

Maine Drilling & Blasting, Inc.

P.O. Box 1140, 423 Brunswick Road
Gardiner, Maine 04345

Application For Employment An Equal Opportunity Employer

Referred by Maine Drilling Employee? Yes No

(Employee's Name)

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veteran's status, sex, sexual orientation, national origin, disability and or other legally protected status.

Cell Phone: _____

Name: _____ Telephone: _____

Maiden names, aliases or nicknames, if applicable: _____

Mailing Address: _____ City _____ State _____ Zip _____

SS#: _____ Are you over the age of 18? Yes _____ No _____

Do you have the legal right to work in the U.S. Yes _____ No _____ If not, _____

Position Applied For: _____ Full Time _____ Part Time _____ Temp _____

How soon could you report to work? _____

Have you ever applied/worked for us before? No _____ Yes _____ When? _____

Licenses & Certificates: Information required only if essential to job functions.

Drivers License: State: _____ # _____ Expires _____

Is your license to operate a vehicle restricted in any way? No _____ Yes _____ How? _____

A. Has any license, permit or privilege ever been suspended or revoked? No _____ Yes _____

B. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? No _____ Yes _____

If the Answer to A or B is yes, attach a statement of explanation.

Blasters' License: State _____ # _____ Expires _____

State _____ # _____ Expires _____

State _____ # _____ Expires _____

Other Licenses: State _____ # _____ Expires _____

State _____ # _____ Expires _____

Certification: State _____ # _____ Expires _____

Have you ever been discharged or requested to resign from a position? No _____ Yes _____

If yes, give circumstances _____

Have you ever held a position of trust (handling money or confidential material) Yes _____ No _____

Have you ever been bonded? Yes _____ No _____ Been refused a bond? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If Yes, Please Explain - include Date(s) _____

Have you ever served in the Armed Forces? No _____ Yes _____ Branch _____

Date Entered _____ Discharged _____ Honorable Discharge? Yes _____ No _____

Are you employed now? _____ Reason for seeking change _____

Prior Work History: List all employers for the past 10 years with the most recent employer first.

DATES		EMPLOYER NAME & ADDRESS	SUPERVISOR'S NAME Supervisor's Phone #	POSITION TITLE	RATE OF PAY	REASON FOR LEAVING
From						
To						
From						
To						
From						
To						
From						
To						
From						
To						
From						
To						

May we contact all of the above employers? Yes _____ No _____

To be completed by CDL drivers only

Driving Experience

Date Of Birth: _____

CDL Type: A B C Endorsements _____ Current DOT Medical Card Expires _____

Class of Equipment	Type of Equipment (Van, Tank, Flat, Other)	Dates		Approx. no. of miles (Total)
		From	To	
Straight Truck				
Tractor/Semi-Trailer				
Tractor-Two Trailer				
Other				

Accident Record for Past 3 Years or More (attach sheet if more space is needed)

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the Past 3 Years (Other Than Parking Violations)

Location	Date	Charge	Penalty

(attach sheet if more space is needed)

Type of School	Name & Address	Course/Major	Completed	Diploma
Elementary	_____	_____	5 6 7 8	_____
High School	_____	_____	9 10 11 12	_____
College	_____	_____	1 2 3 4	_____
Technical School	_____	_____	1 2 3 4	_____
Other	_____	_____		_____

Equipment Operating Experience _____

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

Prior Address: Please list your prior addresses for the last 7 years

Address	_____	Zip	_____
Address	_____	Zip	_____
Address	_____	Zip	_____
Address	_____	Zip	_____

References: **This section must be completed** **Do not list relatives or former employers**

Name: _____	Address _____	Zip _____	Phone # _____
Name: _____	Address _____	Zip _____	Phone # _____
Name: _____	Address _____	Zip _____	Phone # _____

To Be Completed By the Company		Position	_____
Physical Date:	_____	Rate	_____
SS #	_____	Start Date	_____
Division:	_____	Supervisor	_____

Authorization to Release Information

I understand that it is the policy of Maine Drilling & Blasting to evaluate all applicant and employee criminal records, and driving records annually. Maine Drilling & Blasting's safety sensitive business requires 100% compliance with regulatory agencies. In addition, the Company reserves the right to recognize standards beyond regulatory agency guidelines.

