Specializing In Underground Utilities

ADROIT UTILITIES, INC.

1009 SCENIC PARKWAY, STE. A • CHESAPEAKE, VA 23323 • OFFICE (757) 421-0954 • FAX (757) 421-4607

TO: APPLICANT

FROM: SUSAN SIPE / PAM LANE

SUBJECT: COMPLETION OF PERSONNEL INFORMATION

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ATTACHED YOU WILL FIND THE FOLLOWING FORMS AND MEMORANDUMS:

1. EMPLOYMENT APPLICATION
2. VA-4 (VA WITHHOLDING CERTIFICATE)
3. W-4 (FEDERAL WITHHOLDING CERTIFICATE)
4. I-9 (FEDERAL EMPLOYMENT ELIGIBILITY VERIFICATION)
5. EMERGENCY CONTACT INFORMATION
6. MEMO - REPORTING OF WORK-RELATED INJURIES/ACCIDENTS
7. MEMO - ABSENTEEISM
8. MEMO - ATTENDANCE
9. CONTRACTOR PASS APPLICATION
10. GENERAL SAFETY RULES
11. DRUG & ALCOHOL FREE WORKPLACE POLICY

PLEASE COMPLETE AND RETURN ALL FORMS.

WE WILL NEED A COPY OF TWO (2) FORMS OF IDENTIFICATION TO GO ALONG WITH THE I-9 FORM (SOCIAL SECURITY CARD, DRIVER'S LICENSE, ETC. SEE LIST OF ACCEPTABLE DOCUMENTS ON I-9 FORM).

ALL INFORMATION MUST BE RECEIVED BEFORE YOUR FIRST PAYCHECK CAN BE ISSUED.

IF YOU HAVE ANY QUESTIONS, OR NEED HELP COMPLETING THE FORMS, PLEASE LET US KNOW.

THANK YOU.

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APPLICATION FOR EMPLOYMENT

(PLEASE PRINT) DATE OF APPLICATION_____

POSITION(S) APPLIED FOR_____

NAME_____
LAST FIRST MIDDLE

ADDRESS_____
STREET CITY STATE/ZIP

TELEPHONE_____ SOCIAL SECURITY NO._____-_____-_____

HAVE YOU FILED AN APPLICATION HERE BEFORE? ☐ YES ☐ NO

IF YES, GIVE DATE_____

ARE YOU EMPLOYED NOW? ☐ YES ☐ NO
MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ YES ☐ NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? ☐ YES ☐ NO

(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

ARE YOU AVAILABLE TO WORK ☐ FULL TIME ☐ PART TIME ☐ TEMPORARY

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN_____

_____

_____

REFERENCES

GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES.

NAME_____

ADDRESS_____ TELEPHONE_____

NAME_____

ADDRESS_____ TELEPHONE_____

NAME_____

ADDRESS_____ TELEPHONE_____

EMPLOYMENT EXPERIENCE

EMPLOYER_____ TELEPHONE_____

ADDRESS_____

JOB TITLE_____ SUPERVISOR_____

DATES EMPLOYED: FROM_____ TO_____

HOURLY RATE/SALARY: STARTING_____ ENDING_____

LIST DUTIES PERFORMED: _____

_____

REASON FOR LEAVING: _____

EMPLOYER_____ TELEPHONE_____

ADDRESS_____

JOB TITLE_____ SUPERVISOR_____

DATES EMPLOYED: FROM_____ TO_____

HOURLY RATE/SALARY: STARTING_____ ENDING_____

LIST DUTIES PERFORMED: _____

_____

REASON FOR LEAVING: _____

EMPLOYMENT EXPERIENCE

EMPLOYER_____ TELEPHONE_____

ADDRESS_____

JOB TITLE_____ SUPERVISOR_____

DATES EMPLOYED: FROM_____ TO_____

HOURLY RATE/SALARY: STARTING_____ ENDING_____

LIST DUTIES PERFORMED: _____

_____

REASON FOR LEAVING: _____

EMPLOYER_____ TELEPHONE_____

ADDRESS_____

JOB TITLE_____ SUPERVISOR_____

DATES EMPLOYED: FROM_____ TO_____

HOURLY RATE/SALARY: STARTING_____ ENDING_____

LIST DUTIES PERFORMED: _____

_____

REASON FOR LEAVING: _____

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INVERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

_____ _____

SIGNATURE DATE

FORM VA-4

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TAXATION

PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" ..... _____
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" ..... _____
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse) ..... _____
4. Subtotal Personal Exemptions (add lines 1 through 3) ..... _____
5. Exemptions for age
   (a) If you will be 65 or older on January 1, write "1" ..... _____
   (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" ..... _____
6. Exemptions for blindness
   (a) If you are legally blind, write "1" ..... _____
   (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" ..... _____
7. Subtotal exemptions for age and blindness (add lines 5 through 6) ..... _____
8. Total of Exemptions - add line 4 and line 7 ..... _____

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name	
Street Address		
City	State	Zip Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
   (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet ..... _____
   (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet ..... _____
   (c) Total Exemptions - line 8 of the Personal Exemption Worksheet ..... _____
2. Enter the amount of additional withholding requested (see instructions) ..... _____
3. I certify that I am not subject to Virginia withholding. l meet the conditions set forth in the instructions ..... (check here) ☐
4. I certify that I am not subject to Virginia withholding. l meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here) ☐

2601064 Rev. 11/09

_____ _____
Signature Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

(a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet

(b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet

(c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

(a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.

(b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	$7,000	$11,250	$11,650	$11,950
Married	$14,000	$22,500	$23,300	$23,900
Married, filing a separate return	$7,000	$11,250	$11,650	$11,950

(c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.

