PEOPLEASE

PEOPLEASE Representative
Phone
Email

CONTRACTORS SUPPLEMENTAL APPLICATION

CONTRACTOR

Contractor Legal Name: _____

Contractor License(s):

TYPE	LICENSE NUMBER	STATE / MUNICIPALITY / COUNTY

Date Organized: _____

FEIN: _____

GENERAL INFORMATION

Current number of employees: Full Time _____ Part Time _____ Seasonal _____

Percent of employee turnover in the last twelve (12) months: Full Time _____ Part Time _____

☐ Yes ☑ No Do you lease any employees from any temporary agency, professional employer organization (PEO,) staffing agency, or any other entities?

HIRING PRACTICES

Please check all that apply.

☐ Written Application ☐ Reference Checks ☐ Validate Work History
☐ Formal Interview ☐ Audio Testing ☐ Criminal Background Check
☐ Substance Abuse Test ☐ Orthopedic Back Test ☐ Pre/Post Employment Physical

Drug and alcohol screenings performed? *Please check all that apply.*

☐ Pre-placement ☐ Random Testing ☐ Post-accident

How are potential new employees hired? *Please check all that apply.*

☐ Referrals ☐ Word of Mouth ☐ Public Advertisements
☐ Recruiters ☐ Union Hall ☐ Other (Describe): _____

☐ Yes ☐ No Do you offer a majority of your employees who work over thirty (30) hours a week Health Insurance?

☐ Yes ☐ No Do you pay at least fifty percent (50%) of the Health Insurance Premium?

SAFETY PRACTICES

☐ Yes ☐ No Do you have a written Safety Program?

☐ Yes ☐ No Do you have a designated full time safety director?

If yes, name: _____

Who is in charge of risk management or your safety program? *Name:* _____

Phone: _____

Who is responsible for job site activities? *Name:* _____

Who is responsible for investigating accidents and near misses? *Name:* _____

How do you ensure that corrective actions are completed? _____

☐ Yes ☐ No Are foremen certified in First Aid and CPR?

☐ Yes ☐ No Are safety meetings held for all employees? *If yes, frequency:* _____

☐ Yes ☐ No Is there a safety training program in place for employees?

☐ Yes ☐ No Is there a safety incentive program? *If yes, incentive:* _____

☐ Yes ☐ No Is there a slip and fall prevention program?

☐ Yes ☐ No Is there a proper lifting program?

☐ Yes ☐ No Are employees required to wear Personal Protective Equipment (PPE)? *Please select all that apply.*

☐ Hard Hats ☐ Hearing Protection ☐ Gloves
☐ Safety Glasses ☐ Steel Toed Boots ☐ Other: _____

☐ Yes ☐ No Are equipment safeguards utilized?

☐ Yes ☐ No Is there an equipment inspection/maintenance program in place? *If yes, please describe.* _____

☐ Yes ☐ No Is there a hazardous materials communication program?

☐ Yes ☐ No Are supervisors held accountable for injuries?

MANAGEMENT

☐ Yes ☐ No Do you have a written return to work program including modified duty or early return-to-work?

If yes, does it include full pay? ☐ Yes ☐ No

☐ Written ☐ Informal

☐ Yes ☐ No Please indicate if you offer:

☐ Paid Sick Leave ☐ Paid Vacations ☐ Employee Assistance Program

PREMISES

☐ Yes ☐ No Is a regular inspection for housekeeping hazards and condition of equipment performed?

If yes, how often? _____ By whom? _____

☐ Yes ☐ No Do employees perform maintenance, custodial work, and/or landscaping/yardwork at your facilities?

VEHICLE/DRIVER EXPOSURE

☐ Yes ☐ No Is there a driver safety program?

☐ Yes ☐ No Do you run MVRs? *If yes, how often?* _____

Describe MVR acceptability criteria and procedures for dealing with unacceptable drivers and violations: _____

What is the driving distance?

☐ Less than 50 miles ☐ 51-100 miles ☐ More than 100 miles

What is the frequency of driving? ☐ Daily ☐ Weekly

Number of vehicles _____

What is the purpose of driving exposure? _____

What is the maximum number of employees that travel together? _____ How frequent is group transportation? _____

Number of employees authorized to operate company vehicles? _____

☐ Yes ☐ No Do employees take vehicles home?

RISK MANAGEMENT CONTROLS

Which of the following best represent your organization's top injury type? *Please check all that apply.*

☐ Lifting/manual handling ☐ Combative clients ☐ Exterior slips, trips, or falls

☐ Struck by/against objects ☐ Motor vehicle accidents ☐ Interior slips, trips, or falls

☐ Falls from elevation ☐ Ergonomic/repetitive motion ☐ Other: _____

OPERATIONS

☐ Yes ☐ No Do you use subcontractors? *If no, please skip the next two questions.*

☐ Yes ☐ No Do all subcontractors carry their own Workers' Compensation?

☐ Yes ☐ No Do you always collect a certificate of insurance indicating Workers' Compensation coverage is in effect?

☐ Yes ☐ No Do employees take vehicles home?

☐ Yes ☐ No Do you perform asbestos removal, hazardous material abatement, or pollution cleanup? *If yes, please explain.*

Please complete the table below (numbers should total one hundred percent (100%.):

TYPE OF WORK PERFORMED	PERCENTAGE NEW CONSTRUCTION	PERCENTAGE RENOVATION OR REPAIR
COMMERCIAL		
INDUSTRIAL		
RESIDENTIAL		

☐ Yes ☐ No Do you participate in projects where another contractor or project owner provides coverage for all contractors involved in the project (also known as OCIP/wrap up projects)?

