



JOB APPLICATION

Clearview Installations, LLC
8105 Odessa Pl Bldg. A Douglasville GA 30133
PO Box 478 Douglasville GA 30134
770-838-3966

Clearview Installations, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative. **Clearview Installations is a drug-free workplace. You will be required to pass a drug test before employment.**

Please fill out all sections below:

Date of Application: _____

Are you 18 years of age or older? Yes / No

Applicant Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth _____ Social Security Number _____ - _____ - _____

VALID Driver's License: Issuing State: _____ / DL# _____ Expiration: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: (_____) _____ - _____

Email Address: _____

EMERGENCY INFORMATION:

Emergency Contact Name: _____ Relationship: _____

Contact able to receive texts? Yes / No Phone# (_____) _____ - _____

Employment Position:

Position(s) applying for: _____

How did you hear about this position? _____

Have you ever done glazing work before? Yes / No ----- Own glazing tools? Yes / No

If needed, are you available to work weekends/overtime? Yes / No

On what date can you start working if you are hired? _____ Salary desired: \$ _____

Do you have reliable transportation to and from work? Yes / No

Personal Information:

Have you ever applied to / worked for Clearview Installations, LLC before? Yes / No

If yes, when? _____

Do you have any friends, relatives, or acquaintances working for Clearview Installations, LLC? Yes / No

If yes, state name & relationship: _____

Are you a U.S. citizen or approved to work in the United States? Yes / No

Are you an active/reserve member of the Armed Services? Yes / No - What branch? _____

**Please note that Clearview Installations, LLC is an E-Verify participant and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S. If E-Verify cannot confirm that you are not authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment. We can only use E-Verify once you have accepted a job offer and completed the Form I-9 dhs.gov/E-Verify*

Applicant Signature: _____

Date Signed: _____

References: please provide 2 personal & professional reference(s) below -

Reference Name & Relationship <i>(personal or professional)</i>	Reference Contact Information:
1.	
2.	
3.	
4.	

Previous Employment (1) ➡

Employer Name:
Job Title:
Supervisor Name / Telephone:
Employer City:
Dates Employed:
Reason(s) For Leaving:

Previous Employment (2) ➡

Employer Name:
Job Title:
Supervisor Name / Telephone:
Employer City:
Dates Employed:
Reason(s) For Leaving:

(Employment History Continued on Next Page)

Previous Employment (3) ➡

Employer Name:
Job Title:
Supervisor Name / Telephone:
Employer City:
Dates Employed:
Reason(s) For Leaving:

AT-WILL EMPLOYMENT:

The relationship between you and Clearview Installations, LLC. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Clearview Installations, LLC. No representative of Clearview Installations, LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship.

You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you, and either our Executive Vice-President/Chief Operations Officer, or the Company's President.

Applicant Signature: _____

Date Signed: _____



OFFER LETTER: HIRE ON CHECKLIST

1. Employee Name: _____

2. Job Title: _____ Supervisor: _____ Start Date: _____

3. Salary: _____ Hourly Rate: _____ OT Rate: _____ Shirt Size: _____

4. Job Description/Responsibilities: (attach additional pages if necessary)

5. Application Completion Date: _____ References Checked: _____

6. Drug Screening Schedule Date: _____ Outlook set up: _____

7. Planned absences prior to hire on: *If prior to 90 days- these days will be taken without pay

8. Health Insurance after 90 Days: _____ Supplemental Insurance after 30 days: _____

9. Supplied by Company: Fill in * YES or NO * for all accommodations listed below -----

Vehicle _____ Cell Phone _____ Cell Reimbursement: _____ Tablet _____

10. Additional Compensation: _____

11. Mileage for Personal Vehicle -- @ 0.55 / mile

12. Per diem is @ \$40 per day (unless otherwise noted) and will be paid by check either --

prior to travel OR be reimbursed in paycheck following travel...

^^^ dependent upon 24-hour notice or project manager's discretion ^^^

Paid Holiday Schedule:

x New Year's Day

x Memorial Day

x Independence Day (4th of July)

x Labor Day

x Thanksgiving Day & Day After

x Christmas Eve (1/2 Day) & Christmas Day

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

SUBSTANCE ABUSE POLICY STATEMENT

Clearview Installation, LLC is committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when any Clearview Installations, LLC employee illegally uses drugs on or off the job, comes to work under their influence, possesses, distributes or sells drugs in the workplace, or abuses alcohol on the job. Therefore, Clearview Installations, LLC has established the following policy:

- (1) It is a violation of company policy for any employee to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on or off the job.
- (2) It is a violation of company policy for any employee to report to work under the influence of or while possessing in his or her body, blood or urine illegal drugs in any detectable amount.
- (3) It is a violation of company policy for any employee to report to work under the influence of or impaired by alcohol.
- (4) It is a violation of the company policy for any employee to use prescription drugs illegally, i.e., to use prescription drugs that have not been legally obtained or in a manner or for a purpose other than as prescribed. (However, nothing in this policy precludes the appropriate use of legally prescribed medications.)
- (5) Violations of this policy are subject to disciplinary action up to and including termination.
- (6) Searches of individuals and their personal effects, lockers and vehicles may be conducted when deemed necessary to determine compliance with this policy

It is the responsibility of the company's supervisors to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug problem. Although it is not the supervisor's job to diagnose personal problems, the supervisor should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment, and co-workers should encourage anyone who has a drug problem to seek help.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs and the abuse of alcohol are incompatible with employment at Clearview Installations, LLC.

In the event of a **single verified positive test result on any random test administered for Clearview Installations, LLC.**, the employee will be immediately removed from performing safety-sensitive duties. The MRO (Medical Review Officer) will contact the employee to investigate the possibility of a medical explanation, and if the MRO determines there is no disciplinary action, up to and including termination of

employment, or shall be required to be evaluated by the S.A.P. and treated as condition of further employment, at the discretion of Clearview Installations, LLC.

An employee's failure to immediately comply with a request to submit to a drug test will carry the same consequences as a positive test result.

- Fails to appear for any test within a reasonable amount of time after being notified
- Fails to remain at testing site until testing is complete
- Fails to provide an adequate specimen without a medical explanation and verification of condition
- Fails to undergo medical evaluation/examination as directed by Clearview Installation, LLC to determine problems consistent with being unable to provide an adequate sample
- Fails to sign the certification box on the testing form
- Provides a confirmed adulterated or substituted urine specimen
- Admits to the collector that he or she adulterated or substituted their specimen
- With respect to direct observation collections, fails to follow the observer's instructions to raise and lower their clothing and to turn around to permit the observer to determine if the employee has a prosthetic or other device that could be used to interfere with the collection process
- Possesses a prosthetic or other device that could be used to interfere with the collection process
- Behaves in a confrontational way that disrupts the collection process
- Refuses to wash his/her hands- after being directed to do so
- Fails to cooperate with any part of the testing protocol
- During an invalid result, Medical Review Office (MRO) review, and employee admission of adulterating or substituting a specimen is now a refusal to test
- Under the rule of using drugs while performing safety sensitive functions, an employee refusing to submit to a drug test required by 14 CFR Part 121, Appendix 1, will be immediately removed from performing the safety-sensitive function, and will result in disciplinary action, up to and including termination
- Refusal to submit to a required drug test will be reported to the FAA within two working days of the refusal
- Any employee who refuses an FAA-mandated drug test will be subject to all appropriate disciplinary procedures, up to and including termination of employment.

The company offers resource information on various means of employee assistance in our community, including but not limited to drug and alcohol abuse programs. Employees are encouraged to use this resource file, which is located on the warehouse information board and in Accounting/HR office. In addition, we will distribute this information to employees for their confidential use.

General Procedures

An employee reporting to work visibly impaired will be deemed unable to properly perform required duties and will not be allowed to work. If possible, the employee's supervisor will first seek another supervisor's opinion to confirm the employee's status. Next the supervisor will consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred. If, in the opinion of the supervisor, the employee is considered impaired, the employee will be sent home or to a medical facility by taxi or other safe transportation alternative- depending on the determination of the observed impairment- and accompanied by the supervisor or another employee if necessary. A drug test may be in order. An impaired employee will not be allowed to drive.

Opportunity to Contest or Explain Test Results

Employees and job applicants who have a positive confirmed test result may explain or contest the result to the Company within five (5) working days after the Company contacts the employee or job applicant and shows him/her the positive test result as it was received from the laboratory in writing.

