



1000 Westinghouse Dr
Cranberry Twp, PA 16066-5228
Phone: 412-374-5966

Name: _____
Last First Middle

Gender: Male Female

Applicant's SSN: _____

Date of Birth: _____

Physical Address: _____
NO Post Office Box Apartment #

City: _____ State: _____ Zip Code: _____

Mailing Address: _____
Post Office Box is acceptable Apartment #

City: _____ State: _____ Zip Code: _____

Home Telephone: () _____ Alternate Telephone: () _____

County of Residence: _____ Cell Phone: () _____

Email Address: _____

Emergency Contact (1): _____

Telephone 1: () _____

Relationship: _____

Telephone 2: () _____

Emergency Contact (2): _____

Telephone 1: () _____

Relationship: _____

Telephone 2: () _____

Drug & Alcohol Abuse Policy

The use of, possession, or sale of narcotics, hallucinogens, depressants, stimulants, marijuana, or other controlled substances on System One's property or that of its Customer's (Customer being any company, individual or organization being served by System One) is prohibited. (This does not apply to medication prescribed by a licensed physician and taken in accordance with such prescription).

Unauthorized consumption of alcohol on System One's property or its Customer's property is also prohibited. The use of the above substances or alcohol on or away from System One property or Customer's property, which adversely affects the employee's job performance, or may reflect unfavorably on System One, Inc. and/or its Customer, is also prohibited.

We are required by our Customers to secure individual consent to the following:

- a) System One's policy on drug and alcohol abuse as set forth above;
- b) The prior to assignment to a facility, the employee will submit to a drug screen test if requested by System One or its Customer.
- c) That by entry onto the Customer's property, the employee consents to a search or inspection of his/her vehicle and any closed container in the vehicle, at any time while on a Customer's property; and
- d) That any employee found in violation of the policy, or who refused to permit a search or inspection, specified above, may be removed and barred from the Customer's property at the sole discretion of System One and/or the Customer.

Confidential, Non-Solicitation and Work Product Assignment Agreement, and Mutual Agreement to Arbitrate Claims

As a material inducement to and in consideration of his/her employment by System One Holdings, LLC and/or its affiliates or successors (individually and collectively, "System One"). I (the "Employee") agree as follows:

1. Confidential Information

1.1 Definition

"Confidential Information" consists of all information or data relating to the business of System One, including but not limited to, business and financial information; new product development and technological data; personnel information and the identities of employees; the identities of applicants for employment; the identities of clients and suppliers and prospective clients and suppliers; client lists and potential client lists; resumes; development, expansion and business strategies, plans and techniques; computer programs, devices, methods, techniques, processes and inventions; research and development activities; trade secrets as defined by applicable law and other

materials (whether in writing, graphic, audio, visual, electronic or other media, including computer software) developed by or on behalf of System One which is not generally known to the public, which System One has and will take precautions to maintain as confidential, and which derives at least a portion of its value to System One from its confidentiality. Additionally, Confidential Information includes information of any third party doing business with System One (actively or prospectively) that System One or such third party identifies as being confidential. Confidential Information does not include any information that is in the public domain or otherwise publicly available (other than as a result of a wrongful act by the Employee or an agent or other employee of System One) or information relating to the terms and conditions of employment or to lawful, protected, concerted activity under the National Labor Relations Act.

1.2 Agreement to Maintain the Confidentiality of System One's Confidential Information

The Employee acknowledges that, as a result of his/her employment by System One, he/she will have access to such Confidential Information and to additional Confidential Information which may be developed in the future. The Employee acknowledges that all Confidential Information is the exclusive property of System One, or in the case of Confidential Information of a third party, of such third party. The Employee agrees to hold all Confidential Information in trust for the benefit of the owner of such Confidential Information. The Employee further agrees that he/she will use Confidential Information for the sole purpose of performing his/her work for System One, and that during his/her employment with System One, and at all times after the termination of that employment for any reason, the Employee will not use for his/her benefit, or the benefit of others, or divulge or convey to any third party any Confidential Information obtained by the Employee during his/her employment by System One, unless it is pursuant to System One's prior written permission.

