



DRIVER EMPLOYMENT APPLICATION						
Name (first, middle, last)		New Hire <input type="checkbox"/>	Rehire <input type="checkbox"/>		Change Request <input type="checkbox"/>	
Social Security #		Location		Male <input type="checkbox"/>	Female <input type="checkbox"/>	
You must list all previous addresses for 3 years (Use a blank page if needed)	Address (street, city, state, zip code)					
	Address (street, city, state, zip code)					
Phone Number		Date of Birth		Personal Email Address		
Are you legally authorized to work in the U.S.?			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Emergency Contact Name			Relation			
Address			Phone Number			
<p><b>Employee Authorization:</b> I hereby authorize my employer, their agents and successors to make certain deductions from my paycheck for elective deductions as indicated by a dollar amount below; or debts incurred for property damage, theft, payroll overages or other such situations which may occur in the future. I understand these deductions will continue until written notice is received from me requesting to stop the deduction or the amount owed by me has been satisfied. In the event of my separation, I agree to have the balance of all outstanding deductions to be withheld from my final paycheck. If my final paycheck is not sufficient to cover the balance due, I will pay the remaining amounts within thirty days of my last check date or other terms mutually agreed upon between me and my worksite employer.</p>						
Employee Signature			Date			
Job Title		Work Status: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other <input type="checkbox"/>			Hire Date	
Pay Type: Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Pay Rate (Per Pay Period)	<b>PAYROLL CHANGE</b>	Effective Date	Old Wage	New Wage	
<b>DEDUCTION PER PAY PERIOD</b>						

Phone: 713-524-8550  
Fax: 832-202-2814

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET  
HOUSTON, TX 77098**



<b>EMPLOYMENT RECORD (USE A BLANK PAGE IF NEEDED)</b>		
Employer	From (M/Y)	To (M/Y)
Address	Office Phone	Position
Job Requirements/ Responsibilities:		Reason for Leaving Employment:
Were you subject to the FMCSRs while employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer	From (M/Y)	To (M/Y)
Address	Office Phone	Position
Job Requirements/ Responsibilities:		Reason for Leaving Employment:
Were you subject to the FMCSRs while employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer	From (M/Y)	To (M/Y)
Address	Office Phone	Position
Job Requirements/ Responsibilities:		Reason for Leaving Employment:
Were you subject to the FMCSRs while employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer	From (M/Y)	To (M/Y)
Address	Office Phone	Position
Job Requirements/ Responsibilities:		Reason for Leaving Employment:
Were you subject to the FMCSRs while employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer	From (M/Y)	To (M/Y)
Address	Office Phone	Position
Job Requirements/ Responsibilities:		Reason for Leaving Employment:
Were you subject to the FMCSRs while employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**



<b>EMPLOYMENT RECORD (USE A BLANK PAGE IF NEEDED)</b>		
Employer	From (M/Y)	To (M/Y)
Address	Office Phone	Position
Job Requirements/ Responsibilities:		Reason for Leaving Employment:
Were you subject to the FMCSRs while employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer	From (M/Y)	To (M/Y)
Address	Office Phone	Position
Job Requirements/ Responsibilities:		Reason for Leaving Employment:
Were you subject to the FMCSRs while employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer	From (M/Y)	To (M/Y)
Address	Office Phone	Position
Job Requirements/ Responsibilities:		Reason for Leaving Employment:
Were you subject to the FMCSRs while employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer	From (M/Y)	To (M/Y)
Address	Office Phone	Position
Job Requirements/ Responsibilities:		Reason for Leaving Employment:
Were you subject to the FMCSRs while employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**



DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)		
If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows:		
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DRIVER LICENSE INFORMATION			
Driver License Number	State	Type	Expiration Date
DRIVER EXPERIENCE			
Type of Equipment	From (Date)	To (Date)	Approx. # of Miles
Type of Equipment	From (Date)	To (Date)	Approx. # of Miles
REQUIRED QUESTIONS- AFTER JOB OFFERS ARE MADE, EMPLOYMENT IS CONTINGENT UPON THE FOLLOWING:			
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has any license, permit or privilege ever been suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever been convicted of any law violation? (Include any plea of "Guilty" or "No Contest" except for minor traffic violations.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you answered yes to any of the above 4 questions, attach a statement of explanation.			

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**



SAFETY PERFORMANCE HISTORY RECORDS REQUEST		
Section 1		To be Completed by Prospective Employee
I, (first, middle, last)	Social Security Number	Date of Birth
Hereby Authorize (Previous Employer):		
Address (Street)		Office Phone
Address (City, State, Zip)		Office Fax
To release and forward the information requested by section 2 and 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from to (M/Y of employment dates)		
Attn:	Phone:	Fax:
Prospective Employer <b>PREMIER TANK TRUCK</b>		Address <b>2441 BARTLETT STREET, HOUSTON, TX 77098</b>
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or e-mail.		
Applicant Signature		Date

Section 2		TO BE COMPLETED BY PREVIOUS EMPLOYER		
The applicant named above was employed by us		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employed	From M/Y	To M/Y		
Did he/she drive a motor vehicle for you?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what type?	Straight Truck <input type="checkbox"/>	Tractor Trailer <input type="checkbox"/>	Other <input type="checkbox"/>	
Reason for leaving your employ?	Discharged <input type="checkbox"/>	Resignation <input type="checkbox"/>	Lay Off <input type="checkbox"/>	Military Duty <input type="checkbox"/>
If there is no safety performance history to report, check here, sign below, & return <input type="checkbox"/>				
Complete the following for any accidents included on your accident register (§390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.				
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:				
Signature		Title	Date	

