



TB LANDMARK CONSTRUCTION, INC.

Pre-Employment Questionnaire

WE ARE AN ADA COMPLIANT/EQUAL OPPORTUNITY EMPLOYER
& WE MAINTAIN AN ALCOHOL AND DRUG FREE WORKPLACE

PERSONAL INFORMATION

Name:			Soc. Sec. Number:
			SUBMIT UPON HIRING
Address:			Date of Birth:
			SUBMIT UPON HIRING
City:	State:	Zip:	Email:
Contact Number:	Cell:	Referred by:	
Position Desired:	Date you can start:	Desired Salary:	
Emergency Contact:	Phone:	Relationship:	

Have you ever worked at TB Landmark Before? Yes No

Have you ever applied at TB Landmark Before? Yes No

Are you under 18 years of age? Yes No

Are you eligible to work in the US? Yes No

Do you have transportation to and from work? Yes No

Are you able to travel if the job requires it? Yes No

Do you require any special accommodations to perform the essential function of your job? Yes No

What days of the week are you available to work? Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

Are there any hours, shifts or days you are unable to work? _____

Have you been convicted of a felony in the last five years? If yes, please provide details: Yes No

EDUCATION

Please circle the highest grade of education completed: 7 8 9 10 11 12 13 14 15 16 16+

Name of School	City/State	Graduate?	Degree?
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY/FORMER EMPLOYERS

<i>MOST RECENT EMPLOYER</i>		Can we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name:		Supervisor Contact Name:	
Phone:	Dates From:	To:	Salary:
Reason for Leaving:	Duties/Responsibilities:		
<i>SECOND MOST RECENT EMPLOYER</i>		Can we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name:		Supervisor Contact Name:	
Phone:	Dates From:	To:	Salary:
Reason for Leaving:	Duties/Responsibilities:		
<i>THIRD RECENT EMPLOYER</i>		Can we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name:		Supervisor Contact Name:	
Phone:	Dates From:	To:	Salary:
Reason for Leaving:	Duties/Responsibilities:		

REFERENCES (Only Include those individuals familiar with your work ability. DO NOT include relatives)

Name	Address	Phone	Years Known/Relationship

NOTICE TO APPLICANTS: We comply with the American with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. We adhere to a policy of make employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment at the Employer solely depends on your qualifications.

CERTIFICATION AND RELEASE: I certify that I have read and understood the applicant note on page one and that the answers given to me to the forgoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any times during my employment. I authorize the company and/or its agents, including customer reporting bureaus to verify any of this information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs are prohibited during employment. If company policy requires, I am willing to submit to a drug test to detect the use of illegal drugs prior to and during employment.

Signed: _____

Date: _____



T B Landmark
CONSTRUCTION, Inc.

New Hire Packet

Please submit with TWO (2) valid forms of
Identification



T B Landmark
CONSTRUCTION, Inc.

EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

It is the policy of TB Landmark Construction, Inc. not to discriminate against any applicant for employment, or any employee because of age, color, sex, disability, national origin, religion or veteran status.

TB Landmark Construction, Inc. will take affirmative action to ensure that the EEO Policy is implemented, with particular regard to: advertising, application procedures, compensation, demotion, employment, fringe benefits, job assignment, job classification, layoff, leave, promotion, recruitment, rehire, social activities, training, termination, transfer, upgrade and working conditions.

TB Landmark will continue to make it understood by the employment entities with which it deal, and in employment opportunity announcements that the foregoing is company policy and all employment decisions are based on individual merit only.

All current employees of TB Landmark Construction, Inc. are requested to encourage qualified disabled persons, minorities, special disabled veterans, and Vietnam Era veterans to apply for employment, on the job training or fur union accommodations for qualified disabled individuals.

It is the policy of TB Landmark Construction, Inc. that all company activities, facilities, and job sites are non-segregated. Separate or single-user toiled and changing facilities are provided to assure privacy.

It is the policy of TB Landmark Construction, Inc. to ensure and maintain a working environment free of coercion, harassment, and intimidation at all job sites, and in all facilities at which employees are assigned to work. Any violation of the policy should be immediately reported to your supervisor and the company EEO Officer.