1.3 Return of Property

The Employee acknowledges that he/she has not acquired and will not acquire any right, title or interest in any Confidential Information or any portion thereof. The Employee agrees that upon termination of his/her employment for any reason, he/she will deliver to System One immediately, but in no event later than the last day of his/her employment, all documents, data, computer programs and all other materials, and all copies thereof, that were obtained or made by the Employee during his/her employment with System One, which contain or relate to Confidential Information.

1.4 Agreement to Maintain the Confidentiality of Client's Confidential Information

Employee may have access to confidential client information during Employee's employment with System One. Confidential client information includes all information about client's business affairs that is provided to System One by its clients, which is not already known or readily available to the general public. Knowledge of a client's business affairs must never be disclosed or used in an improper manner.

In order to maintain the professional confidence that is the basis of the client relationship, Employees of System One shall not:

- a) Discuss the clients' affairs with other clients or with third parties, unless System One has been authorized to do so.
- b) Identify any particular client where System One did work when discussing the specific projects performed with other potential or existing clients.
- c) Discuss the confidential information to clients' employees not authorized to receive it.
- d) Discuss confidential client matters in public places where conversations may be overheard.

2. Disclosure and Assignment of Inventions and Creative Works

The Employee agrees to promptly disclose in writing to System One all inventions, ideas, discoveries, developments, improvements and innovations (collectively "Inventions"), whether or not patentable and all copyrightable works, including but not limited to computer software designs and programs ("Creative Works") conceived, made or developed by the Employee, whether solely or together with others, during the period the Employee is employed by System One. The Employee agrees that all Inventions and all Creative Works, whether or not conceived or made during working hours, that: (a) relate directly to the business of System One or its actual or demonstrably anticipated research or development, or (b) result from the Employee's work for System One, or (c) involve the use of any equipment, supplies, facilities, Confidential Information, or time of System One, are the exclusive property of System One. The Employee hereby assigns and agrees to assign all right, title and interest in and to all such Inventions and Creative Works to System One. The Employee understands that he/she is not required to assign to System One any Invention or Creative Work for which no equipment, supplies, facilities, Confidential Information or time of System One was used, unless such Invention or Creative Work relates directly to System One's business or actual or demonstrably anticipated research and development, or results from any work performed by the Employee for System One.

3. Future Restrictions

3.1 Non-Solicitation of Clients

During the period of the Employee's employment with System One and for a period of one year from the date of termination of such employment for any reason, the Employee agrees that he/she will not, directly or indirectly, for the Employee's benefit or on behalf of any person, corporation, partnership or entity whatsoever, call on, solicit, perform services for, interfere with or endeavor to entice away from System One any client to whom Employee provided services at any time during the 12 month period preceding the date of termination of the Employee's employment with System One, or any prospective client to whom Employee had contact with during the 6 month period preceding the date of termination of Employee's employment with System One. A "prospective client" shall be defined as an individual or company that expressed interest in working with System One.

3.2 Non-Solicitation of Employees

For a period of one year after the date of termination of Employee's employment with System One for any reason, the Employee agrees that he/she will not, directly or indirectly, hire, attempt to hire, solicit for employment or encourage the departure of any employee of System One, to leave employment with System One, or any individual who was employed by System One as of the last day of the Employee's employment with System One.

3.3 Non-Solicitation of Candidates

For a period of one year after the date of termination of Employee's employment with System One for any reason, the Employee agrees that he/she will not, directly or indirectly, hire, attempt to hire, solicit for employment any candidate for employment for whom Employee solicited or placed with System One during his/her employment with System One.

4 Agreement to Arbitrate**4.1 Acknowledgement**

System One and the Employee (together the "Parties") further recognize that differences may arise between either of them after or during Employee's employment with System One.

The Parties understand and agree that by entering into this agreement to arbitrate claims, each anticipates gaining the benefit of arbitration as a speedy, impartial dispute-resolution procedure, and understands and agrees that both are voluntarily consenting to forego other types of litigation, except as specifically listed below in Section 4.2. Employee acknowledges that his/her agreement to submit to arbitration as described in this Agreement is in consideration of and is a material inducement of his/her employment by System One.

