



# Mid-Atlantic Utilities, Inc.

PO Box 700  
Boiling Springs, PA 17007  
Phone: 717-258-1644  
Fax: 717-258-1844

## Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs are available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applied for or type of work desired: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Temporary

Date you will be available to start work: \_\_\_\_\_

Are you able to meet the attendance requirements? Yes No

Do you have any objection to working overtime if necessary? Yes No

Can you travel if required by this position? Yes No

Are you able to stay overnight in a hotel during the work week? Yes No

Have you ever been employed by our organization? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

If you are under 18, can you furnish a work permit if it is required? Yes No

Have you been convicted of a crime in the last 7 year? Yes No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

Driver's license number and state: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

## Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

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Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certifications, and/or other qualifications:

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**Educational History**

List school name and location, years completed, course of study, and any degree earned:

High School: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

**References**

List three references, names, telephone numbers, and years known (do not include relatives or employers):

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I hereby authorize Mid-Atlantic Utilities, Inc. to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, references, and perform a background check. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# REQUEST FOR DRIVER INFORMATION

**DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS**

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: **\$12.00 FEE** (*Driver history is not included*)
- 3 YEAR DRIVER RECORD: **\$12.00 FEE**
- 10 YEAR DRIVER RECORD: **\$12.00 FEE** (*Employment Purposes Only*)

- FULL HISTORY: **\$12.00 FEE**
- CERTIFIED DRIVER RECORD: **\$38.00 FEE**
- COPY OF DOCUMENT FROM FILE (MICROFILM): **\$12.00 FEE**
- CERTIFIED COPY OF DOCUMENT FROM FILE: **\$38.00 FEE**

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at [www.dmv.pa.gov](http://www.dmv.pa.gov)

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| X _____  |  |                     |                        |               |   |  |  |                |   |          |   |  |                     |               |  |             |  |   |                   |  |  |  |  |                             |                |   |  |  |  |         |  |                        |  |             |  |                      |  |               |                |   |  |  |  |                            |  |
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| TO BEFORE ME:  | MONTH DAY YEAR   |                     |                        |               |   |  |  |                |   |          |   |  |                     |               |  |             |  |   |                   |  |  |  |  |                             |                |   |  |  |  |         |  |                        |  |             |  |                      |  |               |                |   |  |  |  |                            |  |
| X  |  |                     |                        |               |   |  |  |                |   |          |   |  |                     |               |  |             |  |   |                   |  |  |  |  |                             |                |   |  |  |  |         |  |                        |  |             |  |                      |  |               |                |   |  |  |  |                            |  |
| SIGNATURE OF PERSON ADMINISTERING OATH   |  |                     |                        |               |   |  |  |                |   |          |   |  |                     |               |  |             |  |   |                   |  |  |  |  |                             |                |   |  |  |  |         |  |                        |  |             |  |                      |  |               |                |   |  |  |  |                            |  |
| SIGN IN PRESENCE OF NOTARY   |  |                     |                        |               |   |  |  |                |   |          |   |  |                     |               |  |             |  |   |                   |  |  |  |  |                             |                |   |  |  |  |         |  |                        |  |             |  |                      |  |               |                |   |  |  |  |                            |  |
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**INSTRUCTIONS**

1. **To request your own record**, complete Sections A & C only. Notarization is NOT required.
2. **To request a record other than your own**, complete Sections A, C, and D. Section E must contain the driver's signature if block **B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.**
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting ONLY a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. **If requesting a microfilm copy of a document**, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$12.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."  
**DO NOT SEND CASH.** Attach your check or money order and send to:

**For overnight and other special mail:**

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
P.O. BOX 68695  
HARRISBURG, PA 17106-8695

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
1101 SOUTH FRONT STREET 3RD FLOOR  
HARRISBURG PA 17104-2516

**DESCRIPTION OF INFORMATION AVAILABLE**

BASIC INFORMATION . . . . Includes name, address, driver number, date of birth and class of license.

