

Step 1 » Personal Information

Personal Information

first name

middle name

last name

home address

city

state

zip

social security number

date of birth

phone

email address

position(s) desired

date available

desired salary range

your primary trade

years of experience

Are you willing to travel? Yes No

Please list any skills, crafts, professional licenses, registrations and/or certifications:

Resume and Cover Sheet

Please upload a resume and/or cover sheet if applicable.

No file chosen

No file chosen

Step 2 » Education & Employment History

Please list the education, training or other schooling which you believe qualifies you for the position you are seeking.

Educational History

School Name/Location	# Years Completed	Graduated/Year	Degree Obtained/Field of Study
High School <input type="text" value="name/location"/>	<input type="text" value="yea"/>	<input type="checkbox"/> <input type="text" value="year"/>	<input type="text" value="degree/field"/>
College <input type="text" value="name/location"/>	<input type="text" value="yea"/>	<input type="checkbox"/> <input type="text" value="year"/>	<input type="text" value="degree/field"/>
Trade/Business School <input type="text" value="name/location"/>	<input type="text" value="yea"/>	<input type="checkbox"/> <input type="text" value="year"/>	<input type="text" value="degree/field"/>

Training and Skills

Summarize any training, skills, licenses and/or certificates that may be applicable to the position you seek.

Current or Most Recent Employer

employer

employer phone

position/job title

starting wages or salary

ending wages or salary

start date

end date (or current)

Major duties

describe major duties

describe reason for leaving

Supervisor

Supervisor Phone

May we contact this employer?

Yes

No

If no, please explain why not

please explain why not

Previous Employer

Skip This Section, No Previous Employer

employer

employer phone

position/job title

starting wages or salary

ending wages or salary

start date

end date (or current)

Major duties

describe major duties

describe reason for leaving

Supervisor

Supervisor Phone

May we contact this employer?

Yes

No

If no, please explain why not

Details About Incident

Step 3 » References, Contacts, and Information

Work References

Name

Phone Number

Address

Additional References

Name

Phone Number

Address

Additional References

Skip This Section, No More References

Name

Phone Number

Address

Emergency Contact

name

phone number

relationship

Additional Emergency Contact

name

phone number

relationship

Service Record

Have you served in the military?

Yes

No

military branch

discharge date

rank

Have you been convicted of a felony?

Yes

No

Please provide date and details

details of felony conviction

A CONVICTION WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.

Step 4 » Workplace Background Check

Workplace Background Check Policy

I hereby give my informed consent to the designated Road Dog Industrial Representative and/or its partner companies to conduct a background check. I understand that refusal to submit to a background check may disqualify me from consideration for employment or, if employed, subject me to immediate disciplinary action up to and including immediate discharge.

Authorized

I certify the the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I also authorize Road Dog Industrial to release the information contained herein and its findings and work history of my employment to other firms or persons upon request. I also understand and agree that I may be expected to work on a wide variety of job assignments and agree to accept assignments for which I am qualified as they become available. I also understand my failure to report to Road Dog Industrial for work will indicate I have quit. I also agree to submit to a drug screen upon request or as specified in Road Dog Industrial's substance abuse policy.

Employee Handbook

[Download Employee Handbook PDF](#)

By signing this I certify that I have read and fully understand Road Dog Industrial's Employee Handbook and Road Dog Industrial Safety Manual.

Drug Screen Authorization and Consent

I hereby authorize and give full permission to have Road Dog Industrial and/or their medical company physician send a specimen of my urine and/or blood to a laboratory for screening test using Substance Abuse & Mental Health Services Administration (S.A.M.H.S.A.) (www.samhsa.gov) standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me of interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of the

report of the tests. This includes, but not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in a language I understand and told if I have any questions they will be answered about the test. I understand this is a legal and binding document, which is binding because Road Dog Industrial is sending me for the examinations and paying for it.

I UNDERSTAND ROAD DOG INDUSTRIAL WILL REQUIRE A DRUG SCREEN TEST WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH THIS STAFFING COMPANY POLICY AND THIS AUTHORIZATION AND CONSENT. MY REFUSAL TO SUBMIT TO DRUG TESTING WILL BE GROUNDS FOR TERMINATION.

Substance Abuse Policy

It is the purpose of Road Dog Industrial to help provide a drug free environment for our clients and our employees. With this goal and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of Road Dog Industrial:

Road Dog Industrial explicitly prohibits:

The use, possession, solicitation for or sale of narcotics or other illegal drugs, alcohol, or prescription medication that adversely affects the employee's work performance, his or her own or other's safety at the workplace, or the employer's reputation.

Road Dog Industrial may drug test using Substance Abuse & Mental Health Services Administration (S.A.M.H.S.A.) (www.samhsa.gov) standards.

Employees of Road Dog Industrial who refuse to submit to drug testing, test positive, or admit to substance abuse will be subject to termination.

The results of all drug testing will be treated confidentially, and for no purpose other than for Road Dog Industrial to make employment related decisions.