4.2 Claims Covered by this Agreement

System One and Employee mutually consent to the resolution by arbitration of all claims or controversies (tort, contract or statutory), whether or not arising out of Employee's employment (or its termination), that System One may have against Employee or that Employee may have against System One ("claims"). The claims covered by this Agreement include, but are not limited to, claims for wages, bonuses, overtime pay, or other compensation due; claims for breach of any contract or covenant (expressed or implied); tort claims, including but not limited to, defamation, wrongful termination, invasion of privacy and intentional infliction of emotional distress; claims for discrimination (including, but not limited to, race, sex, religion, national origin, age, marital status, or medical condition or disability), harassment and/or retaliation; claims for benefits or the monetary equivalent of benefits (except when an employee benefit or pension plan specifies that its claim procedure is subject to an arbitration procedure different from this one); and claims for violation of any federal, state, or governmental law, statute, regulation, or ordinance, except claims excluded in the following Section 4.3.

4.3 Claims Not Covered by the Agreement

Claims not covered by this Agreement include claims that Employee may have now or in the future for workers' compensation benefits or any collective/class action claims for which Employee claims to be a representative class member. Also not covered are claims by System One based on criminal acts of Employee, and claims for injunctive or other equitable relief for: (a) breach or threatened breach of any non-competition, non-solicitation, confidentiality and/or unauthorized disclosure of trade secrets or confidential information, as to each of which Employee understands and agrees that System One may immediately seek and obtain relief from a court of competent jurisdiction.

4.4 Required Notice of All Claims and Statute of Limitations

The Parties agree that each must deliver written notice of any claim to the other party within one (1) year of the date the aggravated party first has knowledge of the event giving rise to the claim; otherwise the claim will be void and deemed waived, even if there is a federal or state statute of limitations which would have given more time to pursue the claim.

4.5 Arbitration Procedures

System One and Employee agree that, except as provided in this Agreement, any arbitration shall be in accordance with the then-current employment dispute rules of the American Arbitration Association ("AAA") and all arbitration demands shall be through AAA unless System One and Employee mutually agree to a difference dispute resolution company. The arbitrator shall render a written award and opinion in the form typically rendered in arbitrations. The award shall be final and binding.

4.6 Arbitration Fees and Costs

System One will pay the reasonable fees and costs of the arbitrator. System One and Employee will each pay its and his/her costs and attorneys' fees, if any. However, if either Party prevails on a statutory claim that affords the prevailing party attorneys' fees, the arbitrator may award reasonable fees to the prevailing Party.

4.7 Requirements for Modification or Revocation

This Agreement to arbitrate shall survive the termination of Employee's employment. It may only be revoked or modified by a writing signed by the parties which specifically states an intent to revoke or modify this Agreement.

4.8 Sole and Entire Agreement

This is the complete agreement of the parties on the subject of arbitration of disputes except for any arbitration agreement in connection with any pension or benefit plan. This Agreement supersedes any prior or contemporaneous oral or written understanding on the subject. Employee is not relying on any representations, oral or written, on the subject of the effect, enforceability or meaning of this Agreement, except as specifically set forth in this Agreement.

4.9 Construction

If any provision, portion or section of this Agreement is judged to be void or otherwise unenforceable, in whole or in part, such judgment will not affect the validity of the remainder of this Agreement.

5 Miscellaneous

5.1 Not a Guarantee of Employment

This Agreement is not, and shall not be construed to create, any contract of employment or guarantee of employment for any specific time or under any specific terms of conditions, express or implied, and each

5.2 Enforcement

If, at the time of enforcement of this Agreement, a court holds that any of the restrictions stated herein are unreasonable under circumstances then existing, the parties hereto agree that the maximum period, scope or geographical area deemed reasonable under such circumstances will be substituted for the stated period, scope or area as contained in this Agreement. Because money damages would be an inadequate remedy for any breach of the Employee's obligations under this Agreement, in the event the Employee breaches or threatens to breach this Agreement, System One, or any successors or assigns, may, in addition to other rights and remedies existing in its favor, apply to any court for competent jurisdiction for specific performance, or injunctive or other equitable relief in order to enforce or prevent any violations of this Agreement.