EEO Officer: Susan Turrentine 11220 New Berlin Road, Jacksonville, FL 32226 (904) 751-1016

Respectfully,

Robin R. Thigpen

President

Utility & Pipeline Contractors • Directional Drill Contractor
11220 New Berlin Road • Jacksonville, FL 32226 • Phone: (904) 751-1016 • Fax: (904) 751-4125
CG C060694 • CU C057226

NOTICE TO OUR EMPLOYEES

Drug Free Workplace

It is a fact of life that alcohol and drug abuse is widespread in today's society. It causes are many and complex, but one thing is certain – the use, sale, purchase, dispensing or possession of illegal drugs and the abuse of alcohol are inconsistent with the company commitment to provide a safe and productive work environment for all employees.

While TB Landmark Construction, Inc. has no intention of intruding into the private lives of its employees, we do recognize that serious involvement with drugs or alcohol eventually takes a toll on job performance. Our concern is that employee report to work in a condition to perform their duties safely and efficiently in the interest of our clients, our fellow workers, the company and themselves. If we all do our part, and be accountable for our own safety, our efforts will carry over into our community and reinforce our demonstrated concern for the health and safety of everyone.

All employees are subject to abuse testing effective upon Employment. We also conduct Random, Return to Work and Reasonable Suspicion substance abuse testing throughout your employment here at TB Landmark Construction, Inc.

CONSENT FORM FOR DRUG TESTING

1. I understand that TB Landmark Construction, Inc. has a policy against the use, possession or distribution of illegal drugs by its employment applicants and employees. I further understand that the company has adopted a drug testing program as a method of implementing that policy.
2. I hereby consent to the taking of urine or blood samples by the company, or its agents, for purposes of the above drug testing program ad to the testing of such samples Laboratory Corporation of America. I hereby further consent to the release of any test reports on such samples from the laboratory to the designated Medical Review Officer, which will report such to the Human Resources office of the company. The company may use all such report with our without other information in their assessment of my employment application and/or employment status.
3. I also understand that I have the legal right under the Confidentiality of Medical Information Act to review a copy of this consent form.
4. I further understand that if I refuse to test, or I am injured in the course and scope of my employment, and test positive for a substance described within the company drug policy, I may be require to forfeit my medical and indemnity benefits under the Florida Workers Compensation Act, and upon the exhaustion of the procedures be subject to discipline up to and including termination of employment.
5. This consent will be in effect from this date signed and will remain in effect as long as I am employed by this Company.

Date: _____

Signature: _____

Name Printed: _____

Address: _____

Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 Give Form W-4 to your employer.
 Your withholding is subject to review by the IRS.**

2025

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.
 Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)	Date	

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. An alien authorized to work until _____ (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<ol style="list-style-type: none"> 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, sex, height, eye color, and address 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, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

HEALTH QUESTIONNAIRE

To be completed after an employment offer is made and before the employee begins work

This medical information is being gathered in compliance with the Americans with Disabilities Act (ADA) and will be maintained in a separate medical file as a confidential medical record, except that supervisors/managers may be informed about necessary work restrictions and accommodations; first-aid/safety personnel may be informed of any necessary information for emergency medical treatment; and the government may be provided with this information when enforcing the ADA. *42 USCA § 12112(d)(3) (West 2008)*

In addition, the employer reserves the right to use this information to assist in presenting a workers' compensation claim for reimbursement under any Subsequent/Second Injury Trust Fund. *29 C.F.R. § 1630.14(b) (West 2008)*

Employer name _____

Employee name _____
First
Middle
Last

Social Security no. _____

Date of birth _____

Date of employment _____

I. Have you ever experienced any of the following conditions? (Check Yes or No)

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Neck pain or discomfort of any kind | <input type="checkbox"/> | <input type="checkbox"/> | 16. Heart or blood vessel disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Back pain or discomfort of any kind | <input type="checkbox"/> | <input type="checkbox"/> | 17. Phlebitis or thrombosis (blood clots) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Hand or wrist pain or discomfort of any kind | <input type="checkbox"/> | <input type="checkbox"/> | 18. Pulmonary embolism | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Shoulder pain or discomfort of any kind | <input type="checkbox"/> | <input type="checkbox"/> | 19. Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ankle pain or discomfort of any kind | <input type="checkbox"/> | <input type="checkbox"/> | 20. Emphysema, asthma or any other breathing disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Knee pain or discomfort of any kind | <input type="checkbox"/> | <input type="checkbox"/> | 21. Hemophilia, sickle cell anemia or any other diagnosed blood disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Headaches | <input type="checkbox"/> | <input type="checkbox"/> | 22. Hypoglycemia or hyperglycemia (low or high blood sugar) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | 23. Chronic osteomyelitis (bone infection) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | 24. Ankylosis or fusion of any major joints | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Arthritis or similar degenerative joint disease | <input type="checkbox"/> | <input type="checkbox"/> | 25. Ruptured, herniated, bulging or slipped disc of the neck or back | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Amputated foot, leg, hand or arm | <input type="checkbox"/> | <input type="checkbox"/> | 26. Loss of hearing | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Loss of sight in one or both eyes or a partial loss of vision greater than 75% in both eyes | <input type="checkbox"/> | <input type="checkbox"/> | 27. Any permanent condition which constitutes impairment to a hand, foot, leg or arm, or to the body as a whole | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Polio or any continuing effects from such condition | <input type="checkbox"/> | <input type="checkbox"/> | 28. Joint pain or discomfort of any kind | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Cerebral palsy, muscular dystrophy or multiple sclerosis | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 15. Parkinson's disease | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Continued on page 2.

