

Berry Bros. General Contractors, Inc.



Attachment 6

SUBCONTRACTOR EMPLOYEE PRE-MOBILIZATION FORM

Employee Information:

Date: _____

Employee's First Name: _____

Date of Employment: _____

Employee's Last Name: _____

CO. Service (YRS/MOs): _____

Employee's Last Four Digits of SSN: _____

Yr's Oilfield Service (Yrs): _____

Current Job Title: _____

Experience in Current Job (Yrs): _____

Work History Last 3 Yrs:

Company Name: _____

Job Title: _____

Job Description: _____

Dates of Employment: _____

Alcohol and Drug Information:

Do you belong to a drug and alcohol consortium? Yes _____ No _____ Name of Consortium: _____

If not who manages your drug and alcohol program (Name & Title): _____

Date of Employee's Last Drug Test: _____ Non-DOT Yes _____ No _____

Date of Employee's Last Alcohol Test: _____ DOT Yes _____ No _____

Training Information:

Has Client Site Specific Orientation Been Completed: Yes _____ No _____ Date: _____



Employee Qualified as (List Crafts): _____

List Any Special Training / Certifications: _____
(PEC Basic, Core, Safeland/Safegulf, OSHA 10, etc.)

Education (Highest Grade Finished or Degree): _____

Qualified for First Aid / CPR: Yes _____ No _____ Date: _____ Expiration Date: _____

Does the Employee Have a TWIC Card? Yes _____ No _____ Expiration Date: _____

SSE Information:

How Do You Identify SSE (i.e. Hard Hat Color, Sticker, etc.): _____

Who is the Assigned Mentor/Trainer (Position/Title): _____

Define the Roles and Responsibility of the Mentor: _____

List All Training Provided SSE: _____

Company Information:

Company Supervisor / Manager Reviewing Information: _____
Print Name

Signature

Job Title: _____

Company Phone Number: _____

Fax Number: _____

E-mail Address: _____