(d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at *www.irs.gov/w4*. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	**A** _____
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	**B** _____
C	Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	**C** _____
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	**D** _____
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)	**E** _____
F	Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit (**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	**F** _____
G	**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to seven eligible children or **less** "2" if you have eight or more eligible children. • If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child	**G** _____
H	Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ►	**H** _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $40,000 ($10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

---------- **Separate here and give Form W-4 to your employer. Keep the top part for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2012

1	Your first name and middle initial	Last name	**2** **Your social security number**
	Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
	City or town, state, and ZIP code	**4** **If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ► ☐	
5	Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2)		**5**
6	Additional amount, if any, you want withheld from each paycheck		**6** $
7	I claim exemption from withholding for 2012, and I certify that I meet **both** of the following conditions for exemption. • Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and** • This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability. If you meet both conditions, write "Exempt" here ►		**7**

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ► **Date** ►

8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	**9** Office code (optional)	**10** Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	$
2	Enter: { $11,900 if married filing jointly or qualifying widow(er); $8,700 if head of household; $5,950 if single or married filing separately }	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2012 Form W-4* worksheet in Pub. 505.)	5	$
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero or less, enter "-0-"	7	$
8	**Divide** the amount on line 7 by $3,800 and enter the result here. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1	9	
10	**Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**)	1	
2	Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3"	2	
3	If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet	3	

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	**Subtract** line 5 from line 4	6	
7	Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here	7	$
8	**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	$
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	$

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $5,000	0	$0 - $8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $70,000	$570	$0 - $35,000	$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A **Documents that Establish Both Identity and Employment Authorization**	OR	LIST B **Documents that Establish Identity**	AND	LIST C **Documents that Establish Employment Authorization**
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				**2.** Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**3.** Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		**3.** School ID card with a photograph		**4.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		**4.** Voter's registration card		
		5. U.S. Military card or draft record		
		6. Military dependent's ID card		
		7. U.S. Coast Guard Merchant Mariner Card		**5.** Native American tribal document
		8. Native American tribal document		**6.** U.S. Citizen ID Card (Form I-197)
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**For persons under age 18 who are unable to present a document listed above:** **10.** School record or report card **11.** Clinic, doctor, or hospital record **12.** Day-care or nursery school record		**7.** Identification Card for Use of Resident Citizen in the United States (Form I-179) **8.** Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

OMB No. 1615-0047; Expires 08/31/12

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) _____
- ☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature — Date *(month/day/year)*

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

	List A	OR	List B	AND	List C
Document title:					
Issuing authority:					
Document #:					
Expiration Date *(if any)*:					
Document #:					
Expiration Date *(if any)*:					

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ **and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*		Date *(month/day/year)*

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date *(month/day/year)*

Specializing In Underground Utilities

ADROIT UTILITIES, INC.

1009 SCENIC PARKWAY, STE. A • CHESAPEAKE, VA 23323 • OFFICE (757) 421-0954 • FAX (757) 421-4607

EMERGENCY CONTACT INFORMATION

IN CASE OF AN EMERGENCY, I WOULD LIKE YOU TO CONTACT THE FOLLOWING PERSON(S):

NAME: _____

ADDRESS: _____

_____

PHONE: _____

NAME: _____

ADDRESS: _____

_____

PHONE: _____

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MEMORANDUM

DATE: JULY 10, 1992

TO: ALL EMPLOYEES

FROM: SUSAN SIPE

SUBJ: REPORTING OF WORK-RELATED INJURIES/ACCIDENTS

WHEN AN INJURY IS SUSTAINED WHILE ON THE JOB, YOU ARE TO REPORT THE INJURY TO YOUR SUPERVISOR **IMMEDIATELY** IF MEDICAL ASSISTANCE IS NECESSARY THE SUPERVISOR WILL ADVISE YOU WHERE TO GO FOR THE NEEDED CARE.

ONCE CARE IS GIVEN, YOU ARE TO LET US KNOW THE RESULTS. IF YOU ARE TO BE OUT OF WORK, A COPY OF THE DOCTOR'S STATUS REPORT DETAILING THE INJURY AND ANTICIPATED RETURN BACK TO WORK IS REQUIRED

BEFORE ANY WORKMEN'S COMPENSATION CLAIM CAN OR WILL BE FILED THE ABOVE INFORMATION, ALONG WITH A SIGNED STATEMENT FROM YOU STATING HOW THE INJURY OCCURRED WILL BE REQUIRED **YOUR COMPLIANCE IS MANDATORY.**

SHOULD YOU HAVE ANY QUESTIONS, PLEASE SEE BRIAN, GREG OR MYSELF

THANK YOU

(PLEASE SIGN AND RETURN)

==========

==========

I, _____, ACKNOWLEDGE RECEIPT OF THE
(NAME OF EMPLOYEE)
MEMORANDUM REGARDING REPORTING OF WORK-RELATED INJURIES/ACCIDENTS.

_____
EMPLOYEE SIGNATURE

_____
DATE

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MEMORANDUM

DATE: 2/28/00

TO: ALL EMPLOYEES

FROM: SUSAN SIPE

SUBJ: ABSENTEEISM

WE ARE HAVING A PROBLEM WITH EMPLOYEES NOT SHOWING UP FOR WORK AND NOT NOTIFYING THEIR SUPERVISOR THAT THEY WILL NOT BE IN. IF YOU KNOW IN ADVANCE THAT YOU NEED TO BE OFF, PLEASE LET YOUR SUPERVISOR KNOW AS SOON AS POSSIBLE. IF YOU ARE SICK OR HAVE AN EMERGENCY, YOU SHOULD CALL THE OFFICE AND LET SOMEONE KNOW. IF THERE IS NO ONE IN THE OFFICE, PLEASE LEAVE A MESSAGE. IF YOUR SUPERVISOR GIVES YOU HIS CELL PHONE NUMBER OR HOME NUMBER, PLEASE CALL HIM DIRECTLY.

OUR OFFICE NUMBER IS **421-0954**.