II. If you have checked yes to any of the foregoing conditions, please describe the nature of the conditions:

III. Have you ever received medical care or surgery for any of the conditions listed on the front page of this questionnaire?

Yes No If yes, please explain:

IV. Have you ever been hospitalized for any of the conditions listed on the front page of this questionnaire?

Yes No If yes, please explain:

V. Are you presently receiving care or have you received care during the past year for any of the conditions listed on the front page of this questionnaire?

Yes No If yes, please list the condition(s) and describe the care you are receiving:

VI. Are you currently receiving treatment or have you ever received treatment for a medically diagnosed mental illness or disorder such as depression, manic depressive condition, anxiety, schizophrenia, or any similar or related conditions?

Yes No If yes, please explain:

VII. Are you currently receiving treatment or have you ever received treatment for an alcohol or drug condition?

Yes No If yes, please explain:

VIII. Please list all prescribed medications you are currently taking.

IX. Do you have any physical condition which we should be aware of in the event of a medical emergency? If so, please identify the condition, and, if applicable, your treating physician:

Employee signature _____

Date _____

SAFETY POLICY & PROCEDURES

In an effort to provide a safe work environment, TB Landmark Construction, Inc. has implemented a strict safety policy in an effort to protect you from a work related injury. **You are accountable for your own safety.** You are expected to adhere to the safety provisions provided and listed above at all times. Please read and become familiar with these rules and other safety rules that apply to your job:

- Report ALL job related accidents to your supervisor immediately.
- All non-emergency treatment, resulting from a work related accident must be approved by your supervisor first.
- Seat belts must be worn at all times in any company vehicle.
- All employees are responsible for maintaining a neat and clean work environment. Maintain a general condition of good housekeeping in all work areas at all times.
- Should additional equipment or materials be necessary to complete a job in a timely, safe and efficient manner, notify your supervisor immediately.
- Advise your supervisor immediately of any hazardous or unsafe conditions.
- All employees must wear their Personal Protective Equipment at all times when on a job site. This equipment should be available for use on the job, maintained in good condition and worn when required.
- If you do not have current First Aid Training, do not move or treat an injured person unless further immediate danger exists.
- Appropriate clothing and footwear must be worn on the job at all times as applicable to job duties and work-sites. **For field employees, this includes long pants, steel toed boots and shirts must have sleeves.**
- You should not perform any task unless you are trained to do so and are aware of the hazards associated with that task.
- Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training.
- Riding on equipment not designed for such purposes is prohibited at all times (i.e. forklifts, hoist hooks, etc.).
- Obey safety signs and tags. Never remove or bypass safety devices, machine guards or lockout/tag outs.
- Do not approach operating machinery from the blind side; let the operator see you.
- Learn where the fire extinguishers, MSDS Sheets and first aid kits are located.
- When operating or riding in vehicles or using your personal vehicle for business purposes, be a defensive driver, fasten your seat belt, obey all traffic laws and do not drive under the influence of drugs or alcohol.
- Texting and driving is strictly prohibited. Personal use of cell phones on the jobsite is strictly prohibited.
- Always perform your assigned task in a safe and proper manner; do not take shortcuts. The taking of shortcuts and ignoring of established safety rules are leading causes of employee injury.