(\$12.00 fee)

3 YEAR RECORD\* . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past

(\$12.00 fee)

3 years from the date request is processed.

10 YEAR RECORD\* . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the

(\$12.00 fee)

past 10 years from the date request is processed. A 10-year record is for employment purposes only.

FULL HISTORY . . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the

(\$12.00 fee)

**complete** history of the driver on file in Pennsylvania.

CERTIFIED RECORD. . . . . Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the

(\$38.00 fee)

**complete** history of the driver on file in Pennsylvania certified by the Department.

**MICROFILM**

DOCUMENT. . . . . Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific

(\$12.00 fee)

as to the type of document and the date of the violation/action.

**CERTIFIED COPY**

OF DOCUMENT . . . . . Copies of documents from the microfilm file that have been certified by the Department.

(\$38.00 fee)

**IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION**

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

**Visit us at [www.dmv.pa.gov](http://www.dmv.pa.gov) or call us at: 717-412-5300 ♦ TDD: 711**

\* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at [www.dmv.pa.gov](http://www.dmv.pa.gov) and click on "Online Business Services" for more information.

# *Mid-Atlantic Utilities, Inc.*

## *Drug-Free Workplace Policy for Non-Regulated Employees*

*Effective  
October 1, 1996*

*Prepared by:  
Health Services of North America, Inc.  
319 Main Street, P.O. Box 1687  
La Crosse, WI 54602-1687  
Telephone: 800-873-3733 • Fax: 608-782-7794*

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## **Purpose**

Mid-Atlantic Utilities, Inc. values its employees and recognizes the need for a safe, productive and healthy work environment. Employees abusing drugs and/or alcohol are less productive and are often a risk to the safety, security and welfare of our company. The establishment of a Drug-Free Workplace Program (DFWP) is consistent with Mid-Atlantic Utilities, Inc.'s need to provide a safe, productive work environment for our employees.

## **Policy**

It is the policy of Mid-Atlantic Utilities, Inc. to maintain a workplace free from the use and abuse of drugs and alcohol. Mid-Atlantic Utilities, Inc. will require that all employees participate in the DFWP as a condition of employment. It supersedes any other company policy or practice on the subject of drug and alcohol testing. At any time, Mid-Atlantic Utilities, Inc. may, at its discretion, amend, supplement, modify, or change any part of this policy. The policy does not represent an expressed or implied contract, nor does it affect your status as an at-will employee. If questions arise regarding this policy, please direct them to Terry Rickert, Mid-Atlantic Utilities, Inc.'s Drug Program Coordinator (DPC). This policy will become effective October 1, 1996.

## **Drug and Alcohol Prohibitions**

Involvement with drugs and/or alcohol can adversely affect the work environment, job performance and safety of all employees. Therefore, the use of unlawful and/or illegal drugs or alcohol, reporting to work or working while impaired or under the influence of illegal drugs and/or alcohol, or unmanifested possession of alcohol is expressly prohibited. Violation of the provisions or other elements of this policy will be considered serious misconduct and may result in termination. Mid-Atlantic Utilities, Inc. will not require or permit any employee to violate the outlined prohibitions.

“Illegal Drug” is defined as any drug that is not legally obtainable, or which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained, prescribed drugs not being used for prescribed purposes, and any prescribed drug(s) not taken according to a prescription.

1. An employee involved in any of the following activities, whether or not on company business, premises or property, is violating the company policy and is subject to disciplinary action. Prohibited activities include:



- a) bringing illegal drugs and/or alcohol onto company premises or property, including company owned or leased vehicles, or a customer's premises;
  - b) having possession of, being under the influence of, or having in one's system, illegal drugs and/or alcohol, or
  - c) using, consuming, transforming, distributing or attempting to distribute, manufacturing or dispensing illegal drugs and/or alcohol.
2. In addition, the company strictly prohibits the abuse of prescription drugs. (See "Illegal Drug" previously mentioned.)
  3. Any employee refusing to cooperate with the terms of this policy which includes submitting to questioning, drug and/or alcohol testing, medical or physical tests or examinations, when requested or conducted by the company or its designee, is in violation of Mid-Atlantic Utilities, Inc.'s DFWP and subject to disciplinary action, up to and including termination.
  4. All employees must notify Mid-Atlantic Utilities, Inc. in writing of any criminal drug conviction occurring in connection with the workplace no later than five (5) calendar days after such conviction.