IT WOULD GREATLY HELP OUT IN THE SCHEDULING OF WORK IF ALL EMPLOYEES ADHERE TO THIS POLICY.

PLEASE BE AWARE CONTINUAL ABSENTEEISM CAN RESULT IN YOUR DISMISSAL FROM EMPLOYMENT.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE GET WITH YOUR SUPERVISOR.

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MEMORANDUM

DATE: 5/2/03

TO: ALL EMPLOYEES

FROM: BRIAN MALCOLM / GREG SIPE

SUBJ: ATTENDANCE

We are coming into our peak season (May-September). Our workload is such that we will be working up to four jobs at one time. In order to complete the jobs in a timely and efficient manner, it is essential we have full crews. Therefore, this is to inform all employees that tardiness and inexcusable absences will not be tolerated. Disciplinary action will be taken against any employee who is tardy. Any inexcusable absence will be cause for termination of employment.

Should you have any concerns or questions, please let us know.

/ses

PLEASE SIGN & RETURN

I acknowledge receipt the memorandum regarding attendance and fully understand the consequences of tardiness and inexcusable absences.

_____

Employee Signature

_____

Date

COMNAVREGMIDLANT
COMMON ACCESS CARD/CONTRACTOR/BUSINESS PASS APPLICATION

COMNAVREGMIDLANT/SOPA (ADMIN)HRINST 5400.1

Type of Request: ☐ Base Contractor ☐ Regional Contractor ☐ CAC

Base Affiliate: _____ **Date:** _____

INDIVIDUAL

Name: _____ DOB: _____

Street Address: _____ Place of Birth: _____

City: _____ State: _____ Zip: _____ Social Security No.: _____

Telephone Number: ( ) _____

Sex:	Race:	Age:	Eyes:	Hair:	Wt:	Ht:

CITIZENSHIP STATUS

U.S. CITIZEN	NATIVE	If Naturalized, Certificate No.	If Derived, Parents Certificate No.(s)	DATE/PLACE/AND COURT
☒ Yes	☐ Yes ☐ No			

IMMIGRANT ALIEN	REGISTRATION NO.	NATIVE COUNTRY	PASSPORT/VISA	DATE AND PORT OF ENTRY
			NO.	
			COUNTRY	

POSITION WITH COMPANY: **SIGNATURE OF APPLICANT:**

COMPANY

Name: ADROIT UTILITIES, INC. Telephone Number: (757) 421-0954

Street Address: _____ City: CHESAPEAKE State: VA Zip: 23323

1. Forwarded.
2. I hereby certify that the applicant is an employee of this company. If the applicant's affiliation with this company is terminated, the access pass issued to him/her will be recovered by me or my designated representative and returned to the issuing office for cancellation, with reason for termination of affiliation. I am aware that if the applicant violates any Federal laws applicable to Navy reservations, Navy regulations, it may result in suspension of this company's privilege to transact business on the Navy reservation.

_____
SIGNATURE OF COMPANY OFFICIAL

ENDORSEMENT

From: _____ Email: _____

(Sponsoring Command or Activity)

To: Commander, Navy Region, Mid-Atlantic, Norfolk, VA 23511

1. Forwarded, recommending issuance of access pass to applicant, It is requested that the pass be valid for the period indicated: FROM: _____ TO: _____

(Not to exceed 12 months).

2. Applicant's company qualifies in accordance with COMNAVREGMIDLANT/SOPA (ADMIN)HRINST 5400.1 series to transact business/service. Endorsement must be signed by the Trusted Agent. Name and title must be **typed** or **printed** under signature.

Signature: _____ **Telephone No.:** _____

Name/Title: _____

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General Safety Rules

The following general safety rules apply to all persons working for the company. These rules must be observed at all times.

1. Employees may not operate equipment on which they have not been trained and/or do not have experience.

2. Employees are not permitted to work if under the influence of drugs or alcohol. Employees must agree to post accident drug and/or alcohol testing.

3. Fighting, horseplay, and other inappropriate conduct in the workplace are prohibited.

4. Use proper lifting techniques or material handling equipment to prevent strain and sprain injuries. Get help to move heavy or bulky objects.

5. Appropriate personal protective equipment must be used when required. (Depending on safety hazards present, this may include safety glasses, hard hats, gloves, hearing protection, foot protection, respiratory protection, and fall protection equipment or other protective devices.)

6. Machine guards and safety devices must be in place before power tools and equipment are operated. Defective tools and equipment must be taken out of service and tagged "Do Not Use." Always use the right tool for the job.

7. Never enter any tank, vessel, or confined space unless properly trained and authorized by your supervisor.

8. Workplaces must be maintained in a neat and orderly manner. During the course of construction, alteration, or repairs, form and scrap lumber with protruding nails, and all other debris shall be kept cleared from work areas, passageways, and stairs, in and around buildings or other structures. Garbage and other waste shall be disposed of at frequent and regular intervals.

9. Where walking/working surfaces may be slippery or become slippery, shoes with slip resistant soles must be worn.

10. Portable ladders in use must be tied, blocked or otherwise secured to prevent them

from movement. All ladders used must be in good condition.

11. Metal ladders must not be used for electrical work or where they may come in contact with electrical conductors.

12. All employees exposed to falling 6-feet or more from an unprotected side or edge shall select a guardrail system, a safety net system or a personal fall arrest system to prevent falls to a lower level, unless otherwise provided for in OSHA regulations that apply to residential construction, and steel erection.

13. Scaffolds must have guardrails and toe boards installed on all open sides and ends of platforms more than 10 feet above the ground or floor.

14. Drivers of company vehicles must have a valid operator's license. All employees will use seat/shoulder belts when operating or riding in a vehicle being used for company business. Vehicles must be operated within posted speed limits and applicable state vehicle laws.

Acknowledgement of receipt of a copy of General Safety Rules

I, _____, do hereby affirm that I have been given a copy
(Employee Name)
of the general safety rules, I have read and understand them, and I agree to follow them.