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**



SAFETY PERFORMANCE HISTORY RECORDS REQUEST CONTINUED	
Section 3	TO BE COMPLETED BY PREVIOUS EMPLOYER
If the applicant was not subject to DOT testing requirements while employed by you please check here, fill in the dates of employment from: M/Y _____ to M/Y _____, complete the bottom of Section 3 sign, and return.	
Has this person had an alcohol test with a result of 0.04 or higher?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this person refused to submit to a post-accident, random, reasonable suspicion or follow up controlled substance test?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If this person has violated a DOT drug & alcohol regulation did this person complete an SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
For a driver who successfully complete an SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.	
Name	Company
Phone	
Address (Street, City, State, Zip)	
Signature	Date

Section 4		To be Completed by Prospective Employer	
This form was	Faxed <input type="checkbox"/>	Mailed <input type="checkbox"/>	Other <input type="checkbox"/>
By		Date	
This form was	Faxed <input type="checkbox"/>	Mailed <input type="checkbox"/>	Other <input type="checkbox"/>
By		Date	
This form was	Faxed <input type="checkbox"/>	Mailed <input type="checkbox"/>	Other <input type="checkbox"/>
By		Date	
Information was received by (Include Date)	Fax <input type="checkbox"/>	Mail <input type="checkbox"/>	Other <input type="checkbox"/>

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**



**CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.
4. Any changes in driver's license status (suspended license, revoked license, etc.) have to be reported to management as soon as you are informed. Any failure in doing so will result in your suspension and can grounds for termination.
5. PTT may request one or more consumer reports about you for employment purposes. Pursuant to section 606(b) of the Fair Credit Reporting Act, you have a right to request from Company a disclosure, regarding the nature and scope of the investigation requested. The Company will obtain the consumer reports and investigative consume reports from **Safety Holdings, Inc. dba Samba Safety**. Samba Safety can be contacted by mail at 8814 Horizon Blvd #100, Albuquerque, NM 87113; or phone: (888) 947-2622; or website: [www.sambasafety.com](http://www.sambasafety.com).

**DRIVER CERTIFICATION:** I certify that I have read and understand the above requirements.  
The following license is the only one I will possess:

Driver License Number	State	Expiration
Driver Signature	Date	

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**



**PSP DRIVER BACKGROUND INVESTIGATION RELEASE**

In connection with your application for employment with **PREMIER TANK TRUCK**, it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report in a decision to not hire you or make any other adverse employment decisions regarding you, the Prospective Employer will provide you a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **PREMIER TANK TRUCK** to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews, and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and coworkers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

I understand that I will get paid minimum wage during the initial training period.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and its affiliates to obtain the information authorized above.

Print Name	Signature	Date
------------	-----------	------

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**





ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE	
Have you ever refused to be tested for drugs or alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever tested positive for drugs or alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes to any of the above questions, attach a statement of explanation and provide proof of Return to Duty Process.	
<p>I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.</p> <p>I hereby provide consent to PTT to conduct a limited query of the FMCSA Commercial Driver's License Drug &amp; Alcohol (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the clearinghouse.</p> <p>Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:</p> <ul style="list-style-type: none"> <li>• Pre-Employment, to determine employment eligibility</li> <li>• Random</li> <li>• Reasonable Suspicion</li> <li>• Post-Accident</li> <li>• Follow Up (see company policy)</li> <li>• Return-to-duty (see company policy)</li> </ul> <p>I certify that I have read, understand, and agree to abide by the condition of this consent and release form. Failure to sign will prevent this employer from using you as a CMV driver.</p>	
Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	

Applicants for positions that require driving a commercial motor vehicle (CMV) requiring a CDL at any time will be required to undergo controlled substances and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment.

The company's policy is that if a person has ever been in violation of the rules in part 40 (DOT) or 382 (FMCSA) they will NOT be considered eligible for any job which includes operation of a CMV (Greater than 10,000 GVWR) unless they have completed the return to duty process.

CDL drivers will be subject to random and reasonable suspicion drug testing each day they report for work.

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**



**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers 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 the 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.

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

Signature	Date
-----------	------

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Equifax, TransUnion, Experian or other vendors of information services.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	

**TICKETS / ACCIDENTS/ ETC.**

**Accident Record for Past 3 Years**

Date	Description	# of Injuries / Fatalities

**Traffic Convictions & Forfeitures for Past 3 Years**

Date	Location	Charge	Penalty

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**





## **Confidential Information Acknowledgement**

Both during and at all times after termination of my employment with the Texas Premier Resources, LLC (the “Company”) for any reason or no reason, I shall not use, disclose, publish, or distribute to any person or entity any Confidential Information except as required for performance of my work for the Company, as authorized by law, or as authorized in advance in writing by the Company.

For purposes of this Acknowledgement, “Confidential Information” means the Company’s trade secrets and other proprietary or confidential business information, including customer and supplier lists, customer and vendor pricing, business plans, sales and profit data, marketing and expansion strategies, technology, