



APPLICATION MISREPRESENTATION AND CONFIDENTIALITY

MISREPRESENTATION

Arizona Metro Mix neither encourages nor condones any misrepresentation by an applicant that he or she has been hired by Arizona Metro Mix. An applicant is not deemed hired until he or she receives and accepts a bona fide job offer with Arizona Metro Mix. If Arizona Metro Mix learns that an applicant or prospective applicant is misrepresenting his or her employment status with Arizona Metro Mix, that information will be taken into account in the hiring process.

APPLICATION CONFIDENTIALITY

Arizona Metro Mix regards the application and hiring process as confidential, except to the extent necessary to verify information provided by the applicant and make hiring decisions. Arizona Metro Mix expects applicants to similarly treat the process as confidential. Information provided by Arizona Metro Mix during the process is not for public circulation.

ACKNOWLEDGEMENT

I hereby acknowledge that I have read the Arizona Metro Mix Application Misrepresentation & Confidentiality Policy.

Applicant Signature

Date:

ARIZONA METRO MIX
18477 S. 186th Way Ste 103
Queen Creek, AZ 85142
Phone (480) 889-5424
Fax (480) 889-5428



**REQUEST, AUTHORIZATION AND CONSENT TO RELEASE OF EMPLOYMENT
AND DRUG TESTING INFORMATION**

ATTN: HUMAN RESOURCES _____

Fax: _____

Please complete the highlighted information below. Sign, date and return this form in the self addressed, stamped envelope provided. Thank you in advance for your immediate attention.

I request, authorize and consent to the release of information to Arizona Metro Mix from any public agency to private entity; (1) concerning an professional or vocational license or certification that I had held in the past or currently hold, including but not limited to, information concerning whether such license or certification is in good standing and any formal disciplinary or other proceedings concerning such license or certification, and (2) information regarding my previous employment. I authorize all past employers or agents that they may designate, to respond to verbal or written inquiries regarding my employment record, including, but not limited to, positions held, dates of employment, last pay rate, and work performance.

Name (First, Middle, Last)	Birth Date (mm/dd/yy)	SSN:

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY THE ADDRESSEE

Hire Date	Termination Date
Position Held	Last Pay Rate

You are required by the U.S. Department of Transportation 382.405 (f) to release the following information for the previous 3 years per driver's request above.

Did the employee participate in a drug and alcohol-testing program? Yes _____ No _____

Is the testing program in compliance with 49CFR part 40? Yes _____ No _____

Has the employee ever tested positive for controlled substance of (.04) grams or greater? Yes _____ No _____

Has the employee ever had blood alcohol content of (.04) grams or greater of alcohol per Hundred milliliter of blood? Yes _____ No _____

Has the employee ever refused to be tested for controlled substances? Yes _____ No _____

Has the applicant been referred to a Substance Abuse Professional? _____

If Yes, please list name and number of Professional: _____

Accident? Yes _____ No _____

If Yes, please give the date and a brief description of each accident _____

Print Name & title of individual completing this form		Signature	Date
Date of Accident	Nature of Accident	Type of Vehicle Driven	Injuries / Fatalities Yes or No



SKILLS PROFILE	
List any mechanical expertise and/or equipment you operate	List other skills you possess pertinent to this application

REFERENCES		
Please provide the names of at least two people (NOT relatives) who may be contacted by us. Both should have specific knowledge of your work experience.		
Name	Address	
Occupation	Telephone #	How does this person know you?
Name	Address	

CRIMINAL RECORD CHECK		
Have you ever been convicted of any crime? (A conviction includes a plea, verdict or finding of guilt, regardless of whether sentence is imposed by the court.)		
Yes	No	If yes, explain:
Are you presently on Probation?	Are you presently on parole?	Are you presently out on your own recognizance or a bail bond pending trial?
Yes No	Yes No	Yes No
THE EXISTENCE OF A CRIMINAL RECORD DOES NOT AUTOMATICALLY ELIMINATE YOU FROM EMPLOYMENT CONSIDERATION		

APPLICANT STATEMENT

I understand that any offer of employment from Arizona Metro Mix will be contingent upon the company's receipt of a satisfactory report following my pre-employment health exam, to include a drug and alcohol screen, to which I consent. I further understand that Arizona Metro Mix may verify the statements I have made regarding my academic background, employment history, and any criminal convictions that may be on my record. I give Arizona Metro Mix consent to conduct a criminal record check. I authorize my past employers, schools, and the persons named as references to give Arizona Metro Mix work-related information about me. I understand that all offers of employment will be contingent upon receipt of satisfactory verification of information.