Additionally, I agree to post accident drug and/or alcohol testing.

_____ _____
(Employee Name) (Date)

_____ _____
(Employer's Representative) (Date)

****Please keep a copy in personnel file****

Adroit Utilities, Inc.
Drug & Alcohol Free Workplace Policy

Revision 3/2/04

INTRODUCTION

The effects of drugs and alcohol can and in fact do impair one's ability to function within the workplace, which in turn could pose significant threats to our business. Since 1988, the federal government has required certain employers to implement a substance abuse policy, and now most federal contracts require a statement, when signed, that a policy is in effect and is being used.

The objective of this policy is to deter drug use and alcohol abuse among our employees. The policy will include:

1. Right of privacy.

2. Equal protection for all employees.

3. Education, counseling, and referrals, where appropriate.

4. Discipline, if necessary.

It also includes a drug and alcohol testing program administered pursuant to the procedures of 49 C.F.R. Part 382 Motor Carrier Safety Regulations.

POLICY PROVISIONS

The sale, purchase, transfer, use of, presence in the body as confirmed by testing, or possession of alcohol and/or illegal drugs, as defined in section "G" of the definitions, by employees on the work premises or while on company business, is prohibited. An attempt to alter or substitute a drug test specimen as confirmed by validity testing from the laboratory or refusing to cooperate in the testing procedure is prohibited. The use of alcohol or any legally obtained drug to the point where such use adversely affects the employee's ability to perform the essential functions of his or her job is prohibited. This prohibition covers arriving or being on the work premises with detectable levels of any drug or alcohol in the body as confirmed by testing or which adversely affects the employee's ability to perform the essential functions of his or her job, his or her safety, or the safety of others, including the use of prescribed drugs that adversely affect job performance.

No employee on company premises or at any work site will possess any quantity of any substance, drug or alcohol, lawful or unlawful, except for authorized substances. "Authorized substances" include only (1) lawful over-the-counter drugs (excluding alcohol) in reasonable amounts; and (2) other lawful (prescription) drugs or alcohol, the possession of which management has been advised and which has been approved in advance. "Work site" means any property owned or operated by the company, or any other site at which an employee is to perform work for the company. "Possess" means to have either in or on an employee's person, personal effects, motor vehicle, tools,

and areas substantially entrusted to the control of the employee, such as lockers, desks and storage compartments.

No employee will report for work or will work with detectable amounts of any illegal drug, prescription drug, over-the-counter drug or alcohol in their bodies. Assessment of the employee's use will be based on observation and documentation by a "trained Supervisor" and test results. Observation and assessment will consider possible influence of a substance such that the employee's smell, motor senses (i.e., sight, hearing, balance, reaction, reflex) or judgement either are, or may be, reasonably presumed to be affected. Under no circumstances will such assessments be final in the absence of testing and Medical Review Officer involvement with the testing.

Drug and alcohol screening/testing is an integral part of this policy, and it is understood that in the administration of all drug and alcohol tests, employee and testing safeguards incidental thereto will be adhered to. The testing done will be in conformity with all applicable federal and state laws and regulations.

DEFINITIONS OF TERMS USED OR REFERRED TO IN OUR POLICY

A. **ALCOHOL OR ALCOHOLIC BEVERAGES** - Means the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols including alcohol in beer, methyl and isopropyl alcohol.

B. **ALCOHOL USE** - Means the consumption of any beverage, mixture, or preparation, including any medication, containing alcohol.

C. **CDL** - Commercial Driver's License.

D. **COMMERCIAL MOTOR VEHICLE** - Vehicles commonly used for hauling Company products having a gross weight rating exceeding 26,000 pounds, vehicles transporting hazardous substances that are required to be placarded or vehicles designed to transport more than fifteen (15) passengers including the driver.

E. **COMPANY PREMISES** - Considered to be all locations where Adroit Utilities, Inc. work may take place. This would include, but is not limited to, any owned property, any job site, leased property, parking lot, entry ways, automobile, truck, or other vehicle engaged in Company business.

F. **CONFIRMATION TEST** - For alcohol testing means a second test, following a screening test with a result of 0.02 or greater, that provides quantitative data of alcohol concentration. For controlled substance testing means a second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the screen test and which uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy. (Gas chromatography/mass spectrometry (GC/MS) is the only authorized

confirmation method for cocaine, marijuana, opiates, amphetamines, and phencyclidine).

G. **CONTROLLED SUBSTANCE** (illegal drug) - Controlled substances, also referred to herein as illegal drugs, are those substances listed in Schedules I-V of Section 202 of the Controlled Substances Act which is codified in Title 21 of the United States Code, Section 812 (21 USC §812) and as further defined in Title 21 of the Code of Federal Regulations, Sections 1308.11-15 (21 CFR §1308.11-15). These include, but are not limited to marijuana, cocaine, opiates, phencyclidine (PCP) and amphetamines. For purposes of this Policy, the terms "controlled substance" and "illegal drug" do not include use of such substances pursuant to a valid prescription of medication or lawful over-the-counter drugs in reasonable amounts. However, employees should be aware that even drugs administered pursuant to a valid prescription or alcoholic beverages may be abused, and they should not report to work if their condition has been adversely affected by the use of such substances. As covered in depth below, any employee who is under a doctor's care and must use prescription or over-the-counter drugs (excluding alcohol) while at work must disclose this to his/her supervisor.

H. **CRIMINAL DRUG STATUTE**: A federal or non-federal criminal statute involving the manufacture, distribution, dispensing, possession or use of any controlled substance.

I. **DILUTE SPECIMEN** - A lab result that shows a creatinine level of less than 20 mg/dL and a specific gravity of less than 1.003.

J. **DRIVER OR CDL POSSESSOR** - A driver of a company vehicle or a commercial driver of a company vehicle weighing 26,000 lbs. or greater.

