

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 FROM TO	APPROX. NO. OF MILES (TOTAL)
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 <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

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.



EMPLOYEE SCREENING RELEASE

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by DISA GLOBAL SOLUTIONS, 12600 Northborough Dr., Suite 300, Houston, TX 77067, www.disa.com, 800-752-6432 and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Additional State Law Notices:

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: _____ Date: _____



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 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 request 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: _____ Date: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.



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**