If residential work is performed, please indicate the percentage of the following related to your residential operations:

_____ % New Tract homes _____ % New Custom homes _____ % Condos/Townhomes

_____ % Apartments _____ % Other *Please specify:* _____

☐ Yes ☐ No Do you use scaffolding in your operation? *If yes, who owns and sets up the scaffolding:* _____

PEOPLEASE

CONTRACTORS EXPANDED SUPPLEMENTAL APPLICATION

Do you currently, or have you ever, done work involving any of the following?

Y	N		Y	N	
☐	☐	Aircraft/Airports	☐	☐	Flood Control Projects
☐	☐	Asbestos Work (removal, covering, etc.)	☐	☐	Gas Line Work
☐	☐	Blasting or use of Explosives	☐	☐	Hazardous Materials Abatement
☐	☐	Boats/Docks/Marinas	☐	☐	Insulation Work
☐	☐	Bridges	☐	☐	Irrigation Projects
☐	☐	Caisson or Cofferdam Work	☐	☐	Projects involving Mines, Fracking, Oil Fields, or Related Energy Fields
☐	☐	Crane Rental with or without Operator	☐	☐	Mold Remediation
☐	☐	Demolition Work	☐	☐	Pollution Cleanup
☐	☐	Drainage Projects	☐	☐	Power Plants
☐	☐	Drilling -- Other than Water	☐	☐	Rigging
☐	☐	Ethanol or Bio Diesel Plants	☐	☐	Scaffolding (whether owned or rented)
☐	☐	Fire Suppression Systems Installation	☐	☐	Snow Removal
☐	☐	Fireproofing	☐	☐	Swimming Pool Installation or Repair

Please only answer the section(s) below that apply to your specific operations. ***If you answer yes, please provide an explanation.***

CARPENTRY

Y	N		
☐	☐	Fire and/or Water Damage Restoration	
☐	☐	Framing	*Maximum Height Exposure* ☐ *(in feet)*
☐	☐	Cabinetry	
☐	☐	Waterproofing	
☐	☐	Gutter Installation	
☐	☐	Gutting of Interior	
☐	☐	Load Bearing Walls Wallboard/Sheetrock	
☐	☐	Ceiling Installation	
☐	☐	Siding Installation	
☐	☐	Roofing	*Commercial* ____ % *Residential* ____ %

CONCRETE

☐	☐	Commercial Foundations above Three Stories
☐	☐	Residential Foundations
☐	☐	Sidewalks, Driveways, or Curbs
☐	☐	Street, Road, or Alley Operations
☐	☐	Tilt Work above Two Stories
☐	☐	Mix In Transit Operations

ELECTRICAL WORK

☐	☐	Electrical Machinery Installation, Service, or Repair
☐	☐	Electrical Power Lines
☐	☐	High Voltage Work (over 480 volts)
☐	☐	Electrical Within Buildings
☐	☐	Security Systems or Alarm Installation
☐	☐	Installation of Transformers, Electrical Panels, or Electrical Motors
☐	☐	Traffic Signal Work
☐	☐	Underground Cable Work

EXCAVATION AND GRADING OF LAND

☐	☐	Basement
☐	☐	Gas Lines
☐	☐	Septic
☐	☐	Sewer Lines
☐	☐	Street or Road Work
☐	☐	Water Lines
☐	☐	Other: _____
☐	☐	Are Excavations Marked and Guarded?
☐	☐	Any Work Requiring Flagging?
☐	☐	Digging done next to Foundations or Structures *Depth* ____ ft
☐	☐	Conduit Construction
☐	☐	Directional Boring

LANDSCAPING/LAWN CARE

☐	☐	Fertilizer, Herbicide, Pesticide Spraying
☐	☐	Outdoor Fireplaces
☐	☐	Tree Trimming - Ground
☐	☐	Tree Trimming - Above Ground
☐	☐	Tree Removal

MASONRY WORK

☐	☐	Foundation Work
☐	☐	Basement Work ____ ft
☐	☐	Retaining Wall Construction
☐	☐	Fireplace/Chimney Installation
		New ____ % *Maintenance* ____ %
☐	☐	Tuck Pointing or Re-Pointing
		1 Story ____ % *2 Stories* ____ % *>3 Stories* ____ %

METAL ERECTION

☐	☐	Installation on or outside of Building
☐	☐	Metal Erection - Non-Structural
☐	☐	Metal Erection - Structural *Number of Stories* ____

PAINTING

☐	☐	Inside ____ % Outside ____ %
☐	☐	Painting above Three Stories *If yes, percentage* ____ %
		Number of Stories in Height ____
☐	☐	Spray Painting *If yes, percentage* ____ %
☐	☐	Lead Paint Removal
☐	☐	Painting of Bridges and/or Towers *If yes, percentage* ____ %
☐	☐	Painting of Water and/or Gas Tanks *If yes, percentage* ____ %
☐	☐	Application of External Insulation and Finishing Systems (EIFS)
☐	☐	Plaster/Stucco Work

PLUMBING

☐	☐	Interior Sprinkler System Installation *If yes, percentage* ____ %
☐	☐	Underground Sprinkler Installation *If yes, percentage* ____ %
☐	☐	Medical Gas Work
☐	☐	Process Pipe Work
☐	☐	Sewer Main Work
☐	☐	Water Main Work

HEATING AND AIR CONDITIONING

☐	☐	Boiler work ____ *Number of Boilers*
		____ Installed Annually ____ Under 15 PSI
		____ Serviced Annually ____ Over 15 PSI
		____ Systems using LP Gas as an Energy Source