I hereby certify all information provided by me on this employment application and all other information provided by me in the course of applying for employment at Arizona Metro Mix is truthful and accurate. I understand that if any information provided by me on this employment application or any other information provided by me in the course of applying for employment is found to be false, untruthful or misleading, that such will be cause for immediate rejection of my application for employment. I also understand that if I am offered and accept employment, my employment will be employment "at will," which may be terminated by myself or by Arizona Metro Mix at any time with or without notice and with or without cause.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature	Date
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EMPLOYMENT/OTHER WORK HISTORY				
Please account for a FULL TEN YEARS from the application date, including jobs, volunteer work, schooling, unemployment, self-employment, military service, etc. If you need additional space, please ask for additional pages. Explain all gaps of employment of 30 days or more.				
May we contact your current employer?				
			Yes	No
Employer name	Dates of Service		Salary (Present/Most recent)	
	From:	To:	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Employer Address	City	State	Zip	Work Schedule
				<input type="checkbox"/> Full-time <input type="checkbox"/> Per Diem <input type="checkbox"/> On Call <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Project
Name of Supervisor	Title of Supervisor		Telephone Number / Extension	
Your Job Title	Reason for Leaving			
Your job responsibilities and duties				
Employer name	Dates of Service		Salary (Present/Most recent)	
	From:	To:	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Employer Address	City	State	Zip	Work Schedule
				<input type="checkbox"/> Full-time <input type="checkbox"/> Per Diem <input type="checkbox"/> On Call <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Project
Name of Supervisor	Title of Supervisor		Telephone Number / Extension	
Your Job Title	Reason for Leaving			
Your job responsibilities and duties				
Employer name	Dates of Service		Salary (Present/Most recent)	
	From:	To:	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Employer Address	City	State	Zip	Work Schedule
				<input type="checkbox"/> Full-time <input type="checkbox"/> Per Diem <input type="checkbox"/> On Call <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Project
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Employer name	Dates of Service		Salary (Present/Most recent)	
	From:	To:	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Employer Address	City	State	Zip	Work Schedule
				<input type="checkbox"/> Full-time <input type="checkbox"/> Per Diem <input type="checkbox"/> On Call <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Project
Name of Supervisor	Title of Supervisor		Telephone Number / Extension	
Your Job Title	Reason for Leaving			
Your job responsibilities and duties				



EDUCATIONAL HISTORY

HIGH SCHOOL

Name of School	City & State	Major Field	High School Diploma or GED?

COLLEGE OR UNIVERSITY (UNDERGRADUATE AND GRADUATE)

Name of School	City and State	Major Field	Diploma?

OTHER SCHOOLING/VOCATION/TRAINING

Name of School	City and State	Major Field	Diploma?

PROFESSIONAL LICENSES/CERTIFICATIONS

Do you have a current professional license, certificate or registration?	If yes, indicate type	Date Issued	Expiration Date	State Issued
Yes No				
Are there any current restrictions on your license?	If Yes, please explain:			
Yes No				

DRIVING RECORD/COMMERCIAL DRIVER'S LICENSE

Do you have a current Commercial Driver's License?		Yes No	If yes, enter Driver's License #	State Issued
Date of Issue**	**If Issued less than 1 year ago, proof or prior licensing required**			
Date of Birth**	***Your Date of Birth is required by the Department of Transportation for Commercial Driver's License holders only***			