I hereby authorize, consent and grant the privilege to the Company and its agents to review and examine any public or private records pertaining to my education, work history, criminal records, driving history, and other personal information that may be required or directly related to employment with Maine Drilling & Blasting.

I certify that the information given by me in this or any application is true and complete in all respects, and I agree that if the information given is found to be false in any way, or requested information is omitted, it shall be considered sufficient cause for denial of employment or discharge. I authorize the past employers, all references and any other persons, or agency to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability of damages on account of having furnished such information.

I authorize the company to duplicate this agreement for the use of authorizing the release of my personal information from past employers, schools, public and private records, persons or entities that may provide relevant information regarding my application, background and employment.

I understand that nothing contained in this or any employment application or in the granting of an interview is intended to create an employment contract between Maine Drilling & Blasting, Inc. and myself for either employment or for the providing of any benefit if I am not a Maine Drilling and Blasting employee. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Maine Drilling & Blasting, Inc. unless made in writing. If any employment relationship is established, I understand that I have the right to terminate my employment at any time and that Maine Drilling & Blasting, Inc. retains the same right.

I understand that prior to being offered employment with Maine Drilling & Blasting, Inc. I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform Maine Drilling & Blasting, Inc. prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodation may include accessible testing sites, modified testing conditions and accessible testing format. Maine Drilling & Blasting, Inc. reserves the right to require medical documentation concerning the need for the accommodation.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship and that failure to provide such proof at the time of request may legally force my termination.

I understand that if employed and while employed, policies and rules which are issued are conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that if I am applying for work that my application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

By signing, printing, or typing my name below, I understand, agree with and accept the terms and statements above. I agree that a copy of this agreement has the same effect as an original.



Signature _____

Date _____

Printed Name _____

PERMISSION TO CONDUCT DRUG AND ALCOHOL TESTS AND RELEASE

For: All Applicants, Employees, Including Safety Sensitive Employees

I hereby give my permission for the company to conduct drug and/or alcohol test(s) based on the Employer's Drug and Alcohol Testing Policy, which requires applicants and employees to submit to Drug and/or Alcohol testing under a variety of circumstances. I am aware that this testing will be done by means of urine and breath sampling, unless otherwise stated and that if I test positive for Alcohol or an drug, I will not be hired to work at the company or I will be subject to disciplinary action (up to and including immediate discharge).

I hereby attest that I do not use illegal drugs or prescription drugs for which I do not have a current prescription. If a drug test has a positive result, I understand that I will be given the opportunity to demonstrate that the drug(s) present are due to current prescription(s). I hereby give you and your contractors permission to contact any doctor I use to verify the legitimacy of my prescription(s). I agree to provide those who administer the tests with any information necessary to interpret the test results and, in particular, will disclose all drugs or medications, whether legal or illegal, which I have used in the 60 days preceding any testing.

I understand that if any test is determined to be a positive by the Medical Review Officer, I will be denied employment or my employment may be terminated with the company and will have no opportunity for a retest unless mandated by state law in the state in which I am applying for a position and a retest is requested by me.

I understand that the company may conduct additional drug tests in the future if permitted by the laws and/or regulations in the state in which I work, such as in "reasonable suspicion" situations. I also understand that if any specimen I provide indicates evidence that it was altered or that it was not my specimen provided under the controlled conditions, I may be denied employment or my employment will be terminated.

I authorize the disclosure of the test results to the Company, and understand that I can request a copy of the test results from the Company upon written notification.

I agree to hold harmless the following companies, contractors and individuals and their respective employees, vendors and contractors: The Company to which I am applying for a position; it's Drug Program Manager and any and all other Company personnel; Foley Laboratory Services, Inc.; the Medical Review Officer; the Collection Site and the Clinical Laboratory; from any and all claims or liabilities arising out of this and/or other Drug and/or Alcohol tests they may conduct including, but not limited to, the testing procedures, the providing of the samples, the analysis, the Firm, at any time, in reliance on the test results.

This Consent and Release is given voluntarily in exchange for the Company's consideration of my application or continuation of my employment.

By signing, printing, or typing my name below, I understand, agree with and accept the terms and statements above.

➔ **Company Name:** _____ **Date:** _____

➔ **Applicant Name:** _____ **SSN:** _____

➔ **Signature:** _____

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Your contribution of this information is completely voluntary and is not a requirement for employment.

The information you provide is strictly confidential and will be maintained separate from your personnel file. Should you not provide this information during the application process and later want to inform us of your status, please feel free to request a copy of this form from your supervisor or manager.

We consider applicants for all positions without regard to race, color, sex, sexual orientation national origin, age, marital or veteran status or status as an individual with a disability.

Applicant's Name _____
Last First Middle

Position(s) applied for: _____

REFERRAL SOURCE (check one)

Employee ___ Advertisement ___ School ___ Walk-in ___ Union ___ State Agency ___

Other _____

Name of source (if applicable): _____

As required, we comply with equal employment opportunity requirements as associated with any federally supported contract. In an effort to comply with requirements regarding record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your application and is not required for employment consideration. This information will be held confidential and shall be filed separately from your application. This information will not be used for any hiring or employment related decisions.

Please check the following personal information that applies.

Male _____ Female _____

Hispanic _____ Black _____ White _____ American Indian/Alaskan Native _____

Asian _____ Native Hawaiian/Pacific Islanders _____ Two or more races _____

Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped or Disabled Individual _____

Thank you for completing this form.

Employee Possessor Questionnaire

Who needs to complete this form? This questionnaire **MUST** be completed by **EACH** employee possessor of a Federal explosives licensee or permittee or applicant, unless otherwise provided. (See reverse for definition of employee possessor.)

For ATF Use Only
RDS KEY: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Employee Possessor Information and Certification

Print the Requested Information in Block Letters.	Explosives Applicant Business or Operations Name
1. Last Name	14. Name and address of explosives business or operations at which you are an employee possessor.
2. First Name	Maine Drilling and Blasting 88 Gold Ledge Ave. Auburn, NH 03032
3. Middle Name	15. Your position in the explosives business or operations.
4. Name Suffix, if any (e.g., sr., Jr., III)	16. Federal explosives license/permit number for explosives business/operations.
5. Other Names Used - Including Maiden Name	17a. List All Countries of Citizenship?
6. Social Security Number (Voluntary, will help prevent misidentification) □□□-□□-□□□□	If you indicated above you are a United States citizen, skip to question 18.
7. Place of Birth (City and State - or - City and Foreign Country)	17b. What is your U.S.-issued alien number or admission number?
8. Date of Birth (Month/Day/Year) □□/□□/□□□□	The following questions must be answered with a "YES" or "NO". (See the "Note" at the bottom of the page.)
9. Race/Ethnicity (Check one or more boxes)	Yes or No
American Indian or Alaskan Native <input type="checkbox"/>	18. Are you a fugitive from justice?
Asian <input type="checkbox"/>	19. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?
Black or African American <input type="checkbox"/>	20. Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation? (See Definition 1, Exception 1.)
Hispanic <input type="checkbox"/>	21. Are you under indictment or information in any court for a felony, or any crime, for which the judge could imprison you for more than one year? (An information is a formal accusation of a crime by a prosecutor. See Definition 1.)
Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	22. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?
White <input type="checkbox"/>	23. Have you ever been discharged from the Armed Forces under dishonorable conditions?
10. Sex (Check one box) Male <input type="checkbox"/> Female <input type="checkbox"/>	24. Have you ever renounced your United States citizenship?
11. Home Telephone Number (Include area code)	25. Are you an alien in the United States? If "YES," attach an explanatory statement showing that you are a lawful permanent resident. (See Definition 3, Exception 2.) (Generally, if you are an alien [except for a lawful permanent resident alien], you cannot possess explosive materials.) <input type="checkbox"/> Statement Attached.
12. Work Telephone Number (Include area code and extension)	
Home Address	
13a. Street Address	
13b. Apt. Number	
13c. City	
13d. State - or - Province, Foreign Country	
13e. Zip Code / Postal Code □□□□□-□□□□	

Under the penalties imposed by Federal law, I, _____, certify under the penalty of perjury that the answers on this questionnaire are true, accurate and complete. (Print Your Full Name)

Your Signature	Date
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***Note:** A copy of this form may be used for your renewal submission. See instruction #2 and #3. I certify, under penalties of perjury, that my answers on form are true, accurate and complete.

Your Signature (For second submission)	Date
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Instructions

- 1. Who must fill out and complete this form?** EACH employee possessor, as defined below, MUST personally complete this questionnaire form and certify that the answers are true, correct, and complete. This form is not required to be completed by Employee Possessors whose sole responsibility is transporting explosives in commerce.
- 2. To whom do I submit this form?** You must complete and submit this form to your employer (*applicant for license/permit*). The employer will submit this form, along with the application, to ATF. If this form is being submitted AFTER a license or permit has been issued in order to ADD you as an employee possessor, then the form must be accompanied by a signed letter from the licensee or permittee requesting that you be added as an employee possessor. If this form is being submitted for at least a second time, in relation to the same license/permit renewal, the employee possessor may follow instructions 3 below and the form should be sent to: ATF, Federal Explosives Licensing Center, 244 Needy Road, Martinsburg, WV 25405.
- 3. Resubmission of form upon 3-year renewal of license/permit.** The person completing the form may choose to resubmit a photocopy of their original ATF Form 5400.28 provided the information has not changed. You must certify that all the answers are still true, accurate and complete by signing and dating the form.
- 4. Why is this form required?** 18 U.S.C., Chapter 40, was amended by the Safe Explosives Act of 2002 (the Act). The Act made it unlawful for certain persons to ship, transport, receive, or possess explosive materials. The Act also made it unlawful to distribute explosive materials to certain persons. Information you provide on this form will allow ATF to determine whether you, an employee possessor in the explosives business or operations, are prohibited from shipping, transporting, receiving, or possessing explosive materials. 18 U.S.C. § 842(d), (i).
- 5. Should documentation be attached to clarify a response to a question or item?** Providing additional documentation to clarify a response to a specific question or item on the front of this form could help prevent a delay in processing your Employer Possessor Questionnaire. Please ensure that your name is on any attached documents(s). In addition, if your employer is renewing a Federal explosives license or permit, ensure that the employer's current license or permit number is on any attached documents.
- 6. How do I obtain additional forms?** The form can be downloaded from ATF's website in Adobe PDF format at www.atf.gov/forms/index.htm. The form can be ordered using ATF's Online Distribution Center Order Form at www.atf.gov/dcof/index.htm. The form can also be ordered by calling ATF's Distribution Center at (301) 583-4696.
- 7. What do I do if I am prohibited from possessing explosives as indicated above?** If you are prohibited from possessing explosives, you may request relief from your Federal explosives disability by filing an ATF Form 5400.29, Application for Restoration of Explosives Privileges. This form can be downloaded from ATF's website at www.atf.gov/forms/index.htm or may be obtained by calling (202) 648-7110. Please be advised that you cannot possess explosives until such time that relief from Federal explosive disabilities may be granted. For example, if you are a nonimmigrant alien, you should answer "yes" to question 25, and you are prohibited from possessing explosives. You may file a relief application, but you cannot possess explosives until such time that ATF may grant you relief.
- 8. Need assistance in completing the form?** Please review information online concerning this form at www.atf.gov, contact the National Licensing Center at (404) 417-2750, or contact your local ATF office.

ATF Form 5400.28 is used to determine the eligibility of the employee possessor to possess explosive materials. Under Federal explosives laws it is unlawful for certain prohibited persons to possess explosives. See 18 U.S.C. § 842(d) and (i). 18 U.S.C. § 845 (a)(1) provides that these prohibitions do not apply to any "aspects of transportation of explosive materials via railroad, water, highway, or air that pertain to safety, including security, and are regulated by the United States Department of Transportation or the Department of Homeland Security." The Department of Transportation and the Transportation Security Administration have exercised their regulatory authority concerning employee qualifications to transport explosive materials. Accordingly, ATF does not have to determine the eligibility to possess explosives of Employee Possessors who fall within this exception.

Definitions

- 1. Under Indictment or Information or Convicted in Any Court.** An indictment, information, or conviction in any Federal, State, or local court.
- 2. Employee Possessor.** An employee possessor is an individual who has actual or constructive possession of explosive materials during the course of his employment. **Actual possession** exists when a person is in immediate possession or control of explosive materials (*e.g., an employee who physically handles explosive materials as part of the production process; or an employee, such as a blaster, who actually uses explosive materials*). **Constructive possession** exists when an employee lacks direct physical control over explosive materials, but exercises dominion and control over the explosive materials, either directly or indirectly through others (*e.g., an employee at a construction site who keeps keys for magazines in which explosive materials are stored, or who directs the use of explosive materials by other employees; or an employee transporting explosive materials from a licensee to a purchaser*).
- 3. Alien.** An alien in the United States means any person who is not a citizen or national of the United States.

Exceptions

1. A person who has been convicted of a felony, or any other crime, for which the judge could have imprisoned the person for more than one year, is not prohibited from shipping, transporting, possessing, or receiving explosives if: (1) the conviction was properly invalidated by a court on the basis that the conviction was unconstitutional; (2) in the case of a Federal conviction, the person received a Presidential pardon; or (3) ATF granted relief from Federal explosives disabilities under 18 U.S.C. § 845(b), 27 CFR 555.142.
2. Purposes of this form, aliens can be employee possessors if they are lawful permanent residents. 18 U.S.C. § 842(d)(7); (i)(5).

Privacy Act Information

The following information is provided pursuant to Section 3 of the Privacy Act of 1974, 5 U.S.C. § 552a(e)(3):

- 1. Authority.** Solicitation of this information is made pursuant to 18 U.S.C. §§ 842, 843. Disclosure of this information by the employee possessor is mandatory if the employee possessor wishes to possess explosives.
- 2. Purpose.** To determine the eligibility of the employee possessor to possess explosive materials.
- 3. Routine Uses.** The information will be used by ATF to make determinations set forth in paragraph 2. In addition, information may be disclosed to other Federal, State, foreign, and local law enforcement and regulatory agency personnel to verify information on the employee possessor questionnaire and to aid in the performance of their duties with respect to the regulation of explosives unless such disclosure is prohibited by law. Finally, the information may be disclosed to members of the public in order to verify the information on the questionnaire when such disclosure is not prohibited by law.
- 4. Effects of not supplying the requested information.** Failure to supply complete information will delay processing and may cause denial of the application.
- 5. Disclosure of social security number.** Disclosure of the individual's social security number is voluntary. Under 18 U.S.C. §§ 842(f), 843, and Executive Order 9397, November 22, 1943, ATF has the authority to solicit an individual's social security number. The number may be used to verify the individual's identity.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The purpose of this information collection is to determine the eligibility of the employee possessor to engage in certain operations. The information requested is required to obtain or retain a benefit and is mandatory by statute 18 U.S.C. 843.

The estimated average burden associated with this collection is 20 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.