## **Drug and Alcohol Testing**

Mid-Atlantic Utilities, Inc. reserves the right, within the limits of federal and state laws, to examine and test for the presence of drugs and/or alcohol. Under the conditions of the DFWP, employees may be asked to submit to a medical examination and/or submit to urine, saliva, breath, blood and/or hair testing for drugs and/or alcohol. Any information obtained through such examinations may be retained by Mid-Atlantic Utilities, Inc. and is the property of Mid-Atlantic Utilities, Inc..

The types of testing performed by Mid-Atlantic Utilities, Inc. include, but are not limited to, the following:

### **Pre-Employment/ Pre-Placement**

Mid-Atlantic Utilities, Inc. will make all offers of employment subject to the result(s) of a drug test. Applicants will be required to voluntarily submit to urinalysis, breath, blood, or saliva testing and sign a consent agreement that will release Mid-Atlantic Utilities, Inc. from liability. The company will not discriminate against applicants because of past drug abuse. It is the current abuse of drugs that will prevent a prospective employee from being considered for employment.

**Post-Accident**

A drug and/or alcohol test will be conducted after all incidents/accidents occurring on company business which result in: 1) a workers' compensation claim; 2) treatment for a back injury; and/or 3) damage to company property in excess of \$250.00, or involving a motor vehicle or motorized equipment.

Any employee who fails to report any incident/accident which meets the post-accident testing criteria is in violation of this policy and is subject to disciplinary action, up to and including termination. Under certain state laws, employees testing positive may be ineligible for workers' compensation benefits.

**Random**

For the added safety and health of Mid-Atlantic Utilities, Inc.'s employees and the direct impact on Mid-Atlantic Utilities, Inc.'s profitability, image and reputation as a drug-free employer, all employees are subject to random, unannounced drug tests. The rate of random selection for drugs will be a percentage of the annual average employee base. Every employee has an equal chance of being chosen every time a random selection is made.

**Reasonable Cause**

Current employees will be asked to submit to a drug and/or alcohol test if reasonable cause exists to suggest that the employee's health or ability to perform expected job duties is impaired. Reasonable cause will exist when an employee's appearance, behavior, speech, or body odors indicate drug and/or alcohol use.

**Return-to-Duty**

An employee who has tested positive and has been removed from their job duties must submit to and furnish a negative drug and/or alcohol test result prior to returning to their job duties.

**Follow-Up**

An employee who has been removed voluntarily or otherwise from his or her job duties due to drug and/or alcohol abuse will be subject to random, unannounced drug and/or alcohol tests. The testing can continue up to twenty-four (24) months from the return-to-work date.

## **Testing Procedures (Drugs)**

All drug tests will be conducted from urine specimens collected at a qualified collection site. The collection site will take necessary steps to avoid any dilution or adulteration of the specimen. The collection site will

facilitate this by having a bluing agent in the commode, cutting off all water access to the collection room, and by using tamper-resistant seals on all specimen bottles. The test will be conducted in a professional and sanitary manner with regard for the individual's privacy, dignity and confidentiality. A secure, written Chain-of-Custody process is followed from the time of the specimen collection until the specimen is disposed of or secured in frozen long-term storage.

