

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Position desired _____ Date you can start _____ Salary desired _____

EMERGENCY CONTACT

Emergency contact name _____ Phone _____ Relationship to you _____

EDUCATION

High school _____ Did you graduate? Yes No

College or trade school _____ Did you graduate? Yes No

Do you have any special training or skills? _____

Do you have any management, construction, insulation or roofing experience? _____

FORMER EMPLOYERS (List all employers you worked for in the last 3 years)

Date	Name & address of employer	Salary	Position	Reason for leaving
from				
to				
from				
to				
from				
to				
from				
to				



greener world solutions llc

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EMAIL info@greenerworldsolutions.com • WEBSITE www.greenerworldsolutions.com

How did you hear about Greener World Solutions? _____

Can you lift 80 pounds? Yes No _____

Do you have a problem with heights? Yes No _____

Can you work in extreme heat, cold and humid weather? Yes No _____

Overtime is a common occurrence at Greener World Solutions. Can you work overtime? Yes No _____

Are you healthy enough to wear a respirator? Yes No _____

Do you have any health restrictions that would inhibit you from climbing into, crawling around, and working in small spaces such as attics? Yes No _____

Can you follow safety procedures including wearing a safety harness, eye and hearing protection and gloves? Yes No _____

Respirators need to fit securely. Are you willing to keep your face clean-shaven? Yes No _____

Greener World Solutions services 5 states. Can you travel for work and be gone over night? Yes No _____

Do you have a valid driver's license? Yes No If you answered no, what is your plan to get your driver's license?

PRE-EMPLOYMENT DRUG TEST

Creating a safe work environment is important to Greener World Solutions, therefore, any employment offer is conditioned upon successful completion of a drug test. By signing below, you are acknowledging that you understand that in the event you are offered a position at Greener World Solutions, the offer of employment is contingent on your taking and passing a drug test.

Your Initials _____

BACKGROUND CHECK

By signing below, you hereby authorize Greener World Solutions, llc to investigate your background. You are acknowledging that you understand that Greener World Solutions, llc will utilize an outside firm or firms to assist in checking such information, and you specifically authorize such an investigation by information services and outside entities of the company's choice.

Your Initials _____

AUTHORIZATION

By signing below, you certify that the facts contained in this application are true and complete to the best of your knowledge and understand that, if employed, falsified statements on this application may be grounds for dismissal.

By signing below, you authorize the investigation of all statements contained herein and your previous employers you have listed herein to give Greener World Solutions any and all information regarding your previous employment and any pertinent information they may have, personal or other wise, and release the company from all liability for any damage that may result from the utilization of such information.

Signature of applicant _____ Date _____



DRUG & ALCOHOL TESTING POLICY

I. PURPOSE

Greener World Solutions LLC (“Company”) seeks to provide and foster a safe and healthy environment for its employees. Consistent with this approach, the Company has established a mandatory alcohol and Drug testing program. The purpose of this program is to protect the safety, health and welfare of all employees. An employee reporting to work with alcohol or Drugs in his or her system may adversely affect productivity. The use, possession, sale, purchase, transfer, manufacture, being under the influence, distribution or dispensation or alcohol or Drugs may also pose unacceptable risks to the maintenance of safe, healthy and productive operations. With your help, this policy is intended to provide a safe, healthy and productive working environment for all employees and to protect the Company’s property, equipment and operations. All employees must abide by this policy as a condition of employment or continued employment. Job applicants will be required to be tested for Drugs and alcohol as part of a conditional offer of employment with the Company.

II. SCOPE

This policy applies to all job applicants and to all employees, temporary employees, independent contractors, any person working for an independent contractor who performs services for compensation for the Company, but not to persons subject to U.S. Department of Transportation regulations 49 CFR Part 382 regarding alcohol and Drugs, who are covered by a separate policy. This policy is applicable to all Company-owned facilities and to wherever Company employees are performing Company business.

This policy replaces and supersedes all previous Company policies regarding Drug and alcohol testing.

This policy is not intended as an offer of employment and does not constitute a contract of any type between the Company and any job applicant or employee. This policy also does not alter the at-will nature of the relationship that exists between the Company and its employees, or require the Company to make a job offer to any applicant.

III. NOTICE

Upon adoption of this Policy, a copy will be distributed to all affected employees and all job applicants who are conditionally offered employment contingent upon passing a Drug and/or alcohol test. All individuals who receive a copy of this Policy must sign the “Applicant or Employee Acknowledgement of Notice Form” and promptly return the signed form to the Managing Partners.

