereby authorize WAYNE COLEMAN CONSTRUCTION, INC., WYOMING CRUSHING INC., OR PRECISION HYDRAULICS, LLC to withhold FORTY-FIVE DOLLARS (\$45.00) from my final payroll check for the pre-employment drug screening.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name



Wyoming Crushing, Inc.



Wayne Coleman Construction, Inc.



Precision Hydraulics, LLC

P.O. Box 2440  
Mills, WY 82644  
Phone (307) 265-3158 Fax (307) 265-3159  
info@wcolemanconstruction.com

**AUTHORIZATION FOR THE RELEASE OF  
POST ACCIDENT DOCUMENTS**

In the event that I, \_\_\_\_\_, become injured or incapacitated as the result of a work related incident or a work related motor vehicle accident, I hereby authorize WAYNE COLEMAN CONSTRUCTION, INC., WYOMING CRUSHING, INC. OR PRECISION HYDRAULICS, LLC to request and to receive any and all medical test results, including, but not limited to: urinalysis tests, blood alcohol tests, breath alcohol tests, and all hospital reports, medical treatment files and notes that pertain to that accident which occurred on

\_\_\_\_\_  
Date of Accident

THIS AUTHORIZATION IS VALID UNTIL WITHDRAWN BY ME IN WRITING. COPIES OF THIS AUTHORIZATION HAVE THE SAME FORCE AND EFFECT AS THAT OF THE ORIGINAL, AND THEREFORE SHALL BE TREATED AS BEING A VALID AUTHORIZATION.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name of Witness



Wyoming Crushing, Inc.



Wayne Coleman Construction, Inc.



Precision Hydraulics, LLC

P.O. Box 2440  
Mills, WY 82644  
Phone (307) 265-3158 Fax (307) 265-3159  
info@wcolemanconstruction.com

---

## EMPLOYMENT APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

HOME/OTHER PHONE NUMBER(S): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

STREET ADDRESS

HOW LONG \_\_\_\_\_

CITY, STATE, ZIP

MAILING ADDRESS: \_\_\_\_\_

PO BOX / STREET ADDRESS

CITY, STATE, ZIP

Previous addresses for last 3 years & how long:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ US CITIZEN: YES NO

MARTIAL STATUS \_\_\_\_\_

### IN CASE OF EMERGENCY NOTIFY:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

**EDUCATION:**

CIRCLE HIGHEST GRADE COMPLETED    9    10    11    12    COLLEGE

NAME OF LAST SCHOOL ATTENDED & CITY, STATE \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY WCCI, WCI, OR PH BEFORE? \_\_\_\_\_

IF SO WHEN \_\_\_\_\_

RATE OF PAY EXPECTED \_\_\_\_\_

INDICATE ANY AND ALL PHYSICAL, MENTAL AND MEDICAL DISABILITIES:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE INDICATE ANY POSITION WORK RELATED TASK YOU SHOULD NOT BE CONSIDERED FOR DUE TO PHYSICAL, MENTAL OR MEDICAL DISABILITIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF SO PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

**CURRENT DRIVERS LICENSE:**

ISSUING STATE	LICENSE NUMBER	CLASS/TYPE	EXPIRATION DATE
---------------	----------------	------------	-----------------

HAS YOUR LICENSE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED? IF SO PLEASE EXPLAIN: \_\_\_\_\_

HAS YOUR LICENSE TO OPERATE A MOTOR VEHICLE EVER BEEN SUSPENDED OR REVOKED? IF SO EXPLAIN:

\_\_\_\_\_

**LIST ALL TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS, OTHER THAN PARKING VIOLATIONS. IF NONE, PLEASE SO STATE. ATTACH SHEET IF MORE SPACE IS NEEDED: (Current MVR must be submitted with application)**

DATE	LOCATION	CHARGE	PENALTY







Wyoming Crushing, Inc.



Wayne Coleman Construction, Inc.



Precision Hydraulics, LLC

P.O. Box 2440  
Mills, WY 82644  
Phone (307) 265-3158 Fax (307) 265-3159  
info@wcolemanconstruction.com

---

### PREVIOUS EMPLOYMENT

**EMPLOYER NAME** \_\_\_\_\_

**EMPLOYER PHONE NUMBER** \_\_\_\_\_

**EMPLOYER ADDRESS** \_\_\_\_\_

**POSITION HELD** \_\_\_\_\_ **WAGE/SALARY** \_\_\_\_\_

**DATES EMPLOYED: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**REASON FOR LEAVING** \_\_\_\_\_

**EMPLOYER NAME** \_\_\_\_\_

**EMPLOYER PHONE NUMBER** \_\_\_\_\_

**EMPLOYER ADDRESS** \_\_\_\_\_

**POSITION HELD** \_\_\_\_\_ **WAGE/SALARY** \_\_\_\_\_

**DATES EMPLOYED: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**REASON FOR LEAVING** \_\_\_\_\_

**EMPLOYER NAME** \_\_\_\_\_

**EMPLOYER PHONE NUMBER** \_\_\_\_\_

**EMPLOYER ADDRESS** \_\_\_\_\_

**POSITION HELD** \_\_\_\_\_ **WAGE/SALARY** \_\_\_\_\_

**DATES EMPLOYED: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**REASON FOR LEAVING** \_\_\_\_\_

**EMPLOYER NAME** \_\_\_\_\_

EMPLOYER PHONE NUMBER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ WAGE/SALARY \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**EMPLOYER NAME** \_\_\_\_\_

EMPLOYER PHONE NUMBER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ WAGE/SALARY \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**EMPLOYER NAME** \_\_\_\_\_

EMPLOYER PHONE NUMBER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ WAGE/SALARY \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_