IF YOU ARE APPLYING FOR A POSITION WHICH REQUIRES OPERATION OF A COMMERCIAL VEHICLE YOU MUST COMPLETE THE COMMERCIAL DRIVER ADDENDUM



18477 S. 186th Way Ste 103
Queen Creek, AZ 85142

For office use only

NON DOT - EMPLOYMENT APPLICATION

THIS APPLICATION MUST BE COMPLETE IN ITS ENTIRETY BEFORE ANY OFFER OF EMPLOYMENT MAY BE CONSIDERED

TODAY'S DATE: _____

PERSONAL INFORMATION			
Name (Last, First, Middle)		Social Security Number	
Present address (Number, Street, Apartment #)		Home Telephone	
(City, State, Zip)			
If less than 3 years Previous Address (Number, Street, City, State, Zip)		How Long?	Cell Phone
Are you over 18 years of age? Yes No		If hired, you will be required to furnish proof that you are legally authorized to work in the United State. Can you furnish such proof? Yes No	
Indicate names used at any companies where you worked, or schools you attended, if different than above			
Name		Company/School	
Name		Company/School	

EMPLOYMENT INTERESTS			
Indicate position (s) applied for; add specialty where applicable 1 2 3	Date Available	Minimum Salary Acceptable	
		<input type="checkbox"/>	Annual
		<input type="checkbox"/>	Monthly
		<input type="checkbox"/>	Hourly
Are you willing to work:	Days	Evenings	Nights
	Full Time	Part Time	Temporary
	Other		Weekends
			On Call
How were you referred			
<input type="checkbox"/> Newspaper Ad		<input type="checkbox"/> Employee Referral-Specify: _____	
<input type="checkbox"/> Employment Agency / Search Firm		<input type="checkbox"/> Job Fair/Career Day: _____	
<input type="checkbox"/> Walk-in		<input type="checkbox"/> Other: _____	
Have you ever been employed by Arizona Metro Mix? Yes No	If Yes , name of facility or department:		When?
Where?	Position held:	Name used, if different:	

EMERGENCY INFORMATION			
Name of person to notify in case of emergency		Phone	
Relationship	Address	City	State Zip Code



SKILLS PROFILE	
List any mechanical expertise and/or equipment you operate	List other skills you possess pertinent to this application

REFERENCES		
Please provide the names of at least two people (NOT relatives) who may be contacted by us. Both should have specific knowledge of your work skills and work experience.		
Name	Address	
Occupation	Telephone #	How does this person know you?
Name	Address	
Occupation	Telephone #	How does this person know you?

CRIMINAL RECORD CHECK		
Have you ever been convicted of any crime? (A conviction includes a plea, verdict or finding of guilt, regardless of whether sentences imposed by the court.)		
Yes	No	If yes, explain:
Are you presently on probation?	Are you presently on parole?	Are you presently out on your own recognizance or a bail bond pending trial?
Yes No	Yes No	Yes No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT AUTOMATICALLY ELIMINATE YOU FROM EMPLOYMENT CONSIDERATION

APPLICANT STATEMENT	
<p>I understand that any offer of employment from Arizona Metro Mix will be contingent upon the company's receipt of a satisfactory report following my pre-employment health exam, to include a drug and alcohol screen, to which I consent. I further understand that Arizona Metro Mix may verify the statements I have made regarding my academic background, employment history, and any criminal convictions that may be on my record. I give Arizona Metro Mix consent to conduct a criminal record check. I authorize my past employers, schools, and the persons named as references to give Arizona Metro Mix work-related information about me. I understand that all offers of employment will be contingent upon receipt of satisfactory verification of information.</p> <p>I hereby certify all information provided by me on this employment application and all other information provided by me in the course of applying for employment at Arizona Metro Mix is truthful and accurate. I understand that if any information provided by me on this employment application or any other information provided by me in the course of applying for employment is found to be false, untruthful or misleading, that such will be cause for immediate rejection of my application for employment. I further understand that if I am hired as an employee and at any time thereafter it is discovered that any information provided by me on this employment application or any of the other information provided by me in the course of applying for employment at Arizona Metro Mix is found to be false and I accept employment, my employment will be employment "at will," which may be terminated by myself or by Arizona Metro Mix at any time with or without notice and with or without cause.</p> <p>I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES AND INFORMATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.</p>	
Signature	Date