ALCOHOL & DRUG POLICY

TB Landmark Construction, Inc. is a drug free workplace. This means we conduct a drug and alcohol free work environment that is safe and productive for all our employees and others conducting business with us. To meet these objectives the following policy has been adopted:

The unlawful use, possession, purchase, sale, distribution or being under the influence of any illegal drug and/or the misuse of legal drugs or alcohol while at work for TB Landmark Construction, Inc. is strictly prohibited. In order to ensure compliance with this policy, substance abuse screening may be conducted in the following situations:

Pre-employment: Upon offer of employment

Post-Accident: Any employee involved in an accident/injury while performing work that results in property damage or bodily injury requiring medical treatment, will be required to submit to a substance abuse screening.

Reasonable Suspicion: Testing may be conducted due to suspicion that a substance abuse problem exists.

Random: Unannounced testing of randomly selected employees may be performed.

Employee Signature:

Date:



REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to TB Landmark Construction, Inc. for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Signature: _____

Date: _____

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report requested and the above applicants release notice meet the definition of the "permissible uses" of state motor vehicle records under the provisions of the Driver's Protection Act of 1994 (Public Law 103-322, Title XXX, Section 3000002(a)).

Signature: _____

Date: _____

To:

Dear Sir/Madame;

The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with applicants driving record for the past three years.

The following named person is employed with our company in the position of _____. Please furnish the undersigned with the employee's driving record for the past year.

Name of Applicant: _____

Address: _____

Former Address: _____

Date of Birth: _____ SSN _____ License No: _____

Requested by:

TB Landmark Construction, Inc.

Robin R. Thigpen

11220 New Berlin Road

President

Jacksonville, FL 32226

PERSONAL PROTECTIVE EQUIPMENT AGREEMENT

I, the undersigned, understand and agree that as a condition of employment I am required to wear/use the following personal protective equipment supplied and/or required by my employer:

Company-supplied Hard Hat _____

Safety Glasses _____

Ear Plugs _____

Safety Vest _____

Company-required _____

(supplied by employee)

In the event I sustain an on-the-job injury as a direct result of my failure to wear/use the personal protective equipment listed above, my workers' compensation benefits could be substantially reduced.

Employee signature

Date

Manager/Company representative

Date

Witness

Date

(Vea el reverso para la traducción en español.)



U.S. Department of Transportation
Federal Aviation Administration

AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL TESTING RECORDS UNDER PRIA AND MAINTAINED UNDER TITLE 49 CODE OF FEDERAL REGULATIONS (49 CFR) PART 40

Pilot Records Improvement Act Of 1996 (PRIA)
Title 49 U.S.C. § 44703(h), RECORDS OF EMPLOYMENT OF PILOT APPLICANTS, as amended

Part I:

To be completed by the new employer, signed by the applicant/employee, and transmitted to the previous employer.

TO: _____
(Previous Employer Name – Printed)

_____, _____, _____, _____
(Street Address) (City) (State) (Zip)

I, _____ SSN: _____ have applied for employment
(Applicant/Employee Name – Printed) (OPTIONAL – See the attached Privacy Act statement)

with _____, _____, and hereby authorize the
(Hiring Air Carrier Name – Printed) (Air Carrier Certificate Number)

release of records from Department of Transportation-regulated drug and alcohol testing of me by my previous employer,

to _____ FAX Number: _____
(Printed name of the Designated Employer Representative (DER) authorized to receive the released records) (Of the hiring Air Carrier)

I understand that this release of 5 years of records by my previous employer satisfies the requirements of DOT Code of Federal Regulations 49 CFR § 40.25(a)-(i) and 49 CFR § 40.333, and is limited to the following DOT-regulated testing records:

1. Confirmed alcohol test results indicating an alcohol concentration of 0.04 or greater;
2. Verified positive drug test results;
3. Documentation of refusals to take required alcohol and/or drug tests (including substituted or adulterated test results);
4. Documentation of other violations of DOT agency drug and alcohol testing regulations;
5. Substance Abuse Professional (SAP) reports;
6. All follow-up test results and schedules for follow-up tests, including documentation of each return-to-duty test;
7. Information obtained from previous employers under 49 CFR § 40.25 concerning drug and/or alcohol violations;
8. Records of negative and cancelled drug test results, and confirmed alcohol test results with an alcohol concentration of less than 0.039.

Applicant/Employee Signature: _____ Date: _____

A reproduction of this authorization shall be deemed effective and valid as an original.

Part II:

To be completed by the previous employer (DER) and transmitted by mail or fax to the new employer.