K. **DRUG AND ALCOHOL ABUSE CO-ORDINATOR "'DAAC"** - Person within Adroit Utilities, Inc. to whom all drug and alcohol matters are referred.

L. **DRUG-FREE WORKPLACE**: Means any site upon which the work of this Company is performed and any offsite locations where the work of the Company is being transacted including motor vehicles and customer premises, such as homes or offices. A drug-free workplace is a place where work is done at and which employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance or alcohol.

M. **DRUG PARAPHERNALIA** - All accessory items used in transportation, preparation, or consumption of an Illegal Drug.

N. **EMPLOYEE** - Any person, contractor or supervisor who is paid by or represents Adroit Utilities, Inc. in any capacity.

O. **LABORATORIES** – Only drug testing laboratories that are qualified and certified by federal authorities will be used.

P. **LEGAL OR PRESCRIBED DRUG** - Any prescription drug medically prescribed by a licensed physician or dentist, or over-the-counter medicine, lawfully medically obtained and used according to the prescribed or manufactured purpose.

Prescribed or over-the-counter drugs must not affect any employee's fitness for duty and the Company has the right to request a letter from it's doctor or the employee stating that the medication does not compromise safety in any way and that the employee is able to perform the essential functions of his or her job.

Q. **MEDICAL REVIEW OFFICER (MRO)** - A licensed physician hired or contracted by Safety Management, Inc., the Drug and Alcohol administrator responsible for receiving and reviewing laboratory results generated by Adroit Utilities, Inc. drug testing program and who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information. He or she notifies all subjects first when drug tests are positive.

R. **PERFORMING A SAFETY-SENSITIVE OR SAFETY-CRITICAL JOB** - Means an employee is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform a safety sensitive function. Adroit Utilities, Inc. Safety-sensitive functions include time spent driving, loading and unloading, performing vehicle inspections, waiting to be dispatched, etc.

S. **POSSESSION** - Shall include, but not limited to, presence on the person, in the employee's locker, lunch box, bag, purse, cabinet, tool box, desk, office, motor vehicle or other property belonging to the employee.

T. **REFUSAL TO SUBMIT** (to an alcohol or controlled substances test) - Means that an employee to be tested (1) fails to provide adequate breath for alcohol testing without a valid medical explanation after he or she has received notice of the requirement for breath testing, (2) fails to provide an adequate urine sample for controlled substances testing without a genuine inability to provide a specimen after he or she has received notice of the requirement for urine testing, or (3) engages in conduct that clearly obstructs the testing process. An employee subject to post-accident testing must remain readily available after the accident, or he/she will be deemed to have refused the test if he or she (4) fails to show at the scheduled time (without an accepted explanation) or fails to immediately report to the collections site after being directed by management or (5) provides a specimen that is ruled by the MRO to be substituted or adulterated.

U. SUBSTANCE ABUSE PROFESSIONAL (SAP) - Means a person who evaluates employees who have violated a D.O.T. drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

V. SUBSTITUTED SPECIMEN – Any specimen ruled by the MRO to be inconsistent with human urine, if the creatine concentration is less than or equal to 5 mg/dL and the specific gravity is less than or equal to 1.001 or greater than or equal to 1.020.

W. TRAINED SUPERVISORY EMPLOYEE - A manager, foreman or lead-person, assistant trained according to DOT standards in the recognition of possible illegal drug use or alcohol abuse.

X. UNDER THE INFLUENCE - Impairment of job performance to any degree as verified by laboratory tests or appropriate field tests.

Y. VALIDITY TESTING - Any scientifically acceptable means of evaluating test specimens to determine if they are consistent with normal human urine.

DRUG AND ALCOHOL SCREENING, TESTING AND DISCIPLINE OPTIONS

To assist in the enforcement of this policy, Adroit Utilities, Inc. requires all applicants or employees for the company undergo a random drug and alcohol [1] screening tests [2], which may involve analysis of urine, blood, breath, or other medically acceptable detection tests. Applicants for and employees in positions of authority including but not limited to management positions, promotions, and financial positions will also be subject to drug and alcohol testing. A test will be required if an employee's behavior indicates a reasonable possibility of drug use or alcohol abuse. A refusal by any current employee to submit to testing shall result in immediate discharge. Testing positive or refusal of any applicant for any position to be tested for drug or alcohol use will terminate his or her employment application process. Testing positive for any of the five drugs tested or over-the limit for alcohol will result in an employee's termination. Testing positive for an adulterating substance as confirmed by the Medical Review Officer will result in an employee's termination. Any employee whose specimen is ruled as being substituted will be terminated. The following are more complete definitions of the testing procedures:

---

[1] For purposes of administration of this policy, "under the influence of alcohol" means the presence of alcohol in the employee's system at a concentration of 0.040 grams of alcohol or more per 210 liters of breath, or the presence of drugs in the employee's system at or in excess of the test levels established in the Department of Transportation's "Procedures for Transportation Workplace Drug Testing Programs," 49 CFR Part 40, as determined by means of testing for the presence of alcohol or drugs in an individual's system. Drivers possessing an alcohol concentration of 0.040 grams (or more) of alcohol per 210 liters of breath will be terminated. When applicants are tested for alcohol after a conditional offer of employment is made, and possess a concentration of 0.020 to 0.039, they will not be hired until no alcohol is present in his/her body. Drivers possessing a concentration when tested of 0.020 to 0.039 grams of alcohol per 210 liters of breath will be declared "out of service" for 24 hours immediately upon testing and with the test being confirmed.

[2] Also known as an initial test.

A. **PRE-EMPLOYMENT TESTS** - All applicants will be required to sign an acknowledgement form for drug and/or alcohol testing prior to beginning employment and after a conditional offer of employment has been made. All new hires must be tested within 3 days of hire. Any newly hired employee whose test results reveal the presence of an illegal drug, adulterating substance, or substituted specimen will have their conditional offer of employment revoked.