BACKGROUND CHECK FORMS

REQUEST, AUTHORIZATION AND CONSENT TO RELEASE OF LICENSING, CERTIFICATION AND EMPLOYMENT INFORMATION

- 1) Page 5: Under the heading "Attention Human Resources" fill in the company name and address for each employer you have had in the past 5 years (please request additional forms if you need them).

These documents will be forwarded to your previous employers to confirm the information provided on the application.

Print your name, birth date, and SSN in the boxes provided.

Sign on the line by "Applicant Signature" and enter the date.

LEAVE THE REST OF THE FORM BLANK.

APPLICATION MISREPRESENTATION AND CONFIDENTIALITY

- Page 5: Please read, sign and date the acknowledgement.

PRE-EMPLOYMENT INFORMATION (Equal Employment Opportunity Reporting)

Please complete the top portion of the form. The lower portion is optional. Enter this information if you choose to do so. If you choose not to fill out the lower portion of the form please check " I decline to provide this information". Please sign and date the form.

- Page 6: List of Acceptable Documents in order to establish eligibility to work in the U.S. Must have one item from List A **OR ONE OF EACH FROM List B & C** if hired. Bring these documents to orientation if you are hired. Need actually document; photocopies are not acceptable.

18477 S. 186th Way Ste 103
Queen Creek, AZ 85142



Applicant Name: _____

INSTRUCTIONS FOR ALL APPLICANTS

Please provide current and previous residential addresses for a full 3 years.

"Employment History" section, start with your present employer and work backwards, list all jobs that you have held in the past 5 years. You may attach additional sheets if necessary. Please explain any gaps in employment of 30 days or more.

Read the "APPLICANT STATEMENT", sign and date this portion of the application



ARIZONA METRO MIX, INC.

SAFETY AWARENESS ORIENTATION

Arizona Metro Mix, Inc. has developed these safety rules patterned after the Federal OSHA requirements. Read and become familiar with these rules and other safety rules that apply to your job.

1. Report any injury to your employer/supervisor immediately.
2. Report any observed unsafe condition to your employer/supervisor.
- 3.. Horseplay is prohibited at all times
4. The drinking of alcoholic beverages is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will not be permitted to work.
5. If you do not have current First Aid Training do not move or treat an injured person unless there is an immediate peril, such as profuse bleeding or stoppage of breathing. Any time an employee is potentially exposed to blood in any circumstance, the procedures and guidelines of Arizona Metro Mix, Inc. Blood Borne Pathogen Policy must be followed to avoid any potential risk of acquiring blood borne disease.
6. Appropriate clothing and footwear must be worn on the job at all times.
7. Where there exists the hazard of falling objects, an approved hard hat must be worn.
8. You should not perform any task unless you are trained to do so and area aware of the hazards associated with the task.
9. You may be assigned certain personal protective safety equipment. This equipment should be available for use on the job, be maintained in good condition, and worn when required.
10. Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training.
11. The riding of a bolst hook, or on other equipment not designed for such purposes, is prohibited at all times.
12. Never remove or by-pass safety devices.
13. Do not approach operating machinery from the blind aide, let the operator see you.
14. Learn where fire extinguisher and first aid kits are located.
15. Maintain a general condition of good housekeeping in all work areas at all times.
16. Obey all traffic regulations when operating vehicles on public highways.
17. When operating or riding in company vehicles or using your personal vehicle for business purposes the vehicles seatbelt shall be worn.
18. Be alert to hazards that could affect you and your fellow employees.
19. Obey safety signs and tags.
20. Always perform you task in a safe and proper manner; do not take shortcuts. The taking of shortcuts and the ignoring of established safety rules are the leading causes of employee injury.

I certify that I have read and understand and will abide by the aforementioned listed safety rules. Failure to do so may be grounds for termination.