In the **five year** period, prior to the date of the employee's signature in Part I, for DOT regulated testing:

1. Did the employee have any confirmed alcohol tests with a concentration of 0.04 or higher? YES ___ NO ___
2. Did the employee have any verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and/or alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and/or alcohol rule violation to you? YES ___ NO ___
6. If you answered 'yes' to any of the above items, did the employee complete the 'return-to-duty' process? N/A ___ YES ___ NO ___

If you answered 'yes' to item 6, please provide the appropriate return-to-duty documentation (SAP reports and follow-up testing). 49 U.S.C. § 44703(h)(1)(B) requires 'records' to be furnished. This includes records of positive as well as negative results.

Name of the Designated Employer Representative (DER) providing the records: _____

Phone Number: _____ Email or FAX Number: _____ Date: _____

PREVIOUS EMPLOYER: If the individual named in Part I above has requested a copy of their records pursuant to a PRIA records request on FAA Form 8060-11A, AIRMAN NOTICE AND RIGHT TO RECEIVE COPY – AIR CARRIER AND OTHER RECORDS (PRIA), copies of the Drug and Alcohol records must be provided to the individual (Title 49 U.S.C. § 44703(h)(6)). Forward copies of the Drug and Alcohol records to the address provided by the individual on FAA Form 8060-11A.



DIRECT DEPOSIT AUTHORTIZATION

Authorization Agreement for Automatic Deposits (ACH Credits)

Employee Name: _____

Employee Number: _____

Social Security Number: _____

I hereby authorize TB Landmark Construction, Inc. to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and depository named below, (hereinafter called DEPOSITORY), to credit and /or debit the same to such account.

Depository (Bank) Name: _____

City: _____ State: _____ Zip: _____

Account No. 1	Account No. 2
Account #:	Account #:
Transit/ABA#:	Transit/ABA#:
Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount:	Amount:

This authority is to remain in full force and effect until TB Landmark Construction, Inc. has received written notification from employee of its termination in such time and in such manner as to afford TB Landmark Construction, Inc. and Depository (Bank) a reasonable opportunity to act on it.

Name: _____

Signed: _____ Date: _____

Please Attach a Sample Voided Check. We Cannot Process Your Direct Deposit Without One. Thank You.

TB LANDMARK CONSTRUCTION, INC. HAS MANDATORY DIRECT DEPOSIT PAY REQUIREMENTS. PLEASE SUBMIT YOUR BANK INFORMATION AS SOON AS POSSIBLE.

🚧 All containers must be labeled with safety information that lists the contents, the name and address of manufacturer or importer, and specific hazards, including the degree of hazard.

🚧 A safety data sheet (SDS) that contains additional safety details is kept for every chemical used in our facility. You can access them at any time. You are required to read the container label and its appropriate SDS before using any chemical in our facility.

🚧 Make sure you know where to access our facility's hazardous materials list and SDS. Also, make sure you know how to read the labels and SDS correctly.

ELECTRICAL SAFETY

🚧 Assume that all electrical circuits and equipment are live.

🚧 Do not attempt to adjust or repair any electrical equipment unless it is part of your job description and a regular job assignment.

🚧 Notify your supervisor or maintenance personnel of any electrical hazards or maintenance needs as soon as possible.

🚧 Contact the safety director if a severe safety hazard exists.

SAFETY DEVICE RESTRICTIONS

🚧 Removing or changing the operation of any safety device is prohibited.

🚧 Only trained and authorized persons should adjust safety controls.

🚧 Under no circumstances is anyone authorized to bypass safety features without adequate protection.

🚧 Authorized safety technicians must take the same precautions as all other employees.

SLIP, TRIP AND FALL SAFETY

🚧 Use handrails and walk—don't run—when going up or down stairs.

🚧 Inspect the steps for slippery surfaces, such as oil, grease or water. Be on the lookout for any damaged steps. Use caution on carpeted steps, because they can also be slippery.

🚧 Do not place objects on steps.

🚧 Immediately report dangerous walking and working surfaces, such as damaged flooring, uneven surfaces, loose boards, torn carpets, protruding nails and other hazards.

🚧 Keep file drawers closed.

🚧 Pick up all tools, materials and trash.

🚧 Keep power cords out of walkways and stairwells. If it's necessary to string a cord across a walkway, tape it down securely and put a cone or warning sign nearby.

By signing below, I acknowledge that I understand my company's safety guidelines.