In addition, written notice that the policy exists will be posted in a conspicuous place. Copies of the policy are available for

review by applicants and employees by contacting the Managing Partners.

IV. REFERENCES

This policy complies with the requirements of Minnesota Statutes §§181.950-.957.

V. DEFINITIONS

The following definitions apply when used in this policy:

- A. “Company-owned facilities” and “Company equipment, machinery or vehicles” means all property, equipment, machinery or vehicles owned, leased, rented or used by the Company for business purposes.
- B. “Drug” means a controlled substance as defined in Minnesota Statutes § 152.01, subdivision 4. It includes, but is not limited to, narcotics, depressants, stimulants, hallucinogens, and cannabis (marijuana).
- C. “Job applicant” is a person, independent contractor, or person working for an independent contractor who applies to become an employee of the Company and has received a job offer contingent on the person passing a Drug or alcohol test. Job applicants include persons who have not worked for the Company previously, and persons who have previously worked for and voluntarily or involuntarily terminated from the Company.
- D. “Reasonable suspicion” means a basis for forming a belief based on specific facts and rational inferences drawn from those facts.
- E. “Safety-sensitive position” means a job, including any supervisory or management position, in which an impairment caused by Drug or alcohol usage would threaten the health or safety of any person.

VI. PROHIBITIONS/REQUIREMENTS

- A. No employee shall report to work under the influence of alcohol or illegal Drugs, including but not limited to marijuana and cocaine.
- B. No employee shall distribute, dispense, possess, sell, transfer, or use alcohol while on Company premises, including Company parking lots, or while operating Company machinery, equipment or vehicles, or while engaged in Company business off premises.
- C. No employee shall engage in the unlawful manufacture, distribution, dispensation, solicitation, possession, sale, transfer or use of Drugs while on Company premises, including Company parking lots, or while operating Company machinery, equipment or vehicles, or while engaged in Company business off premises.
- D. Illegal Drugs found on Company premises, including but not

limited to Company parking lots, machinery, equipment or vehicles, may be turned over to a local law enforcement agency for criminal prosecution. In addition, the Company may notify a local law enforcement agency when it suspects that an employee may be in possession of illegal Drugs or otherwise be engaged in any unlawful activity while at work or on Company premises.

- E. Engaging in the unlawful manufacture, distribution, dispensation, solicitation, possession, sale, transfer or use of illegal Drugs while off-duty may affect an employee's ability to perform his/her job for the Company or harm the Company or its reputation and may subject the employee to discipline, up to and including termination.

VII. FAILURE TO COMPLY

All job applicants who receive a conditional offer of employment and all employees are responsible for reading and understanding this policy. Employees are also responsible for reading and understanding this policy. An employee with questions regarding the policy should direct them to his or her supervisor or the Managing Partners.

Failure to comply with any part of this Policy may result in a withdrawal of any conditional job offer for job applicants, and in discipline up to and including termination for employees.

VIII. DRUG AND ALCOHOL TESTING

To effectuate this Policy, the Company will test job applicants and employees for Drugs and/or alcohol under the circumstances outlined below.

APPLICANT TESTING

All job applicants who are conditionally offered employment will be required to pass a Drug and alcohol test. This testing will be conducted apart from or in conjunction with any required physical examination. Existing employees who are applying for a job transfer or promotion may be required to undergo Drug and alcohol testing.

EMPLOYEE TESTING

I. Reasonable Suspicion Testing

Employees may be subject to Drug and alcohol testing when the Company has a reasonable suspicion that an employee:

- has violated the Company's policy on Drugs and alcohol;
- is under the influence of Drugs or alcohol;
- has sustained a "personal injury" as defined in the State Workers' Compensation Action or has caused another employee to sustain a "personal injury"; or
- has caused a work-related accident or was operating or helping to operate machinery, equipment, or vehicles involved in a work-related accident.

NOTE: An employee who sustains a personal injury in relation to employment and fails to promptly and properly report the injury will be subject to disciplinary action up to and including termination.

2. Treatment Program Testing

An employee may be required to undergo Drug and alcohol testing if the employee has been referred by the Company for chemical dependency treatment or evaluation or is participating in a chemical dependency treatment program under an employee benefit plan if one is offered. An employee meeting these conditions may be required to undergo Drug and alcohol testing without prior notice during the evaluation or treatment period and for a period of up to two years following the completion of any prescribed chemical dependency treatment program.

3. Routine Physical Examination Testing

An employee may be required to undergo Drug and alcohol testing as part of a routine physical examination. The testing as part of a routine physical examination will not be required more than once annually, and the employee will be given at least two weeks' written notice that a Drug or alcohol test may be requested as part of the physical examination.

4. Random Testing

Employees holding safety-sensitive positions with the Company may be required to undergo Drug and alcohol testing on a random selection basis.

IX. TESTING PROTOCOL – APPLICANTS AND EMPLOYEES

- A. Testing Laboratory. The Company has contracted with a laboratory statutorily authorized to perform the Drug and/or alcohol testing in accordance with Minnesota law.
- B. Consent. The individual to be tested will be issued a form on which he or she will acknowledge that he/she has seen the Company's Drug and alcohol testing policy and consents to the testing.
- C. Refusal to Participate. Any individual may refuse to undergo the required Drug and/or alcohol test. The Company, however, will withdraw the conditional job offer of any job applicant refusing to undergo testing and that individual will not be hired. The employment of employee who refuses to be tested will be terminated immediately, and the termination will be considered a voluntary quit.
- D. Testing Procedures.

Applicants and Employees must submit to testing immediately. If the request is for reasonable suspicion testing, the employee is not allowed to drive a vehicle to the testing site. Alternative arrangements must be made. An employee who refuses to cooperate with alternate arrangements for transportation to the clinic will be disciplined up to and including termination.

All test samples will be subject to an initial screening test ("initial test"). Samples that test positive for Drugs and/or alcohol on the initial test will be subject to a "confirmatory test." Positive initial test results will not be reported to the employer until they have been verified by a confirmatory test. No employment decisions will be based on unconfined initial test results.

- E. Notice of Test Result and Right to Request Copy. Within three (3) working days after it receives the test result report, the Company will notify the tested individual in writing of the result. The tested individual has a right to request a copy of

the test result from the Managing Partners. Test results will be sent by mail only, or will be made available for pick-up by the tested individual, but will not be released over the phone.

1. Negative Test Result. Individuals who test negative (pass) will be notified in writing.
2. Positive Test Result. Individuals who test positive (fail) will be notified in writing and
 - i. Will be issued a form on which the individual (a) will be notified of the right to explain the positive test, (b) may voluntarily disclose any over-the-counter or prescription medication that the employee is currently taking or has recently taken, and (c) may provide any other information relevant to the reliability of, or explanation for, a positive confirmatory test result; and
 - ii. May submit information to the Managing Partners in addition to any information already submitted under the paragraph above, to explain the positive confirmatory test result, provided that any and all information must be received by the Managing Partners within three (3) working days of the day the employee received notice of the positive confirmatory test result; and
 - iii. In addition, within five (5) working days after notice of a positive result on a confirmatory test, the job applicant/employee may request a confirmatory retest of the original sample at the job applicant/employee's own expense at a laboratory of the job applicant/employee's own choosing so long as the laboratory is statutorily authorized to conduct job applicant/employee Drug and/or alcohol tests, as applicable, pursuant to Minnesota law. The job applicant/employee's request must be in writing to the Managing Partners. If the confirmatory retest is negative, no adverse employment action will be taken.

F. Consequences of Positive Test Results (Failed Tests).

Applicants:

- a. If the applicant tests positive on the confirmatory test for Drugs or alcohol and that positive result has been verified by a confirmatory retest, or has not been challenged, the Company will withdraw the conditional job offer and the applicant will not be hired.
- b. If a confirmatory retest is requested and the test does not verify the positive confirmatory test result, no adverse action will be taken. If the applicant tests positive on the confirmatory retest, the Company will withdraw the conditional job offer and the applicant will not be hired.

Employees:

- a. First Failed Test. The first time an employee has produced a confirmed positive alcohol or Drug test that has been verified by a confirmatory retest, or has not been challenged,
 - (i) He/she will be given the opportunity to participate in an alcohol or drug counseling or rehabilitation program at the employee's own expense or through the Company's benefit plan if one is offered. The type

of counseling or rehabilitation program in which the employee participates will be determined by the Company after consultation with a certified chemical use counselor or physician trained in the diagnosis and treatment of chemical dependency.

- (ii) If the employee refuses to participate in the counseling or rehabilitation program or does not successfully complete the program, as evidenced by his/her withdrawal from the program before its completion or by a positive test result on a confirmatory test after completion of the program, his or her employment will be terminated immediately.
 - (iii) If the Company believes that it is reasonably necessary to protect the health or safety of the Employee, co-employees or the public, the employee will be transferred at the same rate of pay or suspended without pay, beginning on the date of the positive test. A suspended employee with Company-provided benefits may continue coverage through COBRA if a COBRA eligible benefit is offered. An employee who has been suspended without pay will be reinstated with back pay if the outcome of the confirmatory test, or confirmatory retest, if requested, is negative.
- b. Second Failed Test. The second time an employee has produced a confirmed positive alcohol or Drug test that has been verified by a confirmatory retest, or has not been challenged, he or she will be discharged immediately.

X. TESTING COSTS

The Company will pay all costs of Drug and/or alcohol testing with the exception of the cost of any confirmatory retest requested by an employee or job applicant, the cost of which must be paid by the individual requesting the test.

XI. CONFIDENTIALITY

- A. Test results and other information acquired in the Drug and/or alcohol testing process, will be treated as confidential information, except that, with the written consent of the tested individual, the information may be disclosed to another employer or to a third-party individual, government agency, or private organization.
- B. Evidence of a positive test result on a confirmatory test may, however, be used in an arbitration proceeding pursuant to a collective bargaining agreement, an administrative hearing under Minnesota Statutes Chapter 43A or any other applicable state or local law, or a judicial proceeding, provided the information is relevant to the hearing or proceeding. Evidence of a positive test result on a confirmatory test may also be disclosed to any federal agency or other unit of the United States government as required under federal law, regulation, or order, or in accordance with compliance requirements of a federal government contract and may also be disclosed to a substance abuse treatment facility for the purpose of evaluation or treatment of the employee.

DRUG & ALCOHOL TESTING POLICY ACKNOWLEDGEMENT FORM

I have received a written copy of Greener World Solutions, L.L.C. Substance Abuse Policy that becomes effective on December 16, 2013.

Understanding that I am not being asked to submit to testing at this time, I have read the entire contents of this Policy and I am aware and fully understand: (a) the policy and its contents; (b) the rules and prohibitions under this policy, as well as the enforcement provisions; (c) that, if requested to submit to testing in the future, I have the right to refuse to undergo drug and alcohol testing, and that I have been advised by this Policy of the consequences of my refusal of that testing; (d) that I am subject to certain disciplinary action if the Company receives a confirmatory test that verifies a positive test result on an initial screening test; (e) that I have been advised of the right to explain a positive test result on a confirmatory test or to request and pay for a confirmatory retest, within five working days of receiving the results of the confirmatory test; and (f) that certain events, as set forth in the Policy, may lead to adverse personnel actions, including discharge from the Company.

I understand that this policy does not create a contract or modify the at-will nature of my employment.

Employee Name

Signature

Date

CONSENT BY JOB APPLICANT TO SUBMIT TO DRUG AND/OR ALCOHOL TESTING

I have been offered a position with Greener World Solutions, L.L.C. (“Company”) contingent upon satisfactory results of a drug and/or alcohol test. I have received a copy of the Company’s Substance Abuse Policy. I understand that the testing is voluntary on my part, that I may refuse to submit to testing, and that such refusal will be considered a voluntary withdrawal of my employment application.

I further understand that the test results will be released to the Company, and that the results will be considered by the Company in determining whether to hire me. I understand that I can request and receive a copy of the test results.

I understand and acknowledge that the Company’s business reasons for requesting me to submit to such testing are not based upon considerations of race, color, sex, national origin, religion, age, marital status, ancestry, disability or on any other protected basis, either whole or in part.

I release the Company, its predecessors, successors, subsidiaries, past and present officers, directors, agents, servants, employees, and assigns from any and all claims, responsibilities, and matters relating to my submission to drug testing. Specifically, I agree and understand that the Company shall not be responsible in any way for any consequences resulting from said testing and I fully release the Company from any and all claims and demands whatsoever which might arise, grow out of, or be incident to such testing.

I have read this document and I certify that I understand the contents of this document and that I have signed this document of my own free will and accord.

With full knowledge of the foregoing, I hereby voluntarily agree to submit to drug and/or alcohol testing by the medical clinics and/or laboratories selected by the Company.

Applicant Name

Signature

Date

IF APPLICANT IS UNDER AGE 18, SIGNATURE OF PARENT OR LEGAL REPRESENTATIVE IS REQUIRED.

I declare under penalty of perjury under the laws of the State of _____ that I am the parent or legal representative of _____ and that I consent to everything written above.

Parent or Representative

Signature

Date