Employee's Signature

Date:



SECTION D

**DISCIPLINARY ACTIONS FOR VIOLATING
DRUG-FREE WORKPLACE POLICY**

1. A violation of ARIZONA METRO MIX, Inc's Drug-Free Workplace Policy may result in disciplinary action, up to and including discharge, at the company's sole discretion.
- 2.. In addition to any disciplinary action, the company may, in its sole discretion, refer the employee to a treatment and counseling program for drug abuse. Employees referred to such a program by the company must immediately cease any drug use, may be subject to periodic unannounced testing from a period of twenty-four months, and must comply with all other conditions of the treatment and counseling program. The company shall determine whether an employee it has referred for drug treatment and counseling should be temporarily reassigned for safety reasons to another position if such a position is available. If another position is not available, then other avenues will be explored.
3. ARIZONA METRO MIX, Inc. will promptly terminate any employee who test positive for drugs while undergoing treatment and counseling for drug abuse, regardless of whether such treatment and counseling is voluntary or required by the company.

SECTION E

EMPLOYEE ACKNOWLEDGEMENT

I have carefully and thoroughly read ARIZONA METRO MIX, Inc.'s Drug-Free Workplace Policy. I have received a copy of ARIZONA METRO MIX, Inc.'s Drug-Free Workplace Policy, understand its requirements and agree, without reservation, to follow this policy.

BY:

Employee Signature

Print Name Date

Authorized Company Representative
Signature and Title

Print Name Date

Witness
Signature and Title

Print Name Date



_____ I understand that I am an employee of Arizona Metro Mix, Inc. and only I or
Initial Arizona Metro Mix, Inc. can terminate my employment.

_____ Arizona Metro Mix, Inc. has a very strict "NO DRUG POLICY", and I have
Initial signed a consent form to submit to drug testing. I understand that my failure
to comply with this agreement will be grounds for my immediate
termination.

_____ If I sustain an injury on the job, I will inform Arizona Metro Mix, Inc.
Initial Supervisor immediately after the accident. Arizona Metro Mix, Inc will
coordinate with me the proper procedure for treatment.

_____ I understand and will comply with Arizona Metro Mix Inc. safety rules and
Initial regulations and hazardous communication program explained to me in
Arizona Metro Mix, Inc orientation.

_____ I have read and fully understand the above statements regarding
Initial Arizona Metro Mix, Inc. policies and procedures and agree to the same.
I understand that failure to comply with these policies and procedures
could lead to my termination.

_____ I authorize Arizona Metro Mix, Inc. and its agents to conduct a
Initial comprehensive review of my background causing a consumer report and/or
investigative consumer report including social security verification and
employment history.

_____ I authorize Arizona Metro Mix, Inc. and its agents to conduct a
Initial comprehensive review of my driving record and certify that the driver's
license information I provided in my employment application is true and
accurate.

_____ Applicant

_____ Date

_____ Interviewer

_____ Date

Initialing of the previous areas verifies that the above named individual has received a copy of Arizona Metro Mix, Inc. policies, has read, fully understands, and agrees to adhere to those policies incorporated herein and made a part of the application process.



DRUG-FREE WORKPLACE STATEMENT

In 1988, Congress passed the "Drug-Free Workplace Act." Effective March 18, 1989, this Act addresses any drug abuse in the workplaces of federal contractors and grant recipients.

In response to the new federal requirements for drug-free workplaces, and in keeping with ARIZONA METRO MIX, Inc.'s concern for the health and safety of its workforce, ARIZONA METRO MIX is instituting the following Drug-Free Workplace policy.

This policy certifies this company's intent to maintain a drug-free workplace. The first section of this policy (Section A) prohibits the manufacture, distribution, sale, possession or use of a controlled substance in the workplace.

In addition, this policy creates a Drug Awareness Program (Section B) that will provide information to all employees on the dangers of workplace, drug use, and on available private and community treatment facilities. The last section of this policy (Section C) lists the sanctions that employees will face for violations of ARIZONA METRO MIX, Inc.'s Drug-Free Workplace Policy. Finally, this policy contains an employee acknowledgment (Section D) that must be signed and dated by each employee who receives a copy of this policy.

The Drug-Free Workplace Act specifically requires ARIZONA METRO MIX, Inc. to notify each employee that, as a condition of employment, each employee must:

- Comply with the company's Drug-Free Workplace Policy; and
- Notify his/her supervisor of any conviction for a drug related offense committed in the workplace within five (5) days of the conviction; and
- Consent to a pre-employment drug test

Any employee who violates this company policy will be subject to disciplinary action, up to and including termination of employment.

SECTION A

PROHIBITIONS

ARIZONA METRO MIX, Inc.'s Drug-Free Workplace Policy prohibits employees from engaging in any of the following activities.

1. Use, possession, manufacture, distribution, dispensation or sale of illegal drugs on company premises or company business. In company supplied vehicles, or during working hours.
2. Unauthorized use or possession, or any manufacture, distribution, dispensation or sale of a controlled substance on company premises or while on company business or while in company supplied vehicles;
3. Storing in a locker, desk, automobile or other repository on company premises any controlled substance whose use is unauthorized;
4. Being under the influence of a controlled substance on company premises or while on company business, or while in company supplied vehicles;



5. Any possession, use, manufacture, distribution, dispensation or sale of illegal drugs off drugs off company premises that adversely affects the individual's work performance, his own or others' safety at work, or the company's regard or reputation in the community;
6. Failure to adhere to the requirements of any drug treatment or counseling program in which the employee is enrolled;
7. Failure to notify the company of any conviction under criminal drug statutes for a workplace offense within five (5) days of the conviction; and
8. Refusal to sign a statement to abide by the company's Drug-Free Workplace Policy.

AUTHORIZED USE OF PRESCRIBED MEDICINE: An employee undergoing prescribed medical treatment with any drug which may affect his/her physical or mental ability must report this treatment to his/her supervisor. The supervisor will determine whether a temporary change in the employee's job assignment during the period of treatment is warranted.

SECTION B

DRUG AWARENESS PROGRAM

To assist employees and their families to understand and to avoid the perils of drug abuse, ARIZONA METRO MIX, Inc. has developed a comprehensive Drug Awareness Program. The company will use this program in an educational effort to prevent and eliminate drug abuse that may affect the workplace. The Drug Awareness Program will inform employees about: (1) the dangers of drug abuse in the workplace; (2) our company's Drug-Free Workplace Policy; (3) the assistance; and (4) sanctions for violations of ARIZONA METRO MIX, Inc.'s Drug-Free Workplace Policy.

Employees of ARIZONA METRO MIX, Inc. Are our most valuable resource and, for that reason, their health and safety is our number one concern. Any drug use which imperils the health and well being of our employees or threatens our business will not be tolerated. The use of illegal drugs and abuse of other controlled substances, on or off-duty, is inconsistent with the law abiding behavior expected of all citizens. Employees who use illegal drugs or abuse other controlled substances on or off duty tend to be less productive, less reliable, and prone to greater absenteeism and accidents. This, in turn, can result in increased costs, delays and risks to the company's business. Drug use in the workplace puts the health and safety of the abuser and all other workers around him or her at increased risk. Employees have the right to work in a drug-free environment. In addition, drug abuse inflicts a terrible toll on the nation's productive resources and the health and well being of American workers.

Early recognition and treatment of drug abuse is important for successful rehabilitation. Whenever feasible, ARIZONA METRO MIX, Inc. will assist employees in overcoming drug abuse by providing information on treatment opportunities and programs. However, the decision to seek diagnosis and accept treatment for drug abuse is primarily the individual employee's responsibility.

Employees with drug abuse problems should request assistance from Pauline Altamirano (Office Administrator 480-889-5424). The company will treat all such requests as confidential and will refer the employee to the appropriate treatment and counseling services when feasible.

