

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		Social Security No.		
Position Applied for				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?				
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain				

EDUCATION

College		Address		
To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree	
High school		Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other		Address		
To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree	

REFERENCES

three professional /references.	
Full Name	Relationship
Company	Phone (
Address	
Full Name	Relationship
Company	Phone (
Address	
Full Name	Relationship
Company	Phone (
Address	

PREVIOUS EMPLOYMENT

Company					
Address			Supervisor		
Job Title		Starting Salary		Ending Salary	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES, NO O					
Company			ne ()		
Address			Supervisor		
Job Title		Starting Salary		Ending Salary. \$	
Responsibilities					
from		To		Reason for Leaving	
May we contact your previous for a reference?					
Company			Phone (
address			Supervisor		
Job Title		Starting Salary		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous fora reference? YES O NO C]					

MILITARY SERVICE

Branch		From		To	
Rank at Discharge			Type of Discharge		
If other than honorable, explain					

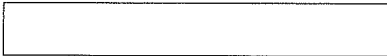
Disclaimer AND SIGN

GNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or Interview may result In my release.

Signature

Date



Employee Data

Print Name: _____ Date of Birth: _____

Social Security #: _____

Driver's License #: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home/Contact Phone #: (____) _____ Home/Contact Phone #: (____) _____

Emergency Contact Name: _____

Phone #: (____) _____

I have received, read and signed The Substance Abuse Policy & Procedure attachment.

To the best of my knowledge and belief/ of the information above is true, accurate, and complete.

Date: _____

Employee Signature

The Employee Data sheet will be kept in the employee's personnel file. Copies will be given to the employee only, upon request

Office Use Only

Date of Employment: _____

Salary: \$ _____

job Category: _____

Commission: \$ _____

Department: _____

Hourly Rate: \$ _____

Supervisor: _____

Weekly Salary: \$ _____

Annual Salary: \$ _____

Monthly Salary: \$ _____

ATTACHMENTS

RECEIVED _____ Substance Abuse Policy & Procedure (signed and dated)

Copy of I.D. and/or Driver's License.

The exceptions don't apply to supplemental wages Nonwage income. If you have a large amount of Form W-4 (2018) greater than \$1,000,000. nonwage income, such as interest or dividends, consider making estimated tax

Basic instructions. If you aren't exempt, complete payments using Form Purpose. Complete Form W-4 so that your the Personal Allowances Worksheet below. The 1040-ES, Estimated Tax for Individuals. Otherwise, employer can withhold the correct federal income worksheets on page 2 further adjust your you may income, owe additional see Pub. tax. 505 If to you find have out pens (on if you should or tax from your pay. Consider completing a new Form withholding allowances based on itemized annuity your withholding on Form W-4 or W-4P. W-4 each year and when your person or financial deductions, certain credits, adjustments to Income. adjust situation changes. or two-earners/multiple jobs situations. Two earners or multiple Jobs. It you have a

Exemption from withholding. If you are exempt, Complete all worksheets that apply. However, you working total number spouse of allowances or more than you one are job, entitled figure to the claim complete only lines 1, 2, 3, 4, and 7 and sign the may claim fewer (or zero) allowances. For regular on all jobs using worksheets from only one Form form to validate it. Your exemption for 2018 expires wages, withholding must be based on allowances W-4. Your withholding usually will be most accurate February 15, 2019. See Pub. 505, Tax "Withholding you claim median x may; znot be a flat amount or when all allowances on the Form W-4 and Estimated Tax.

for allowances are Note: If another a dependent 'A Head of Household' generally, head, t. clair#ad' on 505 for details. h6SGh61d 'filing on your tak/refuhl onli from withholding if your *dial Yeu aFa unmarried ad pay more than 50% of the Nonresident alien. If you are Form a nonresident W-4 Instructions alien, see for and includes more than \$XXK of unearned income (f/ costs: 6f keeping uO@home for y. oufeeli ari8' youu Nonresident Aliens, before completing this form. example, interest and diVidohdS). dopahent(s) or othoF qualifying individuals? See