Employee name

Employee signature

Date

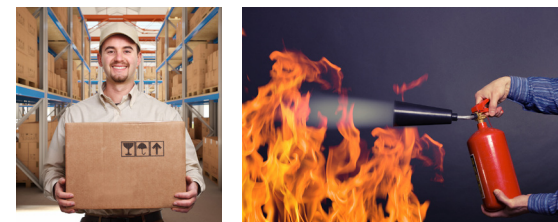
Manager/Supervisor name

Manager/Supervisor signature

Date



New Hire



Safety Orientation Review



New Hire Safety Orientation Review

These work performance requirements are established in the interest of protecting lives and property. All employees are required to follow these rules to help safeguard themselves and their coworkers.

HAND TOOLS

- 🚧 Storing tools on benches, near machines, on floors and on ladders can cause serious injury. Return tools to their proper storage place immediately after use.
- 🚧 Repair and clean defective tools to keep them in good working condition.
- 🚧 Use the correct tool for the job.



LIFTING AND CARRYING

- 🚧 Do not lift or carry awkward or heavy materials alone. Ask someone to help you or use mechanical lifting devices to assist you.
- 🚧 It is critical that you fully understand how to operate mechanical lifting and hoisting equipment before you start. If in doubt, contact your supervisor.

MATERIAL STORAGE

- 🚧 Only stack objects to a safe height and ensure that the stack will remain steady and that the floor load limit is not exceeded.

- 🚧 Maintain at least 18 inches between the stack and any sprinkler heads.
- 🚧 Be sure to maintain a minimum 3-foot clearance around electrical panels and service entries.

MACHINE OPERATIONS

- 🚧 To make sure machines are not reactivated by another employee while conducting service or repairs on machinery or equipment, you should follow all procedures in our company lockout/tagout program.
- 🚧 Never clean, repair or adjust any machinery while it is in operation.
- 🚧 Keep your fingers away from points of operation and other exposed moving machine parts.

LIFT TRUCK OPERATION

- 🚧 Only licensed and certified operators are authorized to operate a lift truck or powered industrial material handling device.
- 🚧 Lift truck operators must stop at blind intersections and before passing through doorways.
- 🚧 All operators should be able to recognize traffic flow and areas of congestion.
- 🚧 Use convex mirrors at strategic intersections or blind spots to locate hazards not easily visible.

LADDERS

- 🚧 Always maintain 3-point contact while ascending or descending a ladder.
- 🚧 Always face the ladder when ascending, descending and working.
- 🚧 Be sure to use the correct ladder for the job and ensure that it is sturdy enough to hold the load.



HOUSEKEEPING

- 🚧 Practice good housekeeping in your work area. You are responsible for keeping your area organized.
- 🚧 Report areas in need of attention to your supervisor or a member of the safety committee.
- 🚧 Return tools and other equipment to their proper storage place after use.

FIRE

- 🚧 Report all fire hazards immediately.
- 🚧 When contacting 911 or the local response team for help, be sure to give the operator specific information, including the location of the fire. Refer to the emergency response plan for prompt evacuation.
- 🚧 If the fire alarm sounds, go to the nearest fire exit, per our company evacuation plan.
- 🚧 Follow the instructions of your supervisor or the designated fire coordinator in your area.
- 🚧 Do not take personal belongings with you.

HAZARD COMMUNICATION

- 🚧 Hazardous materials present great risks to your safety and health. You have a right to know what materials are used in this workplace and what hazards they present. A list of hazardous materials used in our facility is available for you to see at any time.

Quick Start Guide

What is ExakTime Mobile?

ExakTime Mobile is a time clock app that allows you to track your attendance to help calculate your hours worked. The goal is to not need to turn in paper time sheets or enter your hours by hand into a computer.

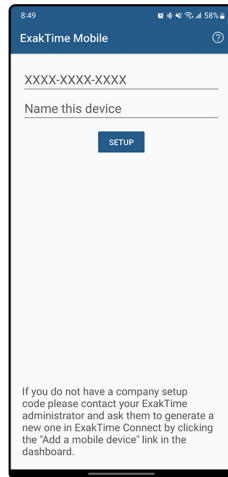
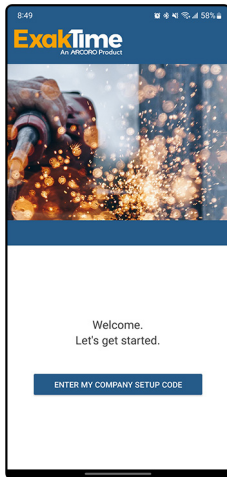
Download ExakTime Mobile

Download ExakTime Mobile from the App/Play Store or scan the QR Codes.