5.3 Severability

Whenever possible, each provision of this Agreement will be interpreted in such a way as to be effective and valid under applicable law, but if any provision of this Agreement is held to be invalid, illegal or unenforceable in any respect under any applicable law or rule in any jurisdiction, such invalidity, illegality or unenforceability will not affect any other provisions, but this Agreement and/or such provision will be reformed, construed and enforced in such jurisdiction as if such invalid, illegal or unenforceable provision had never been contained herein.

5.4 Complete Agreement

This Agreement contains the complete agreement and understanding between the parties and supersedes and preempts any prior understanding, agreement or representation by or between the parties, written or oral, relating to the subject matter contained herein.

5.5 Additional Rights and Causes of Action

This Agreement is in addition to and does not in any way waive or detract from any rights or causes of action System One may have relating to Confidential Information or other protectable information or interests under statutory or common law or under any other agreement.

5.6 Governing Law

Notwithstanding principles of conflicts of law of any jurisdiction to the contrary, all terms and provisions of this Agreement are to be construed and governed by the laws of any other

Policy Acknowledgements

jurisdiction wherein the Employee resides or performs any duties hereunder or where any violation of this Agreement occurs.

5.7 Successors and Assigns

The Agreement will inure to the benefit of and be enforceable by System One and its successors and assigns. The Employee may not assign the Employee’s rights or delegate the Employee’s obligations hereunder.

5.8 Waivers

The waiver by either the Employee or System One of a breach by the other party of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent breach by the breaching party.

All employees shall sign and return this memo signifying they have read, understood and have consented to the information outlined in the above Policy Acknowledgements.

SYSTEM ONE AND EMPLOYEE ACKNOWLEDGE THAT (A) EACH HAS CAREFULLY READ THIS AGREEMENT, (B) EACH UNDERSTANDS ITS TERMS, (C) ALL UNDERSTANDINGS AND AGREEMENTS BETWEEN SYSTEM ONE AND EMPLOYEE RELATING TO THE SUBJECT COVERED IN THE AGREEMENT ARE CONTAINED IN IT, AND (D) EACH HAS ENTERED INTO THIS AGREEMENT VOLUNTARILY AND NOT IN RELIANCE ON ANY PROMISES OR REPRESENTATIONS BY THE OTHER, OTHER THAN THOSE CONTAINED IN THIS AGREEMENT ITSELF.

EMPLOYEE FURTHER ACKNOWLEDGES THAT HE/SHE HAS BEEN GIVEN SUFFICIENT TIME AND OPPORTUNITY TO CONSIDER WHETHER TO SIGN THIS AGREEMENT; AND HAS NOT BEEN FORCED OR COERCED INTO DOING SO.

IN WITNESS WHEREOF, the parties hereto have executed this Drug & Alcohol Abuse Policy, Confidentiality Agreement and Mutual Agreement to Arbitrate Claims.

SYSTEM ONE HOLDINGS, LLC

Signature of Employee

Signature of Authorized Representative

Print Name of Employee

Title of Representative

Date

Date

Voluntary Affirmative Action Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirement regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date _____

Referral Source

- Walk-in Government Employment Agency Private Employment Agency
 Employee Relative School Other _____
 Advertisement – Source _____

Applicant Information

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander Multiracial (having parents of different races)

For Administrative Use Only

Position(s) applied for: available not available

Other positions considered for _____

Hired: yes no Position hired for: _____ Hire Date: _____

From the EOC job classifications listed below, which one best describes the position filled?

- Officials and Managers Professionals Technicians
 Sales Workers Office and Clerical Workers Craft Workers (skilled)
 Operatives (semi-skilled) Laborers (unskilled) Service Workers



Direct Deposit Agreement Form

Please Print Legibly:

To be completed and signed by employee at the time employment begins and as needed thereafter:

Print Name: _____ **SSN:** _____
Last First Middle

System One mandates Direct Deposit to ensure prompt payment for employees and to reduce the possibility of Third Party carriers causing delay in check receipt. Please complete this Direct Deposit Agreement Form and promptly return it.