Exceptions. An employee may be able to claim Pub. 501, Exemptions, Standard Deduction, and Check your withholding. After your Form W-4 takes exemption from withholding even if the employee is Filing Information, for information. effect, use Pub. 505 to see how the amount you are a dependent, if the employee: Tax credits. You can take projected tax credits into laving ithheld r 2018? See Pub/505, comparwto, your eS6eCialty projected if your earnin total stax

• Is age 65 or older, imfiguring yoaiatlowabfe: number of ll6c0ad (Married. lwith61dirigiall6Wan&ZS5Credits for child or dependent

• Is blind, or th6child tax credit {rryay be claimed " -I " FutgVp d6velopments. Information about any future usinffthe, P.eieai! Allowance SWorkSh%etbelow. developai6its afiQi{ing Form' W-4 (such as • Will claim adjustments to 'S6eciP6b. on e6iwa6ffing your other we_r6lease it) will be posted itemized deductions/6n his her tak't6t6m. wwwirs. ov/FomW4. credits into withholding allowances. at

Allowances Worksheet (Keep for your records.) A Enter "1

" for youiSelfif; no on6t: 6i'etcan clairfi90u 6Sfa dep6hd6nt . Y6u're'sjp6l6 and have

B Enter "1 " if: • have\only one spouse doesn't work; or • l'YdÜWWageS from!æe6cond jbb or'YO6r spouses wagdSi(or the tot6llof

C Enter "1 " for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering may help you avoid having too little tax withheld.) C

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . D

E Enter "1 " if you will file as head of household on your tax return (see conditions under Head of household above)

F Enter "1 " if you have at least of child or dependent care expenses for which you plan to claim a credit F (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than (\$X)O,(X)(X if married), enter "2" for each eligible child; then less "1 " if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$XX,XXX and and (\$X)O,(X)O(if married), enter "1 " for each eligible child G

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) H • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions For accuracy, and Adjustments Worksheet on page 2.

complete all • If you are single and have more than one job or are married and you and your spouse both work and the worksheets combined earnings from all jobs exceed (\$XX,)OO(if married), see the Two-Eamer\$/Multiple Jobs that apply. Worksheet on page 2 to avoid having too little tax withheld.

• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

2018

1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <input style="width: 50px;" type="text"/>	
6 Additional amount, if any, you want withheld from each paycheck	<input style="width: 50px;" type="text"/>	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and e This year I expect a refund of all federal income tax withheld because I expect to have no tax liability If you meet both conditions, write "Exempt" here.		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (ms form is not valid unless you sign it.) Date		
8 Employer's name and address (Employer: Complete boxes 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer Identification number (EIN)

EMPLOYEE ACKNOWLEDGEMENT

_____ I have received and read the Safety Manual and agree to abide by the safety regulations and the company's policies I am aware that Drug testing is mandatory. I am aware that any violations of company safety policies or company policies can result in immediate termination.

Signature_____

Print Name_____

Date _____

Witness_____

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt.	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen of the United States</p> <p><input type="checkbox"/> A noncitizen national of the United States (see instructions)</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) _____</p> <p><input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if a licable - month/ / ear</p>
Employee's Signature	Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is authorized to work in the United States. (State

employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
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Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

LIST B

LIST C

Documents that Establish Both
Identity and Employment

Documents that Establish
Identity

Documents that Establish
Employment Authorization

Authorization

OR

AND

<p>I U.S. Passport or U.S. Passport Card</p>	<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>I. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>		
<p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the</p>	<p>4. Voter's registration card</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
	<p>5. U.S. Military card or draft record</p>	
	<p>6. Military dependent's ID card</p>	
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>5. Native American tribal document</p>

<p>period of endorsement has not yet expired, and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p>	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
<p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p>For persons under age 18 who are unable to present a document listed above:</p>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Employee Acknowledgement of Understanding

(Must be signed by all employees, current and upon hire and kept in his/her personnel file)

Today's Date: _____

To all employees:

- This is to notify all employees that there is a Post-Accident Substance Abuse Testing Policy. This means that if you are injured on the job, you will be required to submit to substance abuse testing as part of your medical care.