Voluntary requests for assistance from employees will not, however, prevent disciplinary action for violation of ARIZONA METRO MIX, Inc.'s Drug-Free Workplace Policy.

ARIZONA METRO MIX, Inc. is instituting a zero tolerance level program. ARIZONA METRO MIX, Inc. is committed to maintaining a safe workplace free from the influence of drugs. All employees and subcontractors are hereby notified that ARIZONA METRO MIX, Inc. will comply with the requirements of the Drug-Free Workplace Act of 1988, and all applicable regulations issued there under, as well as, when applicable, any more stringent rules promulgated by other federal agencies.



EMPLOYEE MANUAL FOR ARIZONA METRO MIX, INC.

INTRODUCTION

Welcome to Arizona Metro Mix, Inc. This policy manual serves to inform you of what is expected from you as an employee of this company and to provide a guide to normal operations, responsibilities and benefits of Arizona Metro Mix.

The content of this manual NEITHER CONSTITUTES NOR IMPLIES AN EMPLOYMENT CONTRACT, but simply explains the policies and procedures under which our company operates. The manual may be revised or modified by the company at any time without prior notice.

The success of Arizona Metro Mix, Inc. is completely dependent on you, our employees. We are committed to delivering the finest workforce in the market place, and this can only be accomplished through team effort.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Arizona Metro Mix, Inc. is an Equal Employment Opportunity Employer. It is a continuing company policy that all actions relating to promotions, compensations, terms, conditions and privileges of employment are based on each individual's qualifications without regard to race, color, religion, sex age, handicap, or national origin.

EMPLOYMENT AT WILL

It is the policy of this company that all employees are employed at the will of the company for an indefinite period. As such, you are subject to termination at any time, for any reason, with or without cause or notice. There are no representatives from the Company that have the authority to enter into any written or oral agreement establishing a contract of employment between yourself and Arizona Metro Mix, Inc.

EMPLOYMENT AUTHORIZATION

The U.S. Immigration and Naturalization Service requires the company to provide specific information for all employees within three days of the beginning of employment. You must complete proper documents as required, which establish your identify and employment eligibility. False information or documentation tampered with may lead to termination of employment.

NO HARASSMENT POLICY

We do not tolerate harassment of any kind. Any form of harassment which violates federal, state, or local law, including, but not limited to harassment related to any individual's race, religion, color, sex, age, national origin, ancestry, citizenship status, handicap or disability is a violation of this policy and will be treated as a disciplinary matter. For the purposes, the term harassment included slurs and any other offensive remarks, jokes other verbal, graphic or physical conduct. Harassment also includes sexual advances, requests for sexual favors, unwelcome or offensive touching and other verbal, graphic or physical conduct of a sexual nature. If you have any questions or have a valid complaint, please contact H/R (Pauline Altamirano) at Arizona Metro Mix, Inc.

Violators of this policy will be subject to disciplinary action up to and including immediate termination.

INTRODUCTION PERIOD

Employees are hired under a 90-day introductory period. During that time you will be evaluated to determine if you are suitable for the assignment. If you are found to be unsuitable for any reason, your employment may be terminated with or without notice.

ATTENDANCE

The employee must personally report an absence or tardy prior to start of assignment or shift. Employee must



contact immediate supervisor or a member of the Arizona Metro Mix, Inc. supervisors if the immediate supervisor is unavailable. Leaving messages is not acceptable. Employee must call in for each day of absence. Excessive unexcused not acceptable. Employee must call in for each day of absence. Excessive unexcused absences or tardiness may result in disciplinary action up to and including termination.

If an employee is absent without notification for 2 consecutive days, the Company will consider this is a voluntary job abandonment.

SICK/PERSONAL LEAVE

Sick or personal time may be taken, but is not considered paid time off. If the employee is aware that the time is needed, please request the leave in writing and submit to supervisor for authorization. Failure to do this will result in an unexcused absence and may result in disciplinary action.

WORK RULES AND VIOLATIONS

It is company policy that employees conduct themselves in a manner which reflects favorably upon themselves and working environment for all employees.

Print Name

Signature

Date