

# 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? \_\_\_\_\_

Are you union affiliated? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, Local # \_\_\_\_\_

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 \_\_\_\_\_



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 # \_\_\_\_\_

<b>To Be Completed By the Company</b>	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 any 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; its 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.)

<b>For ATF Use Only</b>
RDS KEY: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

### 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. <b>Maine Drilling &amp; Blasting, Inc</b> <b>88 Gold Ledge Ave Auburn NH 03032</b>
2. First Name	
3. Middle Name	15 Your position in the explosives business or operations
4. Name Suffix, if any (e.g., Sr., Jr., II)	16. Federal explosives license/permit number for explosives business/operations.
5. Other Names Used - Including Maiden Name	17a What is your Country of Citizenship?
6. Social Security Number ( <i>Voluntary, will help prevent misidentification</i> ) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	17b. If you have citizenship in additional countries, please list
7. Place of Birth (City and State - or - City and Foreign Country)	If you indicated above you are a United States citizen, skip to question 18.
8. Date of Birth (Month/Day/Year) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	17c What is your U.S. Immigration and Naturalization Service (INS)-issued alien number or admission number? <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
9. Race/Ethnicity (Check one or more boxes) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	<b>The following questions must be answered with a "YES" or "NO" in the box.</b>
10. Sex (Check one box) <input type="checkbox"/> Male <input type="checkbox"/> Female	18 Are you a fugitive from justice?
11. Home Telephone Number (Include area code)	19 Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?
12. Work Telephone Number (Include area code and extension)	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)
Home Address	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)
13a Street Address	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?
13b Street Address (Continuation)	23 Have you ever been discharged from the Armed Forces under <b>dishonorable</b> conditions?
13c Apt. Number	24. Have you ever <b>renounced</b> your United States citizenship?
13d City	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.
13e State or Province, Country (if outside the United States)	
13f. Zip Code/Postal Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

Under the penalties imposed by 18 U.S.C. 844, I, \_\_\_\_\_, certify under penalties of perjury that the answers on this questionnaire are true, correct, and complete.

Your Signature	Date

## 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.
- 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. In such instance, the form should be sent to: ATF, National Licensing Center, 2600 Century Parkway NE, Suite 400, Atlanta, GA 30345.
- 3. 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).
- 4. 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 document(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.
- 5. How do I obtain additional forms?** The form can be downloaded from ATF's website in Adobe PDF format at [www.atf.treas.gov/forms/index.htm](http://www.atf.treas.gov/forms/index.htm). The form can be ordered using ATF's Online Distribution Center Order Form at [www.atf.treas.gov/dcoff/index.htm](http://www.atf.treas.gov/dcoff/index.htm). The form can also be ordered by calling ATF's Distribution Center at (703) 455-7801.
- 6. 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.treas.gov/forms/index.htm](http://www.atf.treas.gov/forms/index.htm) or may be obtained by calling (202) 927-2260/2310. Please be advised that you cannot possess explosives until such time that relief 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.
- 7. Need assistance in completing the form?** Please review information online concerning this form at [www.atf.treas.gov](http://www.atf.treas.gov), contact the National Licensing Center at (404) 417-2750, or contact your local ATF office.

## Definitions

- 1. Under Indictment or Information or Convicted in Any Court.** An indictment, information, or conviction in any Federal, State, local, or foreign 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; an employee who handles explosive materials in order to ship, transport, or sell them, 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 knowingly has the power and intention to exercise 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

- 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.
- For 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.