Confidentiality

The confidentiality of any information received by the employer through a substance abuse testing program shall be maintained, except as otherwise provided by law.

PRE-EMPLOYMENT DRUG TESTING

All job applicants at this Company will undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test will be denied employment.

Applicants will be required to submit voluntarily to a urinalysis test at a laboratory chosen by this Company, and by signing a consent agreement will release this Company from liability.

If the physician, official or lab personnel has reasonable suspicion to believe that the job-applicant has tampered with the specimen, the applicant will not be considered for employment.

This Company will not discriminate against applicants for employment because of a past history of drug abuse. It is the current abuse of drugs, preventing employees from performing their jobs properly, that this Company will not tolerate.

Individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of not shorter than six (6) months: but they must present themselves drug-free as demonstrated by urinalysis or other test selected by this Company.

This company has adopted testing practices to identify employees who use illegal drugs on or off the job or who abuse alcohol on the job. It shall be a condition of employment for all employees to submit to substance abuse testing under the following circumstances.

1. When there is reasonable suspicion to believe that an employee is using illegal drugs or abusing alcohol. 'Reasonable suspicion' is based on a belief that an employee is using or has used drugs or alcohol in violation of the employer's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based upon, but not limited to, the following:
 - (A) Observable phenomena while at work such as direct observation of substance abuse or of the physical symptoms or manifestations of being impaired due to substance abuse:
 - (B) Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance;
 - (C) A report of substance abuse provided by a reliable and credible source;
 - (D) Evidence that an individual has tampered with any substance abuse test during his or her employment with the current employer;
 - (E) Information that an employee has caused or contributed to an accident while at work; or
 - (F) Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.
2. When employees have caused or contributed to an on-the-job injury that resulted in a loss of worktime, which means any period of time during which an employee stops performing the normal duties of employment and leaves the place of employment to seek care from a licensed medical provider. An employer may send employees for a substance abuse test if they are involved in on-the-job accidents where personal injury or damage to company property occurs.
3. As part of a follow-up program to treatment for drug abuse.
4. When a substance abuse test is conducted as part of a routinely scheduled employee fitness-for-duty medical examination that is part of the employer's established policy or that is scheduled routinely for all members of an employment classification or group.

Employees with a confirmed positive test result may, at their option and expense, have a second confirmation test made on the same specimen. An employee will not be allowed to submit another specimen for testing.

If the physician, official, or lab personnel has reasonable suspicion to believe that the employee has tampered with the specimen, the employee is subject to disciplinary action up to and including termination.

ALCOHOL ABUSE ON THE JOB

The consumption or possession of alcoholic beverages on the Company's premises is prohibited.

Clearview sponsored activities which may include the serving of alcoholic beverages are not included in the provision

An employee whose normal faculties are impaired due to the consumption of alcoholic beverages, or whose blood alcohol level tests .05 or higher, while on duty/company business shall be guilty of misconduct, and shall be subject to discipline up to and including termination.

Failure to submit to a required substance abuse test also is misconduct and also shall be subject to discipline up to and including termination.

An employee who is under the influence of alcoholic beverages at any time while on company business or at any time during the hours between the beginning and ending of the employee's work day, whether on duty or not and whether on Clearview business or property or not, shall be guilty of misconduct and is subject to discipline up to and including termination.

An employee shall be determined to be under the influence of alcohol if...

- a. The employee's normal faculties are impaired due to the consumption of alcohol,
- Or
- b. The employee has a blood alcohol level of .05 or higher

Failure to submit to a substance abuse test also is misconduct and also shall be subject to discipline up to and including termination.

LETTER TO ALL EMPLOYEES

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the abusers and those who work around them.

Clearview Installations is committed to creating and maintaining a workplace free of substance abuse without jeopardizing valued employees' job security.

To address this problem, our Company has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interests of all employees.

Our policy formally and clearly states that the illegal use of drugs or abuse of alcohol or prescription drugs will not be tolerated.

As a means of maintaining our policy, we have implemented pre-employment and active employee drug testing.

This policy was designed with two basic objectives in mind: (1) employees deserve a work environment that is free from the effects of illegal drug use or alcohol abuse and the problems associated with such and (2) this Company has a responsibility to maintain a healthy and safe workplace.

To assist us in providing a safe and healthy workplace, we maintain a resource file of information on various means of employee assistance in our community, including but not limited to drug and alcohol abuse programs.

Employees are encouraged to use this resource file, which is located in the main Accounting/HR office. In addition, we will distribute this information to employees for their confidential use.

An employee whose conduct violates this Company's Substance Abuse Policy will be disciplined up to and including termination.

I believe it is important that we all work together to make this Company a drug-free workplace and a safe, rewarding place to work

Sincerely,

William Rego & Blake Jamison

Owners of Clearview Installations, LLC

CONSENT TO TEST- PRE-EMPLOYMENT

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Clearview Installations, LLC in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that _____
(name of physician or clinic)

May collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

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 prohibits me from being employed at this Company.

I further agree to hold harmless the company and its agents (including the above-named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testings 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: _____ SS# _____

Applicant:
Signature: _____ Date: _____

Witness Printed Name:

Witness Signature:

EMPLOYEE ACKNOWLEDGMENT OF SUBSTANCE ABUSE POLICY

I do hereby certify that I have received and read the Clearview Installations, LLC Substance Abuse and Testing Policy and have had the Drug-Free Workplace Program explained to me.

I understand that if my performance indicates it is necessary, I will submit to a substance abuse test.

I also understand that failure to comply with a substance abuse test request or a positive result may lead to termination of employment.

Nothing in this consent form is to be construed as a contract between the parties.

Name (Please Print)

Signature

Date



**Carroll County
Chamber of Commerce**

***Step Five:
Treatment and Counseling Centers:***

A Driving Advantage : Carroll County Risk Reduction Clinic:
(770) 832-0033

Pathway Center for Mental Health & Substance Abuse Center:
(770) 836-6678

Tanner Behavioral Health Services:

(770) 838-8810, (770) 836-9551 or (770) 456-3266

Willowbrooke at Tanner

(770) 836-9551 www.tanner.org/main/behavioralhealth.aspx

Tanner Employee Assistance Program

(770) 834-8327 <http://eap.tanner.org>

Life Transitions Coaching (678) 524-1584 www.lifetransitionscoaching.biz

West Georgia Counseling & Educational Services (770) 646-9686

Teen Challenge (678) 526-8640 www.teenchallengegaintl.com

AA meetings: <http://www.aageorgia.org/>

Center for Court Approved Counseling 678-796-1035

No Longer Bound www.nolongerbound.com

The Potter's Behavioral Clinic www.thepottersclinic.com

Inside Ministries www.insideministriesga.org

Re-Entry Coalition bjre-entrycoalition@comcast.net

Nichols Center Nicholscenter.recovery@gmail.com

Discovery House www.discovertreatment.com

Recovery & Restoration Ministries, Inc. 770-830-6638

Victory Valley Rescue Ranch www.victoryvalleyrescueranch.com

Reformers Unanimous www.reformersrecovery.com 678-941-9858

The Turning Point www.turningpointofsc.org 864-299-0090

The Blake House www.theblakehouse.net 770-537-1221

Clearview Installations Call List

Extention	Name	Direct Desk Line
1712	Blake Jamison	678-402-1712
7651	Ursula Yamada	770-635-7651
7833	Shop Drawing Desk	770-635-7833
1820	Jake Moomey	678-402-1820
6145	Tony Fried	678-324-6145
7508	Wil Rego	770-635-7508

To call desk to desk:

Push "Menu" Key- Push "INT" Key- Select Extention

Cell Phone List

Blake Jamison	678-367-7192
Buddy Skyrme	770-891-0130
Jessie Smith	678-891-8500
Monica Easter	404-991-9738
Neil Baxter	706-346-7543
RJ Bolt	770-584-7755
Robert Bolt	470-686-2145
Robbie Canada	706-676-4809
Tony Fried	770-653-6549
Ursula Yamada	404-271-5756
Wil Rego	770-301-3687
Seth Jamison	404-387-6510
Kyle Orshoski	678-628-5501
Colton Johnston	678-517-2718
Vik Malut	561-568-3440
Richard Roberts	347-616-9131
Antonio Weaver	470-891-0936
Brenda Palmer	470-235-9339
Jake Moomey	678-873-2170
Greg Wood	770-880-3650
Dakota Corn	404-803-5282
Tony Parr	470-709-7522

updated 09/19/2025