B. **CURRENT EMPLOYEE TESTS** - All current employees will be required to sign a consent form for drug and alcohol testing and be tested if there is reasonable cause, after an accident or if randomly selected. Any employee whose test results reveal the presence of an illegal drug, adulterating substance, substituted specimen, or level of 0.040 grams (or more) per 210 liters of breath for alcohol will be immediately discharged. Any employee whose test results are 0.020-0.039 grams of alcohol per 210 liters of breath will be suspended for 24 hours without pay.

C. **POST ACCIDENT TESTS** - When an employee is involved in an industrial accident or a work related accident that results in bodily injury or property damage, the Company will require the employee to submit to a drug and alcohol screening test. Results of a post accident/injury drug and/or alcohol test may be forwarded to the appropriate insurance representative if an injured employee files for Workers Compensation benefits. When an employee is operating a commercial motor vehicle and is involved in a D.O.T. recordable accident, the emoployee will be tested according to the D.O.T.'s requirements (to follow). Alcohol tests for drivers will be the required D.O.T. breathalyzer equipment, recording the results on the D.O.T. prescribed breath alcohol testing form. Drivers will be tested for alcohol and controlled substances as soon as practicable following an accident (a) involving the loss of human life, or (b) in which the driver receives a citation under State or local law for a moving traffic violation arising from the accident, if the accident involved (i) bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or (ii) one or more motor vehicles incurs disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle. No driver required to take a post-accident alcohol test shall use alcohol for 8 hours following the accident or until he/she undergoes testing, whichever occurs first. If a drug test is not administered within 32 hours of the time of the accident, company management will cease attempts to test and document why the test was not performed within this time. If an alcohol test is not administered within 2 hours from the time of the accident, company management will continue to attempt up to 8 hours from the time of the accident. Management will document these attempts during this period or why a test was not done within the required time frame.

D. REASONABLE CAUSE OR SUSPICIOUS BEHAVIOR TESTING - A drug and/or alcohol test under this program will be required whenever observations by a trained person or whenever other documented work-place factors give reasonable suspicion to question the ability or fitness for duty of any employee or supervisor. Work-place factors may include unusual physical appearance, smell, erratic behavior, poor judgement, poor and unsafe coordination, or other un-safe job-related circumstances. Supervisors or a responsible employee, trained according to federal regulations, either D.O.D. or D.O.T., shall be responsible for directing the subject employee to cease all work activity and take the appropriate test at an assigned collection site.

E. RANDOM TESTING - All employees will be required to submit to a drug/alcohol screening test at anytime. They will be selected on a random/confidential basis as determined by the Company's computer-generated random selection process. The employee will be tested for alcohol and/or illegal drugs. The minimum rate for random testing shall be 25% of all company employees annually.

F. FOLLOW-UP TESTING - Under some circumstances and only after completing an approved rehabilitation program under the direction of a Substance Abuse Professional, before returning to duty the employee shall undergo return-to-duty testing and be subject to unannounced follow-up alcohol and substance abuse testing. This can occur for up to sixty (60) months following return to work. Notwithstanding the foregoing, the company absolutely reserves the right to discipline any employee who violates this Policy, up to and including immediate discharge.

G. RETURN-TO-DUTY TESTING - If an employee is allowed to return to work by the Company at the direction of the Substance Abuse Professional (SAP) requiring the performance of safety-sensitive functions after engaging in conduct prohibited by this Drug and Alcohol Free Workplace Policy, the employee shall undergo a return-to-duty alcohol and controlled substance test at his or her expense. Any further testing required or recommended by the SAP will be at the employee's expense.

EMPLOYEES UNDERGOING PRESCRIBED MEDICAL TREATMENT

Employees undergoing prescribed rehabilitative medical treatment resulting from previous use of any controlled substance or alcohol must report this fact to their supervisor. It is important for the Company to know this treatment is occurring since a determination must be made as to whether the employee can perform the essential functions of his or her job safely. With this proper notification, the Company can strive to make reasonable accommodations, if necessary.

An employee may continue to work under the influence of a legal drug only if the Company has determined that the employee does not pose a threat to his/her own

safety or the safety of other employees, and that the performance of the essential job functions is not significantly affected by the medication. The employee may be required to take a leave of absence or comply with other appropriate action determined by the Company, including a doctor's letter or certificate as to any limitations the treatment, drug or medication might impose.

CONFIRMATION & CONFIDENTIALITY

The results of any test will be handled to protect individual privacy, ensure accountability and integrity of specimens, require confirmation of all positive screening tests, mandate the use of laboratories operating within the guidelines established by the Department of Defense (D.O.D.) or Department of Transportation (D.O.T.).

CRIMINAL CONVICTION: NOTIFICATION

It shall be the responsibility of every employee to report in writing any criminal convictions for drug-related activity in the workplace no later than five (5) calendar days after such conviction. Any failure of an employee to provide this notification shall be a separate ground for disciplinary action.

SEARCHES

The Company reserves the right to search, with or without employee consent, all areas and property over which the Company maintains control with an employee, or full or partial control at any location or vehicle where the employee may be assigned during the course of his/her employment when on duty or off. Such areas and property include, but are not limited to, desks, closets, bookcases, lockers, file cabinets, and/or Company vehicles.

SUBSTANCE ABUSE AWARENESS PROGRAM

Safety Management, Inc., at the direction of the DAAC, shall be responsible for the development of a substance abuse awareness program which will provide information on the dangers of substance abuse in the workplace, available community resources and substance abuse detection.

EMPLOYEE REQUEST TO RETEST SPECIMEN

The Omnibus Transportation Employee Testing Act of 1991 requires that urine specimen collected from truck drivers must be split into two specimens, a "primary" and a "split' specimen. If the analysis of the primary specimen confirms the presence of illegal, controlled substances, the driver has 72 hours to request the split specimen be sent to another Department of Health and Human Services certified laboratory for testing. For all other employee samples collected, re-analysis of the original sample can be authorized by the MRO or his designee. Such re-tests are authorized only at laboratories certified under this policy. The employee shall pay the cost of the

additional test and all handling and shipping costs associated therewith. Any applicant testing "positive" for alcohol or drugs shall have the cost of such test deducted from any funds or pay due him/her on termination.

REFERRAL, EVALUATION AND TREATMENT

Each driver or employee engaged in prohibited conduct described in this policy, even if terminated, will be advised by the Company of resources available in evaluating and resolving problems associated with the misuse of alcohol and use of controlled substances, including names, addresses and telephone numbers of Substance Abuse Professionals who counsel those as required by the regulations. This list is available from Safety Management, Inc.

ALCOHOL CONSUMPTION

Any on-the-job drinking, whether or not it meets the tolerance levels prescribed by the regulations will not be tolerated and will subject the employee to immediate disciplinary action. No driver shall perform safety sensitive function within four hours after using alcohol.

CONSENTS

All applicants, employees, and supervisors (managers) to be tested will be required to sign a written Drug and Alcohol Testing Authorization form. This is also a written release of information, an illustrated copy of which is annexed hereto as page 10. The results of all drug and alcohol tests will remain confidential and will be discussed on a "need to know" basis and will only be released to third parties (i.e. subsequent employers) when required by law as stated.

RESERVATION OF RIGHTS

If a conflict exists between this policy and federal, state, or local ordinance, the Company will conform to the applicable law. All other provisions, however, remain effective. This policy may be modified from time to time as needed to comply with the law and management of this policy. This policy is not intended to form a contract between Adroit Utilities, Inc. and any employee. This policy does not promise or guarantee any particular terms, conditions, rules, regulations or practices, employment, or length of employment.

NOTE:

Please sign the following Acknowledgment of Receipt of this policy and return to your Supervisor along with the following authorization for testing.

Adroit Utilities, Inc.
Drug & Alcohol Free Workplace Policy

Revision 3/2/04

EMPLOYEE RECEIPT OF SUBSTANCE ABUSE POLICY STATEMENT AND CONSENT TO COORDINATION TESTS AND SEARCHES

I hereby acknowledge receipt of Adroit Utilities, Inc. Drug and Alcohol Free Workplace Policy dated 3/2/04, from the management of the Company.

In consideration of the Company's provision of its facilities for my convenience, I agree that I will not use them for any purpose that would constitute a violation of any Company rule or local, state or federal law.

I hereby acknowledge that Adroit Utilities, Inc. has provided me with lockers, furniture, containers, drawers, equipment or other facilities, for my use and convenience, and that they belong to the Company, and I consent to the search of any lockers, furniture, containers, drawers, equipment, or other facilities, lunch boxes, brief cases, personal bags, parking lots and automobiles at any time by the Company.

I also understand that the purpose of the Drug and Alcohol Free Workplace Policy is to provide a safe, drug and alcohol-free working environment for persons and property. Accordingly, I consent to undergo a coordination examination if asked to do so by a supervisor or Police officer who in good faith believes that I may be improperly under the influence of alcohol and/or drugs while on Company property or at other locations in the course of business or on duty.

_____ _____

Employee Date

_____ _____

Supervisor */Witness Date

* Please explain this policy or answer any questions the applicant or employee may have or call SMI (757) 461-1433 if questions you are unfamiliar with occur. Thank you.

Adroit Utilities, Inc.
Drug & Alcohol Free Workplace Policy

Revision 3/2/04

ACKOWLEDGEMENT TO TESTING AND RELEASE OF CLAIMS

The undersigned ("Individual") hereby acknowledges the requirement to testing by laboratories selected by Adroit Utilities and Safety Management, Inc. for possible controlled substance use and alcohol abuse ("Testing") and the release of the results of such Testing ("Test Results") to Adroit Utilities, Inc.'s Drug and Alcohol Testing Coordinator and Safety Management, Inc. Adroit Utilities, Inc. is the entity with whom the undersigned has applied for a position and is my employer.

The undersigned, for himself or herself, his or her heirs and assigns, hereby releases and discharges Adroit Utilities, Inc., Safety Management, Inc., the MRO (Dr. Williams), any affiliated or related companies and their officers, stockholders, directors, employees and agents and their successors, heirs and assigns, from all claims, causes of action or demands in connection with the Testing of the undersigned and releases of the undersigned's Test Results, including, but not limited to, actions due to alleged libel, slander, intentional infliction of emotional harm, defamation or invasion of privacy. I also understand that my results may be released to the applicable insurance representative in the event of a post injury or accident test. .

The undersigned acknowledges that he or she has chosen to execute this Consent to Testing and Release of Claims of his or her own volition after fully reviewing this Consent to Testing and Release of Claims and seeking any advice the undersigned determined to be appropriate in this regard.

WITNESSED BY:

_____
Signature of Witness

_____
Print or Type Name of Witness

_____
Date

INDIVIDUAL:

_____
Signature of Individual

_____
Print or Type Name of Individual

_____
Date

DRUG AND ALCOHOL TESTING AUTHORIZATION FORM

I understand that the use, presence in my body, possession, sale, purchase, distribution, transfer, or manufacture of any illegal drug (as defined in the Company's DRUG AND ALCOHOL POLICY) by an employee while on Company premises, customer premises, or during work-related travel, or being under the influence of alcohol at such places and time, is prohibited in order to protect myself, co-workers and the Company's products and property.

I understand that Adroit Utilities, Inc. will ask me to take a test when there is reasonable/probable suspicion that I am using, or am under the influence of, an illegal drug or alcohol. I understand that I will be subject to testing if I am involved in an industrial accident that involves any property damage or injury I also understand that I am subject to random drug and alcohol testing. I agree to release all drug testing results to third parties when requested by third parties who are required to have the results under the D.O.T. regulations. I understand that if I fail to show at the collection site at my scheduled time or if I do not report as directed by management, it can be ruled as a refusal to test.

