



# TAYLOR

## Crane & Rigging, Inc.

### BACKGROUND INVESTIGATION AUTHORIZATION

An important part of Taylor Crane & Rigging's employment process is the gathering of work related information. This process is essential in helping us make the best possible placement decisions for the company.

Title 15 Section 1681(d) United States Code requires employers to advise applicants for employment and employees when an investigation may be made into their backgrounds. Please read the following authorization before signing.

I, \_\_\_\_\_, authorize Taylor Crane & Rigging to investigate information and obtain records concerning my previous employment with other companies including work performance, attendance record, training record, company driving record, safety and accident record, salary history and disciplinary record; my education; my criminal history and my driving record.

I further authorize those persons, institutions and companies that possess such records to release any and all such records to Taylor Crane & Rigging and I hereby release such parties from any and all liability for any damages that may result from furnishing such information and records.

I hereby acknowledge that I have been informed that upon written request, disclosure concerning the complete nature and scope of any investigation into my background will be made available within five days after the company receives such request. I understand that the company is not required to disclose the contents of the investigation report, but only the fact that an investigation was conducted and the type of information included.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date



# TAYLOR Crane & Rigging, Inc.

## PHYSICAL EXAMINATION AND DRUG TEST RELEASE

I, \_\_\_\_\_, consent to a physical examination conducted at the request of Taylor Crane & Rigging. I understand that the offer of employment I have received is conditional upon my meeting the physical requirements of the position. In particular, I understand that if I cannot physically perform essential job functions for the position I have been offered, even with reasonable accommodation, I will not be employed. Additionally, I understand I will be offered the opportunity to provide additional information in response. I understand that I may ask questions of the examining physician concerning any portion of the examination and I may stop the examination at anytime. However, if I do not complete the examination, I understand that the offer of employment will be withdrawn. I have had the opportunity to ask a TCR representative any questions about the examination and any questions have been completely and satisfactorily answered.

I hereby release and forever discharge TCR and Dr. Paul Sandu, Coffeyville Family Practice Doctor's Clinic (examining physician) from any and all claims arising out of or in connection with the examination, the diagnosis or results of the examination and the use of any diagnosis or results. I consent to the release of the results of this physical examination to TCR as well as to the release to TCR of all my medical records.

I understand that if I quit or my employment is terminated within ninety (90) days of my hire date the cost of the examination will be deducted from my last paycheck. \_\_\_\_\_ (Applicant initials) TCR has established a Drug Free Workplace Program that includes drug and alcohol testing. The presence of drugs or alcohol, if detected and verified at or in excess of prohibited levels will be grounds for termination of employment.

I hereby consent to undergo drug/alcohol testing as an applicant or employee upon request and at the discretion of TCR. I consent to drug testing that analyzes a urine specimen which I will provide in an amount and under collection procedures established by TCR. I consent to an analysis of my urine specimen to determine the presence of the following substances at or above levels established at the sole discretion of TCR.

Amphetamines	Benzodiazepines	Methaqualones	Barbiturates
Cannabis	Opiates	Cocaine	Secobarbital
Phencyclidines	Methadone	Ethanol	Alcohol Others

I consent to collecting and testing agencies disclosing and discussing with designated TCR officials my conduct during collection and the results of testing my urine specimen. I agree to hold TCR and its agents harmless from any and all liability for such testing and disclosure. I understand my application of employment will be denied or my employment terminated if, upon request as described above, I refuse to consent to have said specimen tested and the results disclosed and discussed, or there is a confirmed positive test result.

I consent to TCR conducting drug/alcohol testing if I am injured on the job, am involved in an accident or near accident, violate any safety rule or perform an unsafe act including failure to wear or use prescribed safety equipment, or as requested at the discretion of TCR with or without prior notice.

**Are you presently taking or have you taken in the last 30 days, any prescription or nonprescription drugs or substances?**  
\_\_\_\_\_yes \_\_\_\_\_no if "yes" please list the drug/substance.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date



# TAYLOR Crane & Rigging, Inc.

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Taylor Crane & Rigging for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

X \_\_\_\_\_  
Applicant Signature Date \_\_\_\_\_

To: Brennan & Stuart  
Fax: 815-223-0999  
815-223-0137

Dear Sir/Madam:

The following-named person is employed with our company. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the employees driving record for the past three years.

Name of Employee: \_\_\_\_\_

Address:

\_\_\_\_\_

Number and Street	City	State	Zip Code
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Address on License: \_\_\_\_\_

Number and Street	City	State	Zip Code
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Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Requested by: Taylor Crane & Rigging, Inc., 1211 W 12<sup>th</sup>, Coffeyville, KS 67337

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**Machinery Installation-Plant Relocation-Millwright-Transportation-Craning-Equipment Rental-Warehousing**

Phone 620-251-1530 Fax 620-251-0700 Website: [www.taylorcrane.com](http://www.taylorcrane.com) Email: [tcr@taylorcrane.com](mailto:tcr@taylorcrane.com)

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