Policies and Procedures Checklist

1. I understand Road Dog Industrial takes their responsibility as my employer very seriously, and that they have gone to great lengths to provide a safe work environment. If I am injured on the job, Road Dog Industrial will deal promptly with legitimate claims and has workers compensation insurance that will pay medical expenses and wages. I also understand that Road Dog Industrial has extensive experience investigating claims and will fight fraudulent claims with all available resources.
2. If I sustain an injury on the job, I will inform the client and Road Dog Industrial within 24 hours, who will coordinate with the client and myself the proper procedures for treatment and reporting of the accident.
3. Road Dog Industrial has a strict "Substance Abuse Policy", and I have signed a consent form to submit to drug testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.
4. I understand and will comply with Road Dog Industrial safety rules and regulations and hazardous communication program.
5. I understand that I must come prepared with all required tools of the trade and any needed PPE.

6. I am telephone accessible, and I have reliable transportation.
7. I understand that I am an employee of Road Dog Industrial and only Road Dog Industrial or I can terminate my employment. When an assignment ends I must report to Road Dog Industrial for my next job assignment.
8. I understand that I am expected to complete any job assignment I accept. I understand that if I do not complete or promptly notify of my inability to complete the assignment, or if I do not report for my assignment then Road Dog Industrial may assume that I have voluntarily quit.
9. If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact Road Dog Industrial and my on-site foreman as soon as possible. Road Dog Industrial may adjust my hourly wage to the Federal Minimum Wage, if I leave the assignment within the first week without written notice.
10. I understand Road Dog Industrial requirements for receiving information, documenting hours worked, the method of providing the information, and the time frame for me to provide this information. I understand Road Dog Industrial will not recognize or pay for any hours worked by an employee without proper documentation verifying hours worked.

I have read and fully understand the above statements regarding Road Dog Industrial policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.

General Safety Rules

Road Dog Industrial has developed these safety rules patterned after the Federal OSHA requirements. Read and become familiar with these rules, and other safety rules that apply to your job.

1. Report an injury to your employer/supervisor within 24 hours.
2. Report any observed unsafe condition to your employer/supervisor.
3. Horseplay is prohibited at all times.
4. The drinking of alcoholic beverages is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will not be permitted to work.
5. If you do not have current First Aid Training, do not move or treat an injured person unless there is an immediate peril, such as profuse bleeding or stoppage of breathing.
6. Appropriate clothing and footwear must be worn on the job at all times.
7. Where there exists the hazard of falling objects, an approved hard hat must be worn.
8. You should not perform any task unless you are trained to do so and are aware of the hazards associated with the tasks.
9. You may be assigned certain personal protective safety equipment. This equipment should be available for use on the job, be maintained in good condition, and worn when required.

10. Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training.
11. The riding of a hoist hook, or on other equipment not designed for such purposes, is prohibited at all times.
12. Never remove or by-pass safety devices.
13. Do not approach operating machinery from the blind side; let the operator see you.
14. Learn where fire extinguishers and first aid kits are located.
15. Maintain a general condition of good housekeeping in all work areas at all times.
16. Obey all traffic regulations when operating vehicles on public highways.
17. When operating or riding in company vehicles or using your personal vehicle for business purposes, the vehicle's seatbelt shall be worn.
18. Be alert to hazards that could affect you and your co-employees.
19. Obey safety signs and tags.
20. Always perform your assigned task in a safe and proper manner; do not take shortcuts. The taking of shortcuts and the ignoring of established safety rules is a leading cause of employee injury.

I certify that I have read and understand and will abide by the above listed safety rules. Failure to do so may be grounds for termination and may disqualify my insurance benefits. By signing this form, I agree to the following: I am responsible for the equipment or property issued to me including Hard Hats 30.00 and Lanyards (550.00); I will use it/them in the manner intended; I will be responsible for any damage done (excluding normal wear & tear); upon separation from the Company, I will return the item(s) issued to me in proper working order (excluding normal wear & tear); I will replace any items issued to me that are damaged or lost at my expense; I authorize a payroll deduction to cover the replacement cost of any item issued to me that is not returned for whatever reason, or is not returned in good working order.

Signature

We are equal opportunity employer and drug-free workplace.

You agree your electronic signature is the legal equivalent of your manual signature on this Application.

Applicant Name/Signature

Step 5 » Direct Deposit or Pay Card

Direct Deposit or ComData Pay Card

Would you prefer direct deposit or a ComData pay card?

Direct Deposit

ComData Card

employee name

social security number

Direct Deposit Authorization

Is this a new direct deposit, or an update to an existing direct deposit?

New/First Direct Deposit Update or Change

Bank Information

bank name

routing number

account number

I hereby authorize Road Dog Industrial to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any entries in error to my checking or savings account indicated above and the depository named above, to credit and/or debit the same to such account. As a result of the complexities involved with electronic funds transfer, your direct deposit amount may not be reflected in your account for up to two (2) days after your company's pay date.

Comdata Pay Card

By signing below, I consent to receive my wages by electronic transfer to my Comdata card. I acknowledge I also understand and agree to the fees that I will incur using the Comdata card.

Please note that when selecting a pay card that the fee to overnight will be deducted from your first paycheck.

Applicant Name/Signature

By selecting the "Submit" button, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Application.