



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

CDL DRIVER 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 DOT DRUG AND ALCOHOL TESTING POLICY FOR ADDITIONAL 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 COLEMAN OR CALEB COLEMAN ARE THE CONTACT PERSONS DESIGNATED TO ANSWER DRIVER QUESTIONS ABOUT ANY OF THE 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 DRIVERS WILL BE TESTED AFTER ANY INCIDENT, ACCIDENT, OR INJURY.
- 7) PROCEDURE FOR TESTING, PROTECTION OF DRIVER, INTEGRITY OF PROCESS, SAFEGUARD OF VALIDITY OF TEST RESULTS AND ENSURANCE THAT RESULTS ARE ATTRIBUTED TO CORRECT DRIVER 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 _____



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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 _____



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DOT 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 WWCRC, Chapter 10, Section 2, which can be found at <http://sos.wy.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 WCCI, WCI, PH, STATE, AND FEDERAL DOT.

PRINT NAME _____

APPLICANT'S SIGNATURE _____

DATE _____



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**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 HYDRUALICS, 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 EIGHTY-FIVE DOLLARS (\$85.00) from my final payroll check for the pre-employment drug screening.

DATED this _____ day of _____, 20_____.

Employee's Signature

Printed Employee's Name



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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_____.

Employee's Signature

Printed Employee's Name

Witness

Printed Name of Witness



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WCCI CDL 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 _____

DRIVING EXPERIENCE:

EQUIPMENT CLASS	EQUIPMENT TYPE (VAN, FLAT, TANK, ETC.)	DATE FROM	DATE TO	APPROX. NUMBER OF MILES (TOTAL)
STRAIGHT TRUKS				
TRACTOR AND SEMI				
TRACTOR-TWO TRAILERS				
DUMP TRUCK				
HAULING HEAVY				
OTHER				

CONSTRUCTION EXPERIENCE:

EQUIPMENT	OPERATED		YEARS OF EXPERIENCE – SPECIFY APPROXIMATE DATES	AROUND UTILITIES	
	YES	NO		YES	NO
SKIDSTEER	YES	NO		YES	NO
BACKHOE	YES	NO		YES	NO
EXCAVATOR	YES	NO		YES	NO
SWEEPSTER BROOM	YES	NO		YES	NO
ASPHALT PAVER	YES	NO		YES	NO
ASPHALT COMPACTOR	YES	NO		YES	NO
DIRT COMPACTOR	YES	NO		YES	NO
ROAD GRADER	YES	NO		YES	NO

	OPERATED		YEARS OF EXPERIENCE – SPECIFY APPROXIMATE DATES
	YES	NO	
ASPHALT RAKING	YES	NO	
GENERAL HAND	YES	NO	
CONCRETE	YES	NO	
GENERAL LABOR	YES	NO	
MUCKER	YES	NO	
FINISHER	YES	NO	

WORK RELATED ACCIDENTS/INCIDENTS IN THE PAST 3 YEARS:

DATE OF OCCURRENCE	NATURE OF INCIDENCE (FIGHT, WRECK, WRITE UPS, ETC.)	FATALITIES		INJURIES	
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO

PERSONAL REFERENCES-PROVIDE AT LEAST ONE NON-RELATION:

- 1.) _____

NAME	PHONE NUMBER	RELATIONSHIP
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- 2.) _____

NAME	PHONE NUMBER	RELATIONSHIP
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- 3.) _____

NAME	PHONE NUMBER	RELATIONSHIP
------	--------------	--------------



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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 _____



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REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

PART 1 TO BE COMPLETED BY APPLICANT

I, _____
PRINT NAME SOCIAL SECURITY NUMBER DATE OF BIRTH

Do hereby authorize:

Previous Employer _____ E-Mail _____
Street Address _____ Telephone _____
City, State, Zip _____ Fax _____

to release and forward the information requested by Sections 2, 3, 4, and 5 of this document concerning employment within the previous 3 years from _____ to _____ (Date of Application).

Prospective Employer: Wayne Coleman Construction, Inc. E-Mail: accounting@wcolemanconstruction.com
Address: PO Box 2440 Telephone: (307) 265-3158
City, Street, Zip: Mills, WY 82644 Fax: (307) 265-3159

IN COMPLIANCE WITH SECTIONS 40.25(g) AND 391.23 (h) OF THE FMCSR, RELEASE OF THIS INFORMATION MUST BE MADE IN WRITTEN FORM THAT ENSURES CONFIDENTIALITY SUCH AS FAX, E-MAIL, OR LETTER.

Applicant's Signature _____ Date _____

PART 2 TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us _____ YES NO
Employed as _____ from _____ to _____

Did (s)he operate a motor vehicle for you? _____ YES NO

If yes, what type of vehicle? _____ Bus _____ Cargo Tank _____ Straight Truck _____ Tractor/Semitrailer
_____ Doubles _____ Triples _____ Other

If there is no accident history to report, check here _____. Sign below and return.

ACCIDENTS: Complete the following for any accidents included on your Accident Register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

DATE	LOCATION	# OF INJURIES	# OF FATALITIES	HAZMAT SPILL

Please provide information concerning any other accident involving the applicant that were reported to government agencies or insurers or returned under internal company policies:

COMPLETED BY (PRINT NAME) _____ SIGNATURE _____ TITLE _____ DATE _____



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PART 3 TO BE COMPLETED BY PREVIOUS EMPLOYER

If the driver was **NOT** subject to **DOT** testing requirements while employed by this company, please check here _____. Fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to DOT testing Requirements from _____ to _____

- Has this person ever had an alcohol test with a result of 0.04 or higher alcohol concentration?
 YES NO
- Has this person tested positive for, adulterated or substituted a test specimen for controlled substances?
 YES NO
- Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or drug test?
 YES NO
- Has this person committed other violations of Subpart B of FMCSR Part 382 or Part 40?
 YES NO
- If the person has violated a DOT drug and alcohol regulation did the person fail to complete a program prescribed by a substance abuse?
 YES NO
- For a driver who successfully completed a SAP'S program and remained in your employ, did this driver have a follow-up alcohol test of 0.04 or greater, a verified positive drug test, or a refusal to be tested?
 YES NO

_____	_____	_____	_____
COMPLETED BY (PRINT NAME)	SIGNATURE	TITLE	DATE

PART 4 TO BE COMPLETED BY PREVIOUS EMPLOYER

- Was the applicant a safe, courteous, and efficient driver? If no, please specify.
 YES NO
- Reason for leaving your employ? Discharged Laid off Resigned
 Remarks: _____
- Was the applicant's general conduct satisfactory? If no, please explain.
 YES NO
- In your opinion, is the applicant competent for the position sought? If no, please explain.
 YES NO

_____	_____	_____	_____
COMPLETED BY (PRINT NAME)	SIGNATURE	TITLE	DATE

PART 5 TO BE COMPLETED BY PREVIOUS EMPLOYER

This form was: Faxed Mailed E-Mailed _____ Other

_____	_____	_____	_____
COMPLETED BY (PRINT NAME)	SIGNATURE	TITLE	DATE

PART 6 TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete this section when form is returned:

Information received from _____

Recorded by _____

Method: Faxed Mailed E-Mailed _____ Other

Date: _____