Net Pay – Direct Deposit: I request that my net pay of 100% be Direct Deposited to:

Name of Financial Institution: _____

Bank Branch and Address: _____

Transit Routing Number: _____

Deposit to Account Number: _____ Checking Savings

Additional Bank Account: *NOTE:* You only need to complete the below portion if you have a **DIFFERENT** bank account to be used, otherwise your entire net pay will be deposited into the same account (listed above).

I request that _____ (%) or \$_____ (amount) of net payment be Direct Deposited to:

Name of Financial Institution: _____

Bank Branch and Address: _____

Transit Routing Number: _____

Deposit to Account Number: _____ Checking Savings

***** Special Direct Deposit Requests:**

- Please issue me a Pay Card
- Please **CANCEL** my current direct deposit account(s). *Prior to closing your account, please notify Payroll at (412) 995-1900.*
- Please **ADD** the completed direct deposit information in addition to what I already have currently.

Attach copies of VOIDED CHECK(S) or DIRECT DEPOSIT AUTHORIZATION FORM(S) here:

I hereby authorize the Direct Deposit of my net pay and expense payments by my employer to the Financial Institution indicated above. Such Direct Deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, and after a reasonable opportunity to act on it.

Employee Signature

Date

MASTERTECH SERVICES, INC.

"Nationwide Cooling Specialists"

Print Name: _____
(Last) (First) (Middle)

Former Name(s) and Dates Used: _____
(Maiden) (Year Married)

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/ Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/ Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/ Zip)

Social Security Number: _____ / _____ / _____ Date of Birth: _____ / _____ / _____
(mo) (day) (year)

Telephone Number: () _____

Driver's License Number: _____ State: _____ Exp. Date: _____

Identification Number: _____ State: _____ Exp. Date: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize MasterTech Services, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I also do hereby authorize and appoint MasterTech Services, Inc. as my Attorney-in-Fact ("Agent") for the express purpose of submitting all such consumer/investigative reports about me to potential clients of MasterTech Services, Inc. for the sole purpose of determining my ability to access the facilities of such clients. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to MasterTech Services or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release MasterTech Services, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____

Date: _____



691 Corporate Circle
Golden, CO 80401
Phone: 303-278-7300
Toll Free: 877-344-3072 Fax: 303-278-4665



MASTERTECH SERVICES, INC.

"Nationwide Cooling Specialists"

C.P.R.B. Workplace Policy

Policy: MasterTech Services Inc. (MTS) believes that courtesy, professionalism, and respectful behavior (C.P.R.B.) in the workplace is essential to a well-run and successful project. Behavior which may be acceptable in a non-workplace setting, and which may be perfectly normal in activities outside of work, may be perceived differently in the workplace, and, therefore, is inappropriate. Such hostile behavior includes the use of overly foul or profane language (particularly when directed at one or more co-workers), engaging in offensive, intimidating, humiliating, harassing or violent actions or outbursts, as well as fighting, arguing or unnecessarily interfering with a co-workers performance. In addition, MTS believes that freedom from bullying, violence, discrimination, harassment or hostile behavior in the workplace is a fundamental right of all employees. All forms of bullying, violence, discrimination, harassment or hostile behavior (hereinafter referred to as violations of C.P.R.B.) will not be tolerated. Any such violations will be investigated and if substantiated will be dealt with expeditiously. Violations will result in discipline up to and including termination.

MTS is seeking a spirit of cooperation and fairness from all its employees and subcontractors. It is impossible to provide a list of all behavior that would violate this policy. However, MTS is committed to ensuring a courteous, professional and respectful working environment in which all people are treated with respect and dignity. This policy, therefore, is intended as a practical and proactive approach to ensure a workplace free from all physical or psychological bullying, discrimination, hostility, harassment and violence. This policy outlines the expectations set forth by the company with regard to C.P.R.B. in the workplace as well as the consequences for not demonstrating the same. All employees are responsible to read and comply with this policy.

MTS supervisors, foremen or personnel with authority to act on behalf of the Company who witness or are made aware of any violation of this C.P.R.B. policy shall take immediate action to investigate such violations, take appropriate remedial action as may be necessary to stop any harassing or violent behavior, take steps to secure and/or remove the personnel and property of MTS from the Clients premises, and if appropriate shall notify and ask for assistance of on-site Client security personnel. Such MTS personnel shall also contact the MTS Corporate Safety Department and MTS Corporate Management as rapidly as possible to report such violations and seek further instructions. Any employee who violates this C.P.R.B policy shall be escorted to a secure location, or escorted off-site pending further investigation. Under no circumstances shall any such employee be left alone and allowed to continue working until the violations of this policy have been resolved.

(By signing this C.P.R.B. document, you are stating that you have read and understood this document in full.)

Personnel Printed Name:

Last 4 digits of SSN:

Personnel Signature:

Date:

Superintendent Signature:

Date:



691 Corporate Circle
Golden, CO 80401
Phone: 303-278-7300
Toll Free: 877-344-3072 Fax: 303-278-4665





7429

An ISO 9001:2008 Certified Company. Certificate No. 42221

MASTERTECH SERVICES - COOLING TOWER DEPOT

Universal Membership Application Form

DISA Contractors Consortium, 12600 Northborough, Suite 300, Houston, TX 77067



The Universal Membership Application Form is used to enroll employees in the national DISA Contractors Consortium (DCC), and/or the North American Substance Abuse Program (NASAP), and/or the DISA Contractors Consortium Hair Testing (DCCHT) policies. Each employee must complete this form prior to gaining admittance to any site requiring either of these programs.

Please fill this form out completely. All fields marked with an asterisk (*) are required. The form will not be able to be processed with incomplete information. This could result in a delay in enrolling the employee into the program. When the form is complete, please E-Mail the form to forms@disa.com or fax to (713)972-3431. For assistance completing this form, please contact your client service team at (281)673-2400 and select option 1.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. Failure to fill the form out completely and legibly could delay processing of test results. The following example shows how letters should be drawn on the page:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Last Name *												First Name *												M.I.
-------------	--	--	--	--	--	--	--	--	--	--	--	--------------	--	--	--	--	--	--	--	--	--	--	--	------

Social Security Number *				Home Phone Number *			
--------------------------	--	--	--	---------------------	--	--	--

Location\Cost Center\Job Number Code												Collection Site Code			
--------------------------------------	--	--	--	--	--	--	--	--	--	--	--	----------------------	--	--	--

It is no longer necessary to provide additional policy information when enrolling an employee in the DCC. To enroll your employee in your company policy or DOT program, simply send the employee to test with the proper form for that policy.

Witness Last Name												Witness First Name												M.I.
-------------------	--	--	--	--	--	--	--	--	--	--	--	--------------------	--	--	--	--	--	--	--	--	--	--	--	------

I have received and/or reviewed a copy of the DISA Contractors Consortium Substance Abuse Policy and/or North American Substance Abuse Program Policy and/or the Hair Testing Substance Abuse Program. I apply for membership in the DISA Contractors Consortium (DCC) and/or North American Substance Abuse Program (NASAP) and/or the Hair Testing Substance Abuse Program under the sponsorship of the Company Member indicated above. I agree, upon acceptance, to abide by all DCC and/or NASAP and/or the Hair Testing Substance Abuse Program policies, rules, and regulations. I authorize the DCC to release my drug and/or alcohol test results to the Company Member for which I worked at the time I was tested and/or the Company Member which required me to take a post-offer of employment drug and/or alcohol tests. I also authorize the DCC to release information about my status in the DCC to those companies on whose premises I seek to work or am currently working. I also authorize the DCC to release DCC status, test results, and other program activity to the Houston Area Contractors Safety Council through the NASAP with the understanding that this data may affect my status in the NASAP and that this status may be shared with those Companies participating in the NASAP. This release expires five years after the latest date on which I was no longer an "active" member of the Consortium. I understand I have a right to receive a copy of this authorization.

Applicant Signature * (Required to process application) _____ Date _____

Witness Signature _____ Date _____

DISA Works TM

FOR INTERNAL USE ONLY

DW Universal V1.0
Revision Date - 02/10
Policy Id: 39390

1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0

7429

An ISO 9001:2008 Certified Company. Certificate No. 42221



MASTERTECH SERVICES, INC.

DISA Background Screening Consent Form V1.0 NABSC and Reciprocal Consortiums

DISA Contractors Consortium, 12600 Northborough, Suite 300, Houston, TX 77067



The Background Screening Consent Form is used to enroll employees in the national North American Background Screening Consortium (NABSC) as well as any reciprocal background screening consortium policy. Each employee must complete this form prior to gaining admittance to any site requiring either of these programs.

Please fill this form out completely. All fields marked with an asterisk (*) are required. The form will not be able to be processed with incomplete information. This could result in a delay in enrolling the employee into the program. When the form is complete, please fax it directly to the DISA client services department at (713)972-3431. For assistance completing this form, please contact our background screening department at (281)673-2449.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. Failure to fill the form out completely and legibly could delay processing of test results. The following example shows how letters should be drawn on the page:

Table showing letter examples A through Z in a grid format.

Last Name * and First Name * input fields with M.I. field.

Social Security Number * and Home Phone Number * input fields.

Location Code and Date of Birth (mm/dd/yyyy) * input fields.

PO/Job Number input field.

Witness Last Name and Witness First Name input fields with M.I. field.

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (pg 2 of this form) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, for a period of two years from the completion of the background screen. I further authorize and direct DISA to make available my subsequent background screen grade to the NABSC Program Lookup Application or any other Owner participating in a DISA Background Screening Consortium for the purpose of determining my eligibility for access to Owner's facilities. To these ends, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or any other source to furnish any and all background information requested by DISA, another outside organization acting on behalf of DISA, the NABSC Program Custodian, and/or the employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Submitting this form does not place an order.



FOR INTERNAL USE ONLY

DW Background Consent V1.0 Revision Date - 06/10 Client Id: 7429

Barcode area with numbers 1-0 and checkboxes.

Applicant Signature * (Required to process application) and Date fields.

Witness Signature and Date fields.

THIS FORM MUST BE SIGNED BY A WITNESS PRIOR TO BEING PROCESSED.



STATUS CHANGE FORM

NAME	EFFECTIVE DATE <small>(always a Monday's date)</small>
STREET ADDRESS	LAST 4 OF SSN
CITY, STATE, ZIP	DATE OF BIRTH
PHONE NUMBER(S)	

	FROM	TO
Job Number:		
Job Name:		
Hourly Wage:		

	DAILY PER DIEM RATE
	\$50.00 <small>(laborer/carpenter)</small>
	\$60.00 <small>(foreman)</small>

CRAFT STATUS

Tech. #1 (5+ yr)	Tech. #2 (3-5 yrs)	Tech. #3 (1-3 yrs)	Tech. #4 (0-1 yr)
Foreman	Hole Watch	Clerical	

REASON FOR CHANGE

New Hire	Merit Increase	Length of Service Increase	TWIC Card on File?
Rehired	Resignation	Re-Evaluation of Position	YES
Promotion	Retirement	Probation Period Complete	NO
Demotion	Layoff	Under Contract Agreement	Applied / Pending
Transfer	Discharge		

Name of Superintendent Submitting: _____

Date: _____

Approved By: _____

Date: _____



Loan Advance

I am requesting on this date that **System One** withhold from my paycheck the amount as stated from my loan advancement including the \$15.00 service fee.

Employee Name _____

Last 4 of SSN: _____

Job #: _____

Super: _____

Advancement Amount

Total amount to be deducted

(add \$15.00 service fee to this amount)

Employee Signature: _____

(Employee signature is required before loan can be processed)

Manager Approval: _____

Notes:

1. Advances are delivered on Thursdays (subject to holidays, etc.).
2. All loan advancements will be sent out to the Superintendent, to the project sites.
3. **Only one request form per employee, per any given project assignment.**
4. Loan amount cannot exceed the employee's weekly per diem amount.
5. Loan total amount including the \$15.00 service fee will be deducted from the employee's paycheck from the projects first full work week from the advancement date.

