



PO Box 608 • La Grange, TX 78945 • PH: 979-247-3448

Dear Applicant,

I have enclosed our employment application. Please complete all pages in black or blue ink and include a copy of your Driver's License and Social Security Card. All documents must be returned to:

Right of Way Services, Inc.  
PO Box 608  
La Grange, TX 78945

Or you can email to me at [Ellen@rowcontracting.com](mailto:Ellen@rowcontracting.com) or fax to 979-859-7001.

Please feel free to contact me if you have any questions or concerns.

Thank you,

Ellen Schlotterbeck  
Office Assistant/Human Resources

# R.O.W.

## Right of Way Services

LaGrange Office • PO Box 608 • La Grange, TX 78945 • PH: 979-247-3448

### APPLICATION FOR EMPLOYMENT

***Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department***

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ SS # \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?..... Yes \_\_\_ No \_\_\_

Have you ever been employed here?..... Yes \_\_\_ No \_\_\_

Are you legally eligible for employment in this country?..... Yes \_\_\_ No \_\_\_

Date available for work..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired: \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Temporary \_\_\_ Seasonal \_\_\_ Other \_\_\_

Are you able to meet the attendance requirements of the position?..... Yes \_\_\_ No \_\_\_

Are you able to lift over 50 pounds..... Yes \_\_\_ No \_\_\_

Have you been convicted of a crime in the last seven (7) years?..... Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

Conviction will not necessarily be a bar to employment. The violation will be considered in relation to the position for which you are applying.

Driver's license number if driving is an essential part of the job \_\_\_\_\_ State \_\_\_\_\_

**In order to be hired with the company, you will be required to pass a Drug & Alcohol Pre-Employment Test and your driving record must meet our insurance company's requirements for insurance.**

### Employment History

Provide the following information from your past to current employment, starting with the most recent.

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of your work & job responsibilities	
Reason for Leaving		Hourly Rate/Salary	
		Start \$	Per



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Reason for Leaving		Hourly Rate/Salary	
		Start \$	Per Final \$ Per

**Skills & Qualifications**

Summarize any training skills, and/or certificates that may qualify you as being able to perform job-related functions in the positions for which you are applying \_\_\_\_\_

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**Educational Background**

Name & Location	Years Completed	Did you graduate?	Course of study
High School			
College		Major/Degree	
Other			

**References**

Name	Telephone	Years Known



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I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of the application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard back from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at anytime, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at anytime with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by authorized officer.

I understand it is the Company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Right of Way Services, inc. requires per-employment, post-accident and random drug and alcohol testing.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant Name



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**PRE-EMPLOYMENT DRUG AND ALCOHOL ABUSE CONSENT**  
Reviewed and Approved January 1, 2024

Right of Way Services, Inc. prohibits the illegal use, unauthorized possession, manufacture, distribution or sale of illegal drugs, illegal inhalants, drug paraphernalia, or controlled substance and the unauthorized use of alcoholic beverages during work hours. Company employees must not report for duty under the influence of any drug, alcoholic beverage, intoxicant or other substance, including legally prescribed drugs and medicines which will in any way affect work ability, alertness, coordination, and response or risk the safety of others.

During the course of your employment you may be subject to inspection for possession or use of unauthorized materials such as alcohol, drugs, or firearms as required by our policies or those of companies with which we do business. Your entry into or presence on Company controlled or provided work sites, vehicles, or owned property is conditioned to the Company right to search any employee's property, included but not limited to, lockers, lunch boxes, baggage and personal vehicles (including trunks, glove compartments, etc.). By entering into or being present on Company controlled or provided searches which may include periodic and unannounced searches of anyone while on, entering or leaving such facilities. **This is condition of employment.**

These searches may include the use of electric or electronic detection devices scent trained animals or the taking of urine or blood samples for testing to determine the presence of substances prohibited by this policy. The company will pay for the full cost of any test and transportation to and from such test.

I, \_\_\_\_\_ (Print name), understand and consent to the requirements that all applicants for employment with Right of Way Services, Inc. are required to submit to a urinalysis drug screen test prior to employment. I also understand that continued employment with Right of Way Services, Inc. is dependent on the results of the Pre-Employment urine drug screen test and any future drug screens conducted by or for Right of Way Services, Inc.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date



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**EMPLOYEE CONSUMER REPORTS**

Revised January 1, 2024

I consent that consumer reports may be obtained by Right of Way Services, Inc., in order to evaluate my job application and consideration for employment. This may include my driving record, and assessment of my insurability under the Company's insurance coverage or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date



**Select Personnel Investigations, LLC**

P.O. Box 2139

Burleson, Texas 76097

Phone: 254.694.5878 Fax: 254.694.5907

www.selectpi.com

Reference #: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize Select Personnel Investigations, LLC PO Box 2139; Burleson, TX 76097 and/or its agents to make an independent investigation of my background, in obtaining of consumer reports and/or investigative consumer reports which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with \_\_\_\_\_.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, law enforcement agencies, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish SelectPI LLC with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request. I understand that by agreeing below, that I am signing the Authorization form directing the background check as authorized in the disclosure.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: \_\_\_\_\_

Print Maiden Name or Other Names Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

D.O.B. (for I.D. purposes only): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver s License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Previous Addresses:

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\* I authorize contact with my current employment as of the date I am signing this waiver: \_\_\_ Yes \_\_\_ No \***

Select Personnel Investigations LLC will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you.

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

If there is any information you need to make your employer aware of which may impact on your eligibility for this position, please provide the info below:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*(Please sign above to acknowledge Authorization for Background Investigation)*

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. [  Yes; send me a copy ]

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. [  Yes; send me a copy ]



Select Personnel Investigations, LLC

P.O. Box 2139

Burleson, Texas 76097

Phone: 254.694.5878 Fax: 254.694.5907

www.selectpi.com

DISCLOSURE

Disclosure Regarding Background Investigation

Employer [ ] may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and personal/professional references. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I hereby consent to your obtaining the above information from Select Personnel Investigations PO Box 2139; Burleson, TX 76097, Voice: (866) 243-5054. I understand that providing personal identifiers and other information is necessary as an aid in the proper identification and evaluation of my records.

I understand that I am being provided the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681. I understand I have the right to request the additional disclosures provided for under subsection (b) of § 606 - 15 U.S. Code § 1681d.

This Disclosure, in electronic, faxed, or photocopied form, will be valid for any reports that may be requested by the Company.

Last 4 digits of SSN or Government ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(Please sign above to acknowledge this Disclosure)

Employer Only Below This Line

I, \_\_\_\_\_ (employer) certify I have made the disclosures to the consumer required by paragraph (1) of § 606 - 15 U.S. Code § 1681d and will comply with subsection (b) of § 606 - 15 U.S. Code § 1681d.  
Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(Please sign above to certify this Disclosure)



ATTACHMENT A

RECEIPT AND ACKNOWLEDGEMENT FORM & CONSENT FORM

THIS POLICY IS IN ADDITION TO AND SUPPLEMENTS ANY OTHER DRUG AND ALCOHOL POLICES OF THE COMPANY WHICH ARE MORE RESTRICTIVE AND WHICH REMAIN IN FULL FORCE AND EFFECT. COMPLIANCE WITH THE DRUG TESTING LEVELS DO NOT ELIMINATE THE POSSIBILITY OF ADDITIONAL REQUIREMENTS OF THIS COMPANIES POLICY DISQUALIFYING THE EMPLOYEE FROM WORKING.

I, the undersigned, hereby certify that I have read and/or had the policy read and explained to me and understand the Companies Substance Abuse Policy and agree to comply with all the requirements of the Company's rules governing the use or abuse of drugs, alcohol and controlled substances. A copy of the policy is available upon request through the Safety Department. I also agree to submit to screening for drugs, alcohol and controlled substances in accordance with this Company's policies. Violations of this policy will be grounds for termination of employment or grounds for refusal of my application for employment with this company.

I HAVE READ OR HAD THE POLICY READ AND EXPLAINED TO ME AND UNDERSTAND THE ABOVE POLICY:

Employee's or Prospective Employee's Printed Name

Employee's or Prospective Employee's Signature Date

CONSENT AND AUTHORIZATION FOR DISCLOSURE TO CLIENTS OF RIGHT OF WAY SERVICES, INC. FOR ALCOHOL AND DRUG TEST RESULTS AND RELATED INFORMATION.

I HEARBY CONSENT TO DISCLOSURE BY RIGHT OF WAY SERVICES INC. AND ITS AGENTS, INCLUDING, BUT NOT LIMITED TO ANY COLLECTING AND TESTING AGENCIES OF THE TEST RESULTS IDENTIFIED ABOVE AND RELATED INFORMATION TO THE CLIENTS OF RIGHT OF WAY SERVICES INC. AND ITS AUTHORIZED AGENTS, ASSIGNS OR REPRESENTATIVES.

Employee Printed Name Date

Employee's Signature Social Security Number

\*\* This consent form is for release of Non-DOT tests. Please follow DOT regulations if you choose to submit DOT test Results in place of a Non-DOT in order to meet the requirements of a specific client. \*\*