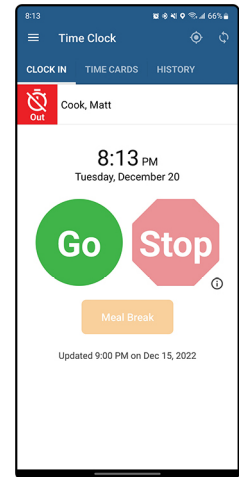
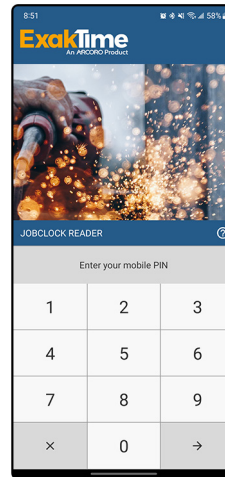
Set Up ExakTime Mobile

1. Open ExakTime Mobile and press **Enter My Company Setup Code**.
2. Enter the company setup code, name your device and press **Setup**.



Log In to ExakTime Mobile

1. Enter your PIN as provided and press the arrow in the bottom-right.
2. When you see the GO & STOP button, you can start tracking your time.



Need Help?

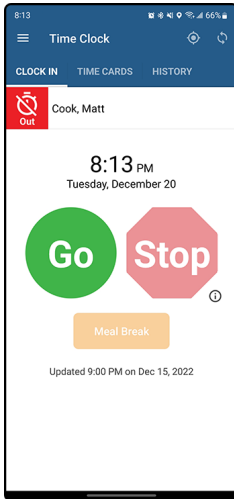
Check out our help topics in ExakTime Mobile with the steps below.

- Press **?** and press **Help Topics** from the PIN Pad.
- Press **≡**, press **Help**, and press **Help Topics** while logged in.

Have any questions that we do not answer? Ask your ExakTime Administrator for help.

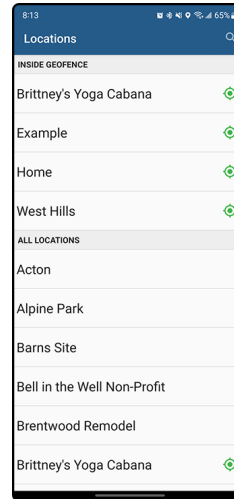
Clocking In & Out

1



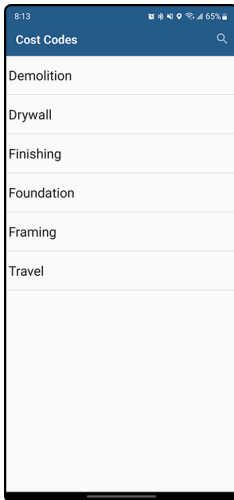
Press **GO** to clock in.

2



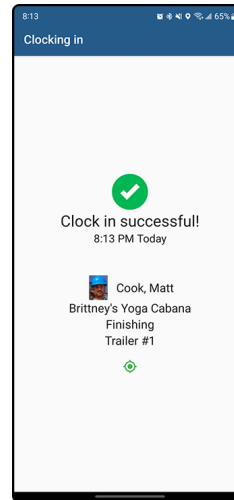
Select your **current** location (jobsite). There may be a 'crosshair' icon if you are on the job site.

3



Select the cost code (job activity) you are performing.

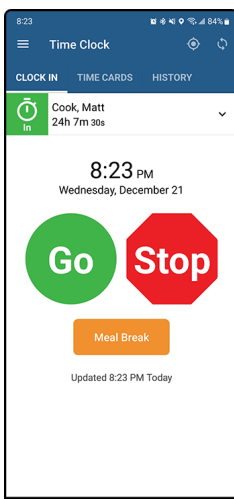
4



Complete any other prompts such as Facefront, questions, etc.

You will see **Clock in successful!** when finished.

5



Only press **Stop** when you are done tracking your time.

Complete any other prompts such as Facefront, questions, etc.

You will see **Clock out successful!** when finished.

Change Location or Cost Code

- You do not need to press STOP before changing your Location and/or Cost Code
- Just press GO and complete the Clock In process again.
- We will automatically conclude your previous clock in.
- You only need to press STOP when you are no longer tracking your time, such as for a break or for the end of the day.