

GENERAL QUESTIONS

- Do you have any condition that would prevent you from lifting 100lbs or more safely?
Yes _____ No _____ (Please Explain) _____

- Have you ever been a party in a lawsuit? Yes _____ No _____
If Yes: Plaintiff _____ Defendant _____

- Have you ever worked for or applied to work for Colt, Inc.? Yes _____ No _____
If Yes, when? _____

- How do you get to work on a daily basis? Own Vehicle _____ Depend on Others _____

- Are you employed now? Yes _____ No _____
May we contact your employer? Yes _____ No _____

REFERENCES

Please list (3) persons NOT RELATED to you whom you have known at least one year.

Name	Address & Phone Number	Position	Years Acquainted
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AUTHORIZATION

I authorize investigations on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Furthermore, I understand and agree that my employment with Colt, Inc. is for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time with or without prior notice.

Date: _____ Signature: _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____
Remarks: _____

Hired: _____ Starting Wage: _____

**PRE-EMPLOYMENT DRUG / ALCOHOL TESTING
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by COLT, INC. in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the company and/or its authorized agents and physicians send the specimens so collected to a laboratory for screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company. I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

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

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

APPLICANT:

Print Name: _____ Social Security #: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____