

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

NAME _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

ENDORSEMENTS: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE

APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.



FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
Applicant Authorization to Release DOT Drug/Alcohol Test Results/Release Safety Performance History
 (As required by 49 CFR Parts 40.25 and 391.23)

SECTION A – TO BE COMPLETED BY DRIVER APPLICANTS ONLY – PLEASE PRINT CLEARLY

Applicant Name:		SS#:	Date of Birth:	
I, as the Applicant named above, hereby authorize the previous employer listed below to release information from my Department of Transportation regulated drug and alcohol testing records and safety performance history outlined in Section C to <u>DISA Global Solutions, Inc.</u> on behalf of _____ in accordance with 49 CFR Part 40.25 and 391.23.				
Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment
<input type="checkbox"/> Check this box if you have NOT performed DOT functions in the past three years.				
Applicant Signature:			Date:	

SECTION B – TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Company:	Address:	City/State/Zip:
Contact:	Phone #:	Fax #:
In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to: <p align="center">DISA Global Solutions, Attn: Backgrounds, 12600 Northborough Drive, Houston, TX 77067 Phone: 281-673-2433 Fax: 713- 972-3424 E-mail: backgrounds@disa.com</p>		

SECTION C – TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. Has this individual had verified positive drug tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3. Has this individual refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Did a previous employer report a drug or alcohol rule violation to you? If yes, you must provide previous employer's report even though it may be outside the three (3) year time period.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? If yes, you must also transmit the appropriate return-to-duty documentation (e.g. SAP reports, follow-up testing records, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
7. If you referred the individual to a Substance Abuse Professional, please supply the Name, Address and Phone # for the SAP below. Name: _____ Address: _____ Phone#: _____				
8. Did the above named individual drive a commercial motor vehicle (CMV) for you? If yes, what type? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor-Semi Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9. Are the listed employment dates for your company above correct? If no, please provide correct dates: _____ to _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
10. Reason for leaving your company: <input type="checkbox"/> Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Military Duty <input type="checkbox"/> Other (specify): _____				
11. Was the applicant's general conduct satisfactory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12. While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date	Location	# of Injuries	# of Fatalities	Hazamat Spill?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Enclosed is other accident information pursuant to the employer's internal policies, or reports required by state or other government entities or insurers, for retaining more detailed minor accident information (391.23(d)(2)(ii)).				

Previous Employer Name (Please Print):	Title:
Signature:	Phone#: _____ Date: _____

****Please Return To: DISA Fax#713-972-3424**

CONSUMER REPORTS NOTIFICATION

Please be advised that a consumer report or an investigative consumer report may be obtained from a consumer reporting agency (DISA, Inc.) for the purpose of evaluating you for employment, promotion, retention, or reassignment as an employee.

The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living from public or private record sources or through personal interviews with your neighbors, friends, associates or educational facility.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



EMPLOYEE SCREENING RELEASE

www.DISA.com

APPLICANT/EMPLOYEE COMPLETE THE FOLLOWING

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested from DISA Inc. that may include information as to my character, general reputation, personal characteristics, mode of living and credit standing.
 - a. I understand that as directed by company policy and consistent with the job described, that information such as but not limit to criminal and warrant records, social security number verification, credit and financial information, education, driving history, employment history, personal references, certifications and professional licenses, drug testing results, address history, and workers compensation records may be obtained.
 - b. I understand that such information may be obtained by direct or indirect contact from former employers, schools, courts, public agencies, or any other agency or institution and through personal interviews with neighbors, friends, associates, acquaintances, or other persons who have such knowledge.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
4. Additional State Law Notices:
 - a. California Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box . The report will be sent directly to me by DISA, Inc. to my most current address listed. I understand that I have the right to inspect visually the files concerning me maintained by an investigative consumer reporting agency during normal business hours upon reasonable notice. The inspection can be done in person if I appear in person and furnish proper identification. I am entitled to a copy of the file for a fee not to exceed the actual cost of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified address. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me. I will receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. The nature and scope of the investigation is as follows:

 - b. Massachusetts Applicants/Employees Only: The nature and scope of the investigation is as follows:
_____. I have a right to obtain a copy of this report. I understand that in the event that I am denied employment based in whole, or in part, on the information obtained in the DISA, Inc. report, I will be provided a copy of the report and a description in writing of my applicable state rights.
 - c. Maine Applicants/Employees Only: I have the right, upon request, to be informed of whether an investigative consumer report was requested. If requested my report will be obtained from DISA, Inc, 12600 Northborough Drive, Suite 300, Houston, TX 77067, 1-800-752-6432. This is the nearest unit designated to handle inquires for DISA, Inc on any reports issued concerning me. I have the right, under Maine law, to request and promptly receive from DISA, Inc. copies of my consumer report(s).
 - d. Minnesota Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box . The report will be sent directly to me by DISA, Inc. to my most



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EMPLOYEE SCREENING RELEASE

current address listed. I also have the right upon my direct request to DISA, Inc. to obtain a complete and accurate disclosure of the nature and scope of the consumer report. The disclosure obtained from DISA, Inc. will be in writing and mailed or delivered within 5 days after the request for the disclosure was received or the consumer report was requested, whichever is later.

- e. New Jersey Applicants/Employees Only: The specific nature and scope of the investigation involving personal interviews includes: _____.
- f. New York Applicants/Employees Only: I have the right, upon written request, to be informed of whether or not a consumer report was requested. If requested my report will be obtained from DISA, Inc, 12600 Northborough Drive, Suite 300, Houston, TX 77067, 1-800-752-6432. I may inspect and receive a copy of my report by contacting DISA, Inc.
- g. Oklahoma Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box . The report will be sent directly to me by DISA, Inc. to my most current address listed.
- h. Washington Applicants/Employees Only: I understand before I am denied employment based in whole, or in part, on the information obtained in the DISA, Inc. report, I will be provided a copy of the report and a description in writing of my applicable state rights.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please Print Your Full Name as it Appears on Your License:

Last	First	Middle

Please Print Other Names You Have Used: _____

Home Address: _____

Social Security Number: _____

Date of Birth: _____

Drivers License Number: _____

State Issuing License: _____

By signing this form I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company, or any other source contacted by DISA, Inc. or its agent, to furnish the information described in Section 1. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports. I acknowledge that I have read and understood the Employee Screening Release Authorization form. I understand that if hired my consent will apply throughout the term of my employment.

Signature: _____

Today's Date: _____