I understand that if I am taking legal medication(s), it is my responsibility to notify my supervisor; and in situations where legal medications may impair my work, reasonable accommodations may be made.

I understand that Adroit Utilities, Inc. reserves the right to search, with or without my consent, all area and property over which they maintain joint control with me or full control at any time.

I understand that my refusal to submit to, or a positive result from a drug/alcohol test will result in my immediate discharge from employment.

I also understand that if consumption or use of alcohol or illegal drugs while off-duty results in a positive test result while on-duty this will result in my immediate discharge.

I understand that if I provide a urine specimen that falls outside the normal temperature range (90° - 100° F), I will be asked to provide a second specimen under direct observation by a collection person of the same gender.

I also understand that if the collection site person observes conduct that indicates an attempt to substitute or adulterate the sample, I must provide an observed, second sample.

I understand that if my specimen is ruled dilute, I may be asked to provide a second specimen.

I understand that if my specimen is ruled as substituted or the Medical Review Officer rules that an adulterating substance has been added, I will be terminated or my offer for employment will be revoked.

I also understand that my results may be released to the applicable insurance representative in the event of a post injury or accident test. .

_____ _____

Employee's Signature Date

_____ _____

Company Representative Date

EXAMPLES OF PROHIBITED ILLEGAL DRUG-RELATED AND ALCOHOL-RELATED ACTIVITIES OF Adroit Utilities, Inc.

* These activities are specifically prohibited and will result in discharge of an employee for any of the following:

1. Use, possession, manufacture, distribution, dispensation, or sale of:
   a) Illegal drugs or drug paraphernalia,
   b) Unauthorized controlled substances,
   c) Alcohol on Company premises or in Company supplied vehicles during working hours, or
   d) Specimen adulterating substances.

2. Storing in a locker, desk, automobile, or other repository on Company premises any illegal drug, drug paraphernalia, inhalants, any controlled substance whose use is unauthorized, or any alcohol.

3. Being under the influence of, or testing positive for the presence of, an unauthorized controlled substance, illegal drug, or alcohol on Company premises in Company supplied vehicles during working hours.

4. Use of alcohol off Company property that adversely affects the employee's work performance, his/her own or other's safety at work.

5. Possession, use, manufacture, distribution, dispensation, or sale of illegal drugs off company property that adversely affects the employee's work performance, his/her own or other's safety at work.

6. Switching or adulterating any urine samples submitted for drug or alcohol testing.

7. Refusing to consent to testing or to submit a breath, saliva, urine, or blood sample for testing when requested by management.

8. Refusing to submit to an inspection that is requested by management.

9. Conviction under any federal or state criminal drug statute.

10. Refusing to sign a statement to comply with the Adroit Utilities, Inc.'s Drug and Alcohol Policy.

11. Refusing to complete a drug screening questionnaire and consent form prior to testing at any sample collection point or facility.

12. Refusal to complete the toxicology chain-of-custody form or Breath Alcohol Test form at any testing point or facility after submission of the required sample.

13. Testing "positive" for use of illegal drugs or abuse of alcohol will result in dismissal and/or any further action reference your consideration for employment. "Positive" includes at or above the limits set by federal and/or state drug testing regulations. Applicants also will be required to pay for any positive drug or alcohol test results.

14. Failure to report at designated collection site at scheduled time or as directed by management without a valid explanation.

REPRIMAND OR ROUTINE DISCIPLINE [3] WILL BE USED FOR THE FOLLOWING:

1. Failure to report to management or supervisory personnel the use of a prescribed medication which warns against operating equipment, machinery, or motor vehicles and/or other device which poses a direct threat to the health and safety of the employee or his/her co-workers and affects his or her abilities to perform the essential functions of the job.

2. Failure to keep prescribed medication in its original container with a label that states the name of the drug, the frequency of dosage, the date prescribed, and the name of the prescribing physician.

[3] Routine discipline is described as imparting to the subject employee verbal warning, letter of reprimand, suspension and in the case of repeated offenses, dismissal.

Addendum "A"

The American Council on Alcoholism Helpline

(800) 527-5344 (9 a.m. - 5 p.m. ET)

This service provides referrals to alcoholism treatment programs nationwide and distributes written materials on alcohol abuse problems.

The National Council on Alcoholism and Drug Dependence Hopeline

(800) NCA-CALL

This organization, a planning and oversight agency for public substance abuse treatment programs, provides written information on alcohol and drug abuse and offers referrals to treatment and Counseling services throughout the country.

Alcoholics Anonymous (AA)

Look up "Alcoholics Anonymous" in your local telephone directory, or call (212) 870-3400. AA offers a way to stop drinking to those who feel they have a problem with alcohol.

AA groups are located in most cities and rural communities throughout the country.

Narcotics Anonymous (NA)

(818) 773-9999 (8 a.m. - 5 p.m. PT)

This program provides support and information for recovering drug addicts through referral to local helplines that are answered by recovering addicts.

Cocaine Anonymous

(800) 347-8998

This program provides support for those dependent on cocaine; callers are referred to local helplines.

Reach Employee Assistance Program

(800) 950-3434, 826-8565

A local Tidewater-based agency providing Substance Abuse Professional programs to employers and/or employees.

Virginia Beach Psychiatric Center

(757) 627-LIFE (5433)

Remember, if you have health insurance coverage, check your insurance policy for covered counselors. If you are DOT regulated (commercial truck driver, CDL holder, boat captain, etc.) and have tested positive or refused testing, you must be evaluated by a Substance Abuse Professional. Remember to ask the professional who performs your evaluation if they meet the Department of Transportation's requirements.