Additionally, the only authorized place to obtain medical care is

Concentra _____, excluding emergency services requirements.

Occupational Medical Clinic/Facility provider(s) is are:

Concentra - 5850 Palaris Ave, Ste. #100, Las Vegas, NV 89118
Concentra - 149 N. Gibson Rd, Ste H Henderson, NV 89014
Concentra - 3900 Paradise Rd, Ste V, Las Vegas, NV 89169
Concentra - 151 W. Arroyo Ave, N. Las Vegas, NV 89030

I understand this policy. If I am injured on the job, I will see medical attention from Concentra and I will be substance tested for drugs and alcohol.

Refusal of testing will jeopardize the claim and will result in termination of my employment.

Employee name (print)

Employee signature

Date

Page 7 of 8

Direct deposit Payroll

Employee Direct Deposit Authorization

Instructions _____

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: _____

type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account) _____

Account 2 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

attach voided check

Authorization (enter your name or company name in the blank space below) this authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____

Builders Association of Western Nevada Self Insure group

POST ACCIDENT DRUG and ALCOHOL TESTING POLICY STATEMENT

POLICY STATEMENT

Each member of the Builders Association of Western Nevada Self Insured Group (BAWNSIG) is required to establish a Post-Accident Drug and Alcohol Testing Policy (Drug-Free Workplace Policy) for their employees. At a minimum, this policy will include **post accident drug and alcohol testing.**

BENEFITS

BAWNSIG is committed to assisting its members in providing a risk-free environment for their employees. Likewise, each BAWNSIG member has made the commitment to provide a safe work environment for the benefit of the health and well-being of their employees. It is well documented that substance abuse is a workplace problem because it affects employee health and safety, productivity, and health care costs. Employers who establish a Drug-Free Workplace Policy not only help to reduce worker's compensation claims related to drug or alcohol problems, but they also protect their investment in personnel by promoting better health, increased productivity, lower absenteeism, and improved employee morale.

REIMBURSEMENT

The BAWNSIG will bear the cost of post-accident drug and alcohol tests. The medical facility may bill the tests directly to the Third-Party Administrator in conjunction with the medical charges related to a work-related injury. Should the employer be billed, the invoice should be forwarded to the Third-Party Administrator for payment.

PROCEDURE TO ESTABLISH A POST ACCIDENT DRUG AND ALCOHOL TESTING POLICY

Utilizing the guidance of PGM Safety Services LLC loss control experts, new members will have 30 days from their effective date in the BAWNSIG to establish their Post-Accident Drug and Alcohol Testing Policy.

At a minimum, the member will require each employee involved in the incident or accident to undergo post-accident drug and alcohol testing (including a five-panel Urine Drug Screen (UDS) and Breath Alcohol Test (BAT) or nine-panel blood test) as soon as possible but not later than 24 hours following an accident or incident. There must be a reasonable basis that the Employees tested were part of or contributed to the mechanism or circumstance of the incident or accident. The alcohol test must be conducted within two hours of the incident or accident.

It is the Board of Trustee's intent that all BAWNSIG members be compliant with this policy.

Joyce Smith, Chairman, Board of Trustees
Builders Association of Western Nevada Self Insured Group
Builders Association of Western Nevada

Self-Insured Group Procedures for Establishing a Post-Accident Drug and Alcohol Testing Program

In accordance with the Builder's Association of Western Nevada Self-Insured Group (BAWNSIG) program guidelines, you are responsible for implementing a Post-Accident Drug and Alcohol Testing Policy within 30 days of joining the Self- Insured Group,

DISCLAIMER: All information provided by PGM Safety Services (PGMSS) and its principles/agents and employees, whether verbal or written, is not intended to provide legal advice. Although we go to great lengths to make sure our information is accurate and useful and our interpretation of it is appropriate to your particular situation, we recommend that you contact your employment law attorney with your legal questions and concerns.