The specimen will be analyzed by a U.S. Department of Health and Human Services (DHHS)/Substance Abuse and Mental Health Services Administration (SAMHSA) certified, professional laboratory for the following substances:

|  |                       |
|--|-----------------------|
| Cannabinoids (Marijuana)                   | Amphetamines          |
| Phencyclidine (PCP)                        | Opiates               |
| Cocaine                                    | Methadone             |
| Barbiturates (Phenobarbital, Secobarbital) | Methaqualone          |
| Benzodiazepines (Librium, Valium)          | Propoxyphene (Darvon) |

All urine specimens will undergo an initial Immunoassay test. Any positive result from this screen will be confirmed through a Gas Chromatography/Mass Spectrometry (GC/MS) test.

All drug test results will be reviewed by a Medical Review Officer (MRO). In the case of a positive test result, the MRO must provide the employee an opportunity for an interview as part of the verification process. The MRO interview process confirms the legal use of prescription drugs or other substances resulting in a positive test result.

All drug test results are reported to the company's DPC and will remain confidential. However, the results may be disclosed to the decision makers in a lawsuit, grievance, or other proceeding, initiated by, or on behalf of, the employer.

## **Testing Procedures (Alcohol)**

All alcohol tests will be conducted from either a saliva, breath, or blood specimen collected on-site or at a qualified collection site. The test will be conducted in a professional and sanitary manner with regard for the

individual's privacy, dignity and confidentiality. The collector will conduct a screening test. If the screening test reads positive (0.04 or greater), a confirmation test, by blood or breath, will be conducted. If the confirmation test result reads positive (0.04 or greater), the employee may be subject to disciplinary action, up to and including termination.

Alcohol test results will be reported directly to the company's DPC and are the responsibility of the company. All employees have the right, upon request, to see the results of their own test(s).

An easy alcohol screening test, known as the Quantitative Enzyme Diagnostic (Q.E.D.) Saliva Alcohol Test, will be conducted on-site, at a designated collection site, or at the scene of an accident to detect alcohol levels in the blood stream. If the Q.E.D. result reads positive (0.04 or greater), a confirmation test, by blood or breath, will be conducted. If the confirmation test result reads positive (0.04 or greater), the employee may be subject to disciplinary action, up to and including termination. All employees have the right, upon request, to see the results of their own test(s).

## **Disciplinary Actions**

Any employee of Mid-Atlantic Utilities, Inc. who has a "verified positive" drug test result and/or a "confirmed positive" alcohol test result for the first time will be required to go through a rehabilitation program as a condition of continued employment. Failure to comply with rehabilitation will result in termination. Prior to returning to work, the employee must submit to and provide a "negative" return-to-duty drug and/or alcohol test. The employee will also be subject to unannounced follow-up testing for up to twenty-four (24) months. A second positive test result will result in termination.

Any employee who refuses to submit to testing or attempts to adulterate a specimen will be terminated.

## **Consent**

As a condition of continued employment, employees must sign a consent form (a copy of which is attached hereto). The employee must comply with the company's policy regarding the Drug-Free Workplace Program.

## **DFWP Acknowledgement of Receipt of Policy and Consent to Testing**

I certify that I have received a copy of my company's Drug-Free Workplace Policy, and I have read it and understand it.

I agree to comply with the company's policy on drugs and/or alcohol and understand failure to comply is grounds for discipline, up to and including termination.

I consent to submit to drug and/or alcohol testing as outlined in the company's policy.

I consent to provide specimens at the assigned collection site(s) and further consent to have the specimens tested for drugs and/or alcohol at a Department of Health and Human Services (DHHS) certified laboratory. I also consent to have alcohol tests performed in accordance with the company policy.

I consent to the release of the laboratory test results in accordance with the company policy to the selected Medical Review Officer (MRO). I will be given an opportunity to discuss a positive test result with the MRO before the test result is reported to the company or their workers' compensation insurance carrier as a verified positive. I consent to the release of results of a saliva test, an Evidential Breath Test (EBT), or a blood alcohol test by a certified technician to the company. In the event of a post-accident test result, the test result may also be provided to my workers' compensation insurance carrier.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Company Name: Mid-Atlantic Utilities, Inc.

*NOTE: This certificate should be retained in a secured file.*