# EMPLOYEE APPLICATION

EQUAL OPPORTUNITY EMPLOYER

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

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Married/Single \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Allowances to claim \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**U.S. Citizen Yes**

 **No**

**FIELD APPLICATION**

**Union District Carpenters Union \_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **Carpenter** [ ]  **Painter** [ ]  **Taper**

**Local # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Status:** [ ]  **Journeyman**

[ ]  **Apprentice \***

* **Current % of scale? \_\_\_\_\_\_\_\_\_\_\_**

[ ]  **Need Sponsorship**

**OFFICE APPLICATION (attach resume)**

[ ]  **Estimator**

[ ]  **Project Management**

[ ]  **Office Admin**

[ ]  **Field Support**

By signing this agreement you have been giving the opportunity to view and agree with Five Star Decorating, Inc Safety Manual and all applicable rules assigned to the said manual.



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Drug Testing Policy

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Employees Subject to Testing

Under Five Star Decorating, Inc.’s drug and alcohol testing policy, current and prospective employees who work or would work will be asked to submit to random drug and alcohol testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. An offer of Five Star Decorating, Inc., however, is conditioned on the prospective employee testing negative for drugs and alcohol.

# Safeguards

Five Star Decorating, Inc.’s policy is intended to comply with all state laws governing drug and alcohol testing and is designed to safeguard employee privacy rights to the fullest extent of law.

# Selection

Five Star Decorating, Inc.’s employees will be randomly selected to submit to drug and alcohol testing.

# Tested Substances

Five Star Decorating, Inc.’s drug and alcohol testing program is limited to testing for drugs and alcohol.

# Written Notice

Before being asked to submit to a drug and/or alcohol test, the employee will receive written notice of the request or requirements within 24 to 48 hours prior.

# Licensed Laboratories

A laboratory licensed by the state will conduct any drug and/or alcohol testing required or requested by Five Star Decorating, Inc. The employee may obtain the name and location of the laboratory that will analyze the employee’s test sample by calling (708) 795-4410 twenty four hours before the employee is scheduled to be tested.

# Notice of Results of tests

If the employee is asked to submit to a drug or alcohol test, Five Star Decorating, Inc. will notify the employee of the results within one week after it receives them from the laboratory. To preserve the confidentiality Five Star Decorating, Inc. strives to maintain, the employee will be notified by mail whether the test was negative or confirmed positive and, if confirmed positive, what the next step is.

# Positive Test Results

 If the employee receives notice that the employee’s test results were confirmed positive, the employee will be given the opportunity to explain the positive result following the employee’s receipt of the test result. In addition, the employee may have the same sample retested at a laboratory of the employee’s choice at the employee’s cost.

# Adverse Employment Action

If there is reason to suspect that the employee is working while under the influence of an illegal drug or alcohol, the employee will be suspended without pay until the results of a drug and alcohol test are made available to Five Star Decorating, Inc. by the testing

laboratory. Where drug or alcohol testing is part of a routine physical or random screening, there will be no adverse employment action taken until the test results are in.

# Drug Testing Policy - Page 2 of 2

# Confidentiality

Five Star Decorating, Inc. will make every effort to keep the results of drug and alcohol tests confidential. Only persons with a need to know the results will have access to them. The employee will be asked for the employee’s consent before test results are released to anyone else. Be advised, however, that test results may be used in arbitration, administrative hearings and court cases arising as a result of the employee’s drug testing. Also, results will be sent to federal agencies as required by federal law. If the employee is to be referred to a treatment facility for evaluation the employee’s test results will also be made available to the employee’s counselor. The results of drug testing in the workplace may be used against the employee in criminal prosecution.

# Costs

Five Star Decorating, Inc. will pay the cost of any drug and alcohol testing that it requires or request employees submit to, but does not include retesting of confirmed positive results. The employee will pay this cost. The employee will pay for any additional tests that the employee requests.

# Drug and Alcohol Use at Work Prohibited

Five Star Decorating, Inc. will not tolerate any use of non-prescribed drugs or alcohol during work hours. If the employee comes to work under the influence of drugs or alcohol or use drugs or alcohol during work time, the employee will be sent home without pay.

# By signing below, the employee acknowledges that he/she has read the foregoing and agrees to the terms set forth herein.

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

Employee name

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

Employee Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Five Star Decorating, Inc. Date

**EMERGENCY CONTACT INFORMATION**

**Person to contact in case of Emergency:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Relationship to Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History -most recent**

Company Name/Contact name Phone Dates

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

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

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

**Immediate Accident/Injury Reporting Policy**

 Five Star Decorating, Inc. requires immediate reporting of all accidents involving property damage or personal injury. Should an employee be involved in an accident while at work, the injured employee must immediately report the accident to the **Foreman or Supervisor in Charge**. Employees shall report any incidents as they occur. DO NOT WAIT until the end of the work shift to report the incident. If there is a situation where an employee does not become aware of their injury right away, the employee must report the injury immediately upon becoming aware of it, and no later than the end of that business day.

 The employee must sign the right side of the “**Employee Daily Occupational Safety Log for Injuries**” if he/she sustained an injury while at work or became aware that day that he/she sustained a work-related injury after the work shit and before leaving the jobsite. If an employee was involved in an accident or sustains an injury on the job, they must discuss it with the Foreman/Supervisor, complete the accident investigation process, and follow the post accident/injury drug and alcohol policy and testing before leaving work.

 To the extent an employee refuses to sign the “**Employee Daily Occupational Safety Log for Injuries**” or otherwise participate in the Company’s protocol for investigating accidents or injuries, the employee will be subject to discipline up to and including termination. Should the employee have any situation arise where they are unsure if they should sign the form one way or the other, they must discuss their concern with the Foreman/Supervisor to make a determination. The Foreman/Supervisor will determine what, if any, investigation must take place at that time.

 Significant goals of this policy include, but are not limited to immediate identification of accidents and injuries to provide prompt medical treatment to the individual/s, conduct an immediate accident investigation to determine the “root cause/s” for the accident or injury, take corrective action to prevent additional accidents or injuries on the job, assist in enforcement of the Company’s drug and alcohol free workplace policy for the safety of all employees, and to further protect the Company by documenting the scene of the accident, and to preserve any necessary evidence to protect the company and/or preserve its rights.

I have read this policy regarding immediate accident/injury reporting and the “Employee Daily Occupational Safety Log for injuries” form. I understand the policy and its purpose and I have no questions at this time. I acknowledge that I may ask the Company about any questions I may have in the future.

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

Employee Name Date

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

Employee Signature