The following steps are provided as a guide to help you implement this program. If you have any questions regarding these guidelines, contact PGMSS, at 775-887-2480 or 800-859-3177.

- To establish a post-accident drug and alcohol testing program, you must first have a written policy. PGMSS can provide you with sample policy language. This policy should include only the specific drug testing that you wish to implement, for example, post accident drug and breath alcohol testing.
- This written policy must become part of your personnel policies. Have each new employee sign the policy upon hire and keep this form in his/her personnel file. For your current employees, have each one sign the policy and add it to his/her personnel file. The policy is immediately effective for all employees.
- You must then contact a facility to administer the drug and alcohol testing. The easiest approach is to establish protocols with an occupational health center that is conveniently located. Emergency rooms at hospitals will not usually do drug and alcohol testing. The occupational health center may ask for a copy of your drug and alcohol testing policy.
- After completing the written policy and establishing the drug and alcohol testing protocols at a local clinic, send all employees to that clinic according to your specific policy. If an employee is treated in an emergency room for a workers' comp injury and is not drug and alcohol tested, you may still send him/her for testing to the preferred clinic. Drug and alcohol testing should be done as quickly as possible after a reported accident, but no later than 24 hours.
- Mobile drug and alcohol testing is available to be dispatched to area hospitals if necessary. Please refer to our provider directory posted on vwww.pgmnv.com.

Drug-Free Workplace Policy

(Recommended Minimum Guidelines for Companies who do not already have such a policy)

Purpose- (Company Name hereinafter referred to as "Company") has a vital interest in maintaining a safe and efficient environment for its employees, clients and customers.

Employees who are under the influence of drugs or alcohol on the job pose serious safety risks not only for the user but also to co-workers and others. The possession, use or unauthorized sale of an illegal drug or alcohol may also pose unacceptable risks for safe and efficient operations. Accordingly, it is the right, obligation and intent of the Company to maintain a safe and efficient environment for all of its employees and guests and to protect Company property, equipment and operations,

The Company has adopted a drug-free workplace policy to ensure that our business is functioning safely, efficiently and cost-effectively. In doing so, the Company will comply with all federal and state drug-free workplace requirements.

The Company will require all employees and job applicants to participate in, consent to, and comply with this policy as a condition of employment and continued employment. For those who refuse to seek help on their own or who fail to cooperate fully with the terms and conditions of this policy, the Company will take appropriate measures to address the situation promptly and directly. Substance issues in the workplace or by employees that affect the workplace will not be tolerated.

Coverage — This policy applies to all employees of the Company when they are on Company business or on Company premises, including but not limited to all properties, facilities, land, platforms, buildings, structures, fixtures, installations, automobiles, trucks and other vehicles whether owned, leased or used by the Company or for Company purposes. This policy also covers the use of drugs or alcohol while off Company premises if the employee is "under the influence," as defined in this policy, when representing the Company. Additionally, regardless of the event or situation employees are always responsible for their actions and behavior at Company-related events or activities.

Covered Employees

The Company's drug-free workplace policy covers all:

- full-time employees
- part-time employees
- temporary employees (At Company's discretion)
- applicants

Nondiscrimination

In accordance with the Americans with Disabilities Act, the Company does not discriminate against any qualified individuals with a disability who are not currently using illegal drugs and who have either successfully completed rehabilitation or who may be currently participating in a supervised rehabilitation program and are no longer using illegal drugs. Nothing contained in this policy shall be construed to or be applied in such a way that its application will result in

discrimination against any individual with a disability or handicap as those terms are defined by the Americans with Disabilities Act.

A current disability of any kind, however, does not entitle an employee and/or job applicant to violate any provisions of this policy.

