



P. O. Box 280033 Memphis, TN 38168  
 Sandblasting ♦ Painting ♦ Tank Lining  
 Phone: (901) 353-3066 ♦ www.mdcoatings.com ♦ Fax: (901) 353-3664

EMPLOYEE APPLICATION

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ VALID DRIVER'S LICENSE? Y\_\_\_\_ N\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PREVIOUS OCCUPATION: \_\_\_\_\_

**\*Applicants may be required to submit to a background check and drug test before or after hiring.**

LIST YEARS OF EXPERIENCE IN THE FOLLOWING WORK CATEGORIES:

<u>TYPES</u>	<u>YEARS</u>
COMMERCIAL PAINTING	_____
VINYL WALL COVERING	_____
INDUSTRIAL PAINTING	_____
TANK LININGS	_____
SANDBLASTING	_____
SPRAY PAINT APPLICATION	_____
TEXTURED COATING APPLICATION	_____
HIGH WORK (OVER 50 FEET)	_____
RESIDENTIAL PAINTING	_____

LIST OF PREVIOUS EMPLOYERS WITH MOST RECENT FIRST:

1. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_ TO \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_
2. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_ TO \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_
3. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_ TO \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

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PERSON TO CONTACT IN CASE OF EMERGENCY

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**TENNESSEE DRUG-FREE WORKPLACE**

M & D COATINGS, INC. PARTICIPATES IN THE TENNESSEE DRUG-FREE WORKPLACE PROGRAM. ATTACHED ARE SAMPLE FORMS WHICH YOU WILL BE REQUIRED TO SIGN UPON EMPLOYMENT. YOU WILL BE GIVEN A COPY OF OUR SUBSTANCE ABUSE POLICY AT THAT TIME. YOU MAY REVIEW THE SUBSTANCE ABUSE POLICY PRIOR TO SUBMITTING THIS APPLICATION.

DATE OF APPLICATION: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

**\*\*This is a copy of a form you will be asked to sign if offered employment. Please read it thoroughly.**

Pre-Employment Drug Testing Consent and Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by M & D Coatings, Inc. in the selection process of applicants for employment, for the purpose of determining the drug consent thereof.

I agree that Frayser Medical Center may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at this Company.

I further agree to hold harmless the Company and its agents (including the above named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my employment application.

I further agree that a reproduced copy of the pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

**\*\*This is a copy of a form you will be asked to sign if offered employment. Please read it thoroughly.**

Active Employee Certificate of Agreement

I do hereby certify that I have received and read the M & D Coatings, Inc. substance abuse and testing policy and have had the drug-free workplace program explained to me. I understand that if my performance indicates it is necessary, I will submit to a drug and/or alcohol test. I also understand that failure to comply with a drug and/or alcohol testing request or a positive confirmed result for the illegal use of drugs and/or alcohol may lead to discipline up to and including termination of employment and/or loss of workers' compensation benefits. \*

\* (pursuant to T.C.A. Section 50-9-100 et. Seq.)