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Application and Questionnaire

If your answer is yes to either of two previous questions, please explain.

\_\_\_\_\_

\_\_\_\_\_

Are you signed to the District Council's Drug & Alcohol Policy?  Yes  No  
(If yes, when?) Date: \_\_\_\_\_

Have there been any formal grievances or informal problems in  Yes  No  
the implementation of the Drug & Alcohol Policy? (If yes, explain)

\_\_\_\_\_

\_\_\_\_\_

Have you had any fatalities within the past 2 years? (If yes, explain)  Yes  No

\_\_\_\_\_

Have you had any lost time injuries in the last 2 years? (If yes, explain)  Yes  No

\_\_\_\_\_

\_\_\_\_\_

Have you been complying with Section 21 of the Agreement  Yes  No  
by providing Letters of Evidence and submitting prevailing  
wage survey information to the trust office?

I declare under penalty of perjury under the laws of the State of California that my  
answers to the above questions are true and correct.

Executed on \_\_\_\_\_, 2006 at \_\_\_\_\_,  
California

Signature \_\_\_\_\_

**Please complete and fax this application to:**

Mr. Gene Vick, Program Administrator,  
Fax: (707) 935-8826.