Employee Assistance Program

The Company does not maintain an Employee Assistance Program (EAP) but will provide a list of resources. Employees are responsible for all costs associated with substance abuse counseling, treatment or rehabilitation.

Employees will not be discharged, disciplined or discriminated against for voluntarily seeking treatment for a drug/alcohol related problem if that individual has not previously tested positive for drugs or alcohol in violation of the Company's policy, entered an employee assistance program for substance abuse-related issues, or entered an alcohol and drug rehabilitation program.

Prohibited Conduct

The Company employees are prohibited from:

- Being under the influence of drugs as defined in this policy (i.e., a confirmed positive drug test by urine or blood and/or demonstrating the signs and symptoms of being under the influence of drugs);
- Being under the influence of alcohol as defined in this policy (i.e., a BAC of 0.02 or higher as demonstrated by an alcohol test and/or demonstrating the signs and symptoms of being under the influence of alcohol);
- Testing positive for drugs or alcohol, as defined by state or federal law;
- Failing to notify a supervisor or manager if the employee believes that he or she is under the influence of drugs or alcohol;
- Bringing illegal drugs as defined by state or federal law, alcohol, controlled substances or drug paraphernalia to work and/or storing such items on Company property;
- Possessing, using, manufacturing, distributing or attempting to distribute, sell or dispense drugs or controlled substances off Company property that may adversely affect Company, the worker's job performance, or place at risk the safety or well-being of the worker or others.
- Failing to notify the Company in writing immediately of a criminal drug or alcohol conviction or pleading guilty to a criminal drug or alcohol offense;
- Abusing prescription drugs, which includes exceeding the recommended prescribed dosage or using others' prescribed medications;
 - Switching, tampering with or adulterating any specimen or sample collected under the Company's policy for the purpose of testing for drugs or alcohol;

- Disclosing information related to a drug or alcohol test result;
- Refusing to cooperate with the terms and conditions of this policy. Failure to cooperate includes, but is not limited to:
 - a. Refusal to be tested,
 - b. Failure to provide an adequate sample without a valid medical excuse,
 - c. Refusal to sign required paperwork (including, but not limited to, consent forms, acknowledgement forms, and chain of custody forms),
 - d. Failure to show up at an assigned collection site to provide a specimen, and
 - e. Failure to be reasonably available to be tested once the employee has been notified.

Medical and Recreational Marijuana

While Medicinal and recreational marijuana are legal under Nevada state law, both are illegal under federal law. While conducting business-related activities, no employee may use, possess, distribute, sell or be under the influence of alcohol or illegal drugs, as defined by state or federal law. The legal use of prescribed drugs as defined by state or federal law is permitted only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace. Marijuana is illegal under federal law, and as such, its use, impairment or positive test results caused by marijuana, violate this drug and alcohol policy.

Violations of this policy may lead to disciplinary action, up to and including immediate termination of employment, denial of a workers' compensation claim and/or required participation in a substance abuse, rehabilitation or treatment program at the employee's expense. Such violations may also have legal consequences.

Prescription Drugs

The proper use of medication prescribed by your physician is not prohibited; however, we do prohibit the misuse of prescribed medication. Employees' drug use may affect their job performance, by causing dizziness or drowsiness. In addition, employees can report the use of prescription or nonprescription drugs that may affect drug tests by completing a written consent form. It is the employee's responsibility to determine from his/her physician whether a prescribed drug may impair job performance.

Notification of Impairment

It shall be the responsibility of each employee who observes or has knowledge of another employee in a condition which impairs the employee to perform his or her job duties, or who presents a hazard to the safety and welfare of others, or is otherwise in violation of this policy, to promptly report the information to his or her immediate supervisor.

Alcohol Use

The Company will test individuals for alcohol utilizing breath testing technologies. The Company reserves the right to utilize other testing technologies in accordance with applicable laws and when circumstances require an alternative. A breath alcohol content (BAC) level of 0.02 or higher will be considered a positive result. (See the Consequences section of this policy for more information.)

Testing

Post-accident Drug and Alcohol Testing: All employees whose conduct establishes a reasonable basis for concluding drugs or alcohol could have contributed to or caused an accident during work time or while on Company business or on Company property, regardless if an injury occurs or not, will be subject to a drug and/or alcohol test.

Drugs

The Company will test individuals for drugs utilizing urine or blood testing technologies. Tests will be conducted utilizing laboratory-based collection testing technologies. The Company reserves the right to utilize other testing technologies in accordance with applicable laws and when circumstances require an alternative. The Company will test for the following drugs:

Table 1.

<u>Prohibited Drug s</u>	Urine Nanograms <u>per milliliter</u>	Blood
1. Amphetamines	500	100
2. Cocaine	150	50
3. Cocaine metabolite	150	50
4. Heroin	2,000	50
5. <u>Heroin metabolite</u>		
o Morphine	2,000	50
o 6-monoacetyl morphine	10	10
6. Lysergic acid diethylamide	25	10
7. Marijuana (delta-9-tetrahydrocannabinol)	10	2
8. Marijuana metabolite (11-OH- tetrahydrocannabinol)	15	5
9. Methamphetamine	500	100
10. Phencyclidine (PCP)	25	10

A fatality or an injury that requires medical attention away from the scene of the accident

- An injury that results in lost work time
- Non-injury accident that causes damage to Company property

A post-accident drug test must take place within 24 hours of the time of the accident. A post accident alcohol test must take place within 2 hours of the time of the accident. Any employee who fails to report a work-related accident is in violation of this policy and is subject to disciplinary action up to and including termination. Failure to comply will be considered a "refusal to test."

An individual who tests positive for any of the substances cited above will be subject to adverse employment action. (See the Consequences section of this policy for more information.) Medical Review Officer

If a confirmation test is positive, a Medical Review Officer (MRO) or Laboratory Director will attempt to speak with the donor in order to verify the result and report a final result to the Company. After 10 days or a reasonable period if no communication with the donor has taken place, the MRO or Laboratory Director will verify the result and report it to the Company.

Rebuttal Opportunity

Employees and applicants who test positive for drugs will be given the opportunity to explain why the result was positive.

The result of a test for the use of prohibited drugs in the urine which shows that the employee had an amount of marijuana or marijuana metabolite in his or her system that was equal to or greater than the limits set forth in Table 1 . , may be rebutted by the employee by:

- 1 . The result of a test of the blood of the employee if the blood was drawn from the employee within two (2) hours of the time the urine was obtained 'from the employee.
- 2, The employee is given a reasonable opportunity at the same collection site, upon request and at the employees' expense, to have his or her blood drawn and tested for the purposes of this section of policy.

The results of the test of the blood must result in an amount less than two (2) Blood Nano grams per milliliter of delta-9-THC, marijuana's primary psychoactive ingredient and five (5) Blood Nano grams per milliliter of 11-OH-THC, a marijuana metabolite associated with cognitive impairment. A failure to test or a failure to rebut a positive test for marijuana, according to this policy, may result in the denial of any workers' compensation claim filed in association with a post-accident drug test.

Preemployment Drug Testing

All applicants for employment with the Company, including applicants for safety-sensitive positions, will be required to submit to a drug test once a conditional offer of employment has been extended and accepted. All offers of employment are contingent on a negative test result. Applicants will be required to sign an acknowledgement and consent form.

A positive drug test, failure or refusal to participate in a drug test, failure to sign the acknowledgement and consent form, or any effort to tamper with a sample or to alter a test result will disqualify an applicant from employment. Candidates that fail the preemployment drug test may not reapply or be considered for employment for one year.

Applicants previously employed by the Company, regardless of the length of time they were away, will be subject to a pre-employment drug test as outlined above.

Reasonable Suspicion Drug and Alcohol Testing

Employees will be required to submit to a drug and/or alcohol test when a supervisor or manager has a rational basis, whether from direct observation or from the reports of others, to believe that an employee has violated this policy or is under the influence of legal or illegal drugs or alcohol in such a manner as to have an impact on the individual or the work environment. Reasonable suspicion will be documented and will not be based on rumor, speculation, or unsubstantiated information. Referrals for reasonable suspicion testing will be made according to the procedures set forth by the Company.

Behavior that could prompt reasonable suspicion of drug or alcohol use in violation of the Company's policy includes, but is not limited to, the following:

- Direct observation of conduct, including reckless or risky behavior, that may indicate an individual is impaired by or under the influence of intoxicants or illegal drugs; ■ Direct observation of speech, odor or appearance that may indicate an individual is impaired by or under the influence of intoxicants or illegal drugs;
- Reports or information that an individual was seen taking, selling, dispensing, or using illegal drugs, or telling other employees of being involved in such activities; ■ Evidence of an attempt to alter a drug or alcohol test sample or result; and/or ■ Patterns of abnormal

and erratic conduct such as, but not limited to, increased absenteeism, excessive tardiness, or lack of expected or required work performance.

Reasonable suspicion does not mean that the Company must be correct in its belief, only that it has some rational basis for believing the employee is somehow involved in the use, sale, or possession of drugs and/or alcohol. The fact that reports may have been made anonymously about an employee does not necessarily mean that they cannot form the basis of a reasonable suspicion.

If the individual is to be sent home following providing a sample the Company will make arrangements to get them home. For liability reasons it is not acceptable for a Company representative to drive the employee home but Company will regard on a case-by-case basis, Under no circumstances is the individual allowed to drive him or herself home if he or she may be under the influence. If the individual insists on driving home alone he or she will be informed that the Company is obligated to notify local police.

Random Drug Testing

The Company reserves the right to conduct random testing. When random testing is conducted all safety-sensitive employees may be subject to random, unannounced drug testing. Employees subject to random testing will have an equal probability of being neutrally selected for such testing. The Company does not have the right to waive the selection of any employee who has been randomly chosen.

Random tests will be unannounced and performed at established intervals throughout the year. The selection of employees for random drug and alcohol testing will be made by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with employee identification numbers (i.e., Social Security numbers, payroll identification numbers, or other comparable identifying numbers).

Random testing will be conducted at a frequency rate of 50 percent, meaning that the Company will conduct random testing of 50 percent of the total number of employees in a given year. The names of individuals who are randomly selected for testing will be returned to the eligibility list for future selection during the same year.

Whenever an employee is selected for a random test, he or she will be notified of the selection and instructed to report, under authorized company supervision, to a collection site within 15 minutes (plus travel time). If the individual is performing a safety-sensitive function, other than driving a commercial motor vehicle, at the time of notification, the employee must cease performing the safety-sensitive function and proceed to the testing site as soon as possible.

Return/Continuing to Work

Employees who test positive, admit to drug or alcohol use or related misconduct, or voluntarily seek assistance, and are not terminated, will not be returned to work or continue working until they have been evaluated by a Company selected physician to determine if they can safely return to work.

Employees who successfully complete substance abuse treatment may be eligible for reinstatement and, if reinstated, will be subject to follow-up unannounced testing. Employees will be subject to follow-up drug or alcohol testing (or both depending on what substance or

substances they were being treated for) according to the recommendations of their medical provider or at the discretion of the Company.

Consequences for Policy Violations

Employees who violate any of the conditions of this policy will be subject to disciplinary action up to and including termination at the Company's sole discretion. Employees should understand that certain policy violations such as the use of alcohol (including possession of an open container) or any illegal drug activities (including the possession, sale, or use of illegal drugs as defined under state or federal law) on Company premises or on Company time may result in immediate termination and the denial of any associated workers' compensation claim filed. Individuals who refuse to cooperate with the Company's policy in any way will be subject to immediate termination.

Refusals to Test - Employees that refuse to submit to a drug or alcohol test may result in immediate termination and denial of any workers' compensation claim filed in association with the refusal to test.

Consent

All employees are required to sign the Acknowledgement and Consent form included in this policy as a condition of employment or continued employment.

Reservation of Rights

The Company reserves the right to administer this policy and interpret, change, or rescind the policy in whole or in part, with or without notice or consideration. In addition, changes to applicable state and federal laws or regulations may require the Company to modify or supplement the policy without notice.

This policy does not create an employment contract and should not be interpreted or considered as such. This policy does not, in any way, change the nature of the at-will employment relationship on either the part of the employee or the Company.

we established a Post-Accident Drug and Alcohol Testing Policy according to the Builders Association of Western Nevada Self Insured Group guidelines. The billing for Post Accident Drug and Alcohol Testing should be sent to:

Associated Risk Management, Inc
P.O. Box 4930
Carson City, NV 89702

Doctor/Clinic/Emergency
Medical Facility:

has elected to self-insure its workers' compensation liabilities for its employees in Nevada by joining a Self-Insured Group which is an association of employers, certified by the State of Nevada Commissioner of Insurance. Our company requires "Post Accident Drug and Alcohol Testing."

The Self-Insured Group has contracted with Associated Risk Management, Inc. (ARMI) as its claims administrator. Please send all C-4 forms "Employee's Claim for Compensation/Report of Initial Treatment" to:

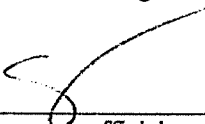
Associated Risk Management (ARMI)
P O Box 4930
Carson City, NV 89702
(800) 935-0640, (800) 621-5006 Fax

Claims (Onvarn1i.c0111
www.nvarlui.com

Your Pharmacy Benefit Manager is National Pharmaceutical Services (NPS). All Pharmacies should go through NPS for all prescriptions. Below is a sample card:

NATIONAL PHARMACEUTICAL SERVICES®	
ASSOCIATED RISK MANAGEMENT, INC.	
Workers' Compensation Program	
ID NUMBER:	123456789
NAME:	JOHN L SAMPLE
NPS Pharmacy Help Desk: (800) 546-5677 (24 hrs / 7 days per week)	
RX GROUP = [Group#]	RX BIN = 004758 PCN = NPS

All other reports, fee statements, or other documents should be sent to ARMI at the above address. If you have any questions, please call the undersigned.



Signature of your company official

Acknowledgement of Receipt of Policy and

I will agree to testing

2. I will comply with the Company's policy on drugs and/or alcohol and understand that noncompliance may result in disciplinary action up to and including termination.
3. I understand that within two hours of a urine drug screen, I may submit to a blood test at my expense, in order to rebut a potential positive drug test for marijuana, as described in the policy.
4. I understand that a workers' compensation claim associated with a positive drug or alcohol test may be denied as described in the policy.
5. I consent to submit to and cooperate fully with the Company's drug and alcohol testing requirements as described in the policy.
6. I understand that I may be tested by urine or blood for any of the following substances as well as any other substances the Company deems necessary: marijuana, cocaine, opiates, amphetamines, phencyclidine, barbiturates, benzodiazepines, methadone, methamphetamine, and alcohol.
7. I consent to the release of the laboratory test results in accordance with the Company policy to the selected Medical Review Officer (MRO) or Laboratory Director. In doing so, I understand that I will be given an opportunity to discuss a positive drug test result with the MRO or Laboratory Director before the result is reported to the Company as a verified positive.
8. I consent to the release of the results of a breath alcohol tests by a certified technician to the Company.
9. I consent to release drug and alcohol test results to Associated Risk Management, Inc.

Employee _____
Name: Date:

Employee Signature: _____

I am the parent/guardian of _____, and I acknowledge that I understand the COMPANY's Drug-Free Workplace Policy. I hereby consent to his/her participation in the Company's Drug-Free Workplace Program.

Parent/Guardian Signature: _____

Date: