



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION			
		DATE	
LAST NAME	FIRST NAME	MIDDLE	
PRESENT ADDRESS			
STREET	CITY	STATE	ZIP
PERMANENT ADDRESS			
STREET	CITY	STATE	ZIP
PHONE NUMBER	ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS:			Yes <input type="checkbox"/> No <input type="checkbox"/>
EMPLOYMENT DESIRED			
POSITION	DATE YOU CAN START	SALARY/HOURLY RATE DESIRED	
ARE YOU CURRENTLY EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/>	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? Yes <input type="checkbox"/> No <input type="checkbox"/>	IF SO, WHEN?		
REFERRED BY			
EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			
IF YOU DID NOT GRADUATE, DO YOU HAVE YOUR GED?			Yes <input type="checkbox"/> No <input type="checkbox"/>
SPECIAL SKILLS (OSHA and/or MSHA Training, other skills)			
U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
IF SO, <u>WHEN</u> AND PROVIDE A BRIEF DESCRIPTION OF CHARGES:			

(CONTINUED ON REVERSE SIDE)

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST CURRENT ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	WAGE	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY, NOTIFY:

NAME	ADDRESS	PHONE NO.
------	---------	-----------

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISINTERPRETATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPLENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. AT ANY TIME AT EITHER MY OR THE COMPANY'S OPTION, I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE	DATE
-----------	------

(PLEASE PROCEED TO EMPLOYMENT APPLICATION SUPPLEMENTAL FORM)



Oxentenko, Inc.

**P.O. Box 756
Bismarck, North Dakota 58502
701.255.4383
FAX 701.255.1813**

EMPLOYMENT APPLICATION SUPPLEMENTAL FORM

Applicant Name: _____ Date: _____

Please answer the following questions:

Do you have a valid driver's license? Yes No

Do you have a commercial driver's license? Yes No

Have you ever had a driver's license revoked? Yes No

If yes, please explain:

Have you had any experience in any of the following:

A. Spray Painting? If so, please provide a brief description:

B. Vinyl Wallcovering? If so, please provide a brief description:

C. Hydro-Blasting? If so, please provide a brief description:

D. Epoxy/Polyurethane/Vinyl Ester Applications? If so, please provide a brief description and include the number of years of experience.

(Continued on Reverse Side)

E. Sandblasting? If so, please provide a brief description:

F. Mechanical? If so, please provide a brief description:

G. Equipment Operator (manlift, forklift, etc.)? If so, please provide a brief description:

H. Brush/Roller? If so, please provide a brief description:

I. Taping/Texturing? If so, please provide a brief description:

What do you think you could contribute to Oxentenko, Inc. by your employment?

What are your strengths?

What are your weaknesses?

Why do you want to work for Oxentenko, Inc.?

Do any of your friends/relatives work for Oxentenko, Inc.?

How did you hear about this job opportunity?

- Newspaper Job Service Radio
 Walk-In Friend Poster
 Other (Please specify)

OXENTENKO

ALCOHOL AND SUBSTANCE ABUSE POLICY

Oxentenko, Inc. is committed to the health and safety of its employees. As part of this commitment, it is necessary to provide a work environment free of alcohol and controlled substances. The following policy is a summary of our Anti-Drug Plan and Alcohol Misuse Prevention Plan. Any of these plans may be reviewed by any employee at any time at his/her request.

Types of Tests

Pre-Employment Testing – A pre-employment test will be administered prior to a person being hired or contracted. After an offer of employment has been made to an individual, the offer is conditional upon the result of the test. A negative result is required prior to the start of work. Any individual who tests positive will be ineligible for employment consideration for a period of one year from the original test date.

Post Accident Testing – If an employee is involved in an accident and it can be shown that his/her performance contributed to the cause of the accident or cannot be discounted as a contributing factor, the employee shall submit to a post-accident drug/alcohol test. Each employee involved shall be tested as soon as possible after the accident, but any injury will be treated first.

Random Testing – Occasionally Oxentenko, Inc. clients require random drug/alcohol testing. If random testing is required, the employees' names will be submitted to a consortium. Names will be drawn at random throughout the year by computer. When an employee's name is drawn, the Drug Program Manager is notified. He will then notify the employee and follow the procedure as outlined in the Anti-Drug Plan. Random tests are meant to be unannounced to ensure the integrity of a drug/alcohol-free job site.

Reasonable Cause Testing – Reasonable cause testing is designed to provide management with a tool to identify drug/alcohol-affected employees who may pose a danger to themselves or others in their job performance. Employees may be at work in a condition that raises a concern regarding their safety or productivity. Supervisors must then make a decision as to whether there is a reasonable cause to believe an employee is using or has used a prohibited drug or alcohol.

Return-To-Duty Testing – An employee who refuses to take or fails a drug or alcohol test may not return to duty until the employee passes a drug/alcohol test and the Medical Review Officer and the company have determined that the employee may return to duty. Any employee who returns to duty shall be subject to a reasonable program of follow-up drug testing without prior notice for up to 60 months after his/her return to duty.

Being under the influence of a controlled substance or illegal drug is defined as testing positive at the following levels using the Gas Chromatography-Mass Spectrometry (GC/MS) at a National Institute on Drug Abuse (NIDA) certified laboratory. Any reading above these levels is considered positive. Oxentenko, Inc. tests for the following drugs:

Marijuana Metabolite	15 ng/ml
Cocaine Metabolite	150 ng/ml
Opiates:	
Morphine	300 ng/ml
Codeine	300 ng/ml
Phencyclidine	25 ng/ml
Amphetamines:	
Amphetamine	500 ng/ml
Methamphetamine	500 ng/ml
Alcohol:	
DOT Drivers and Operators	.02
Non-DOT Drivers	.04

Whenever possible, alcohol levels shall be determined by a breath alcohol test. If breath alcohol testing is not available, the employee shall submit to a blood alcohol test.

The use, possession, storage, distribution, or sale of alcohol, illegal drugs, or controlled substances on company property, or any location of company business, in company equipment or vehicles, or any time during working hours is prohibited.

Being under the influence of alcohol, illegal drugs or a controlled substance on company property, or any other location on company business, in company equipment or company vehicles or any time during working hours is prohibited.

Any use of alcohol outside of working hours, off company premises that negatively affects work performance, safety at work, or the company's reputation is prohibited.

Any use or any involvement with controlled substances or illegal drugs that negatively affects work performance, safety at work, or the company's reputation is prohibited.

Switching or adulterating any urine sample submitted for testing is a company violation.

Refusing to consent to testing or to submit a urine sample or blood sample for testing when requested by management is a policy violation.

Refusing to submit to a search when requested by management, failing to adhere to the requirements of any drug or alcohol treatment or counseling program in which the employee is enrolled is a policy violation.

Refusing to sign a statement agreeing to abide by the company's Alcohol and Substance Abuse policy is a policy violation.

An employee undergoing prescribed medical treatment with any drug which may alter his/her physical or mental ability must report this treatment to the company office which will determine whether the company should temporarily change the employee's job assignment during the period of treatment.

Job applicants and employees must sign a form granting consent to the drug and/or alcohol testing and consenting to the release of the results to the company.

Chain of custody protection will be provided to all specimens collected from current and prospective employees.

Violation of the company's Alcohol and Substance Abuse policy may result in severe disciplinary action, including discharge at the company's sole discretion.

In addition to any disciplinary action, the company may, at its sole discretion, refer the employee to a treatment and counseling program for alcohol or substance abuse evaluation. The company shall determine whether the employee it has referred for drug and substance abuse evaluation and counseling should be temporarily reassigned to another position.

Oxentenko, Inc. will communicate test results to employees in writing no later than 5 days after receipt of results from the drug testing agency.

CONSENT:

I HAVE CAREFULLY AND THOROUGHLY READ THE OXENTENKO, INC. ALCOHOL AND SUBSTANCE ABUSE POLICY. I UNDERSTAND IT AND AGREE, WITHOUT RESERVATION, TO FOLLOW THIS POLICY.

Employee Signature

Date



Drug Test, Paperwork & Background Check

Oxentenko, Inc. reserves the right to withhold from employee's pay the cost of a drug test \$114.00 (or current cost, whichever is greater), a paperwork processing fee of \$30.00 (or current cost, whichever is greater), and the cost of a background check (if one is done) \$52.00 (or current cost, whichever is greater) if the employee terminates employment of his/her choosing, or is terminated by Oxentenko, Inc. This rule shall apply for the first six months of employment.

If an employee takes the drug test and/or completes orientation paperwork and/or has a background check completed and does not show up for work, the employee agrees to pay the above fees directly to Oxentenko, Inc.

If an employee takes a drug test and has a positive result, in addition to the Drug and Alcohol Policy rules, the employee shall reimburse the company for the cost of the drug test, even though the employee is not eligible to begin employment with Oxentenko, Inc.

I, _____, understand the above statements and my obligations should any of these conditions occur.

Signature

Date

MVR PRIVACY PROTECTION WAIVER

For the sole purpose of determination and evaluation of my motor operating record and pursuant to the State and Federal regulations of compliance, I

_____ authorize
(Name of Employee)

_____ KRAMER AGENCY
(Name of agency)

To obtain my Motor Vehicle Record, I understand that this record may contain personal information* in addition to any/all driver violations and / or accidents, which may be on record through the

(Name of State) _____ State Department of Motor Vehicles

I also authorize release of this information to my employer (or proposed employer)

Signature of Employee Social Security Number

Drivers License Number State Date of Birth

Street Address & Mailing Address

City _____ State _____ Zip Code _____

Date Signed _____

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address, and telephone number. It does not include information on vehicular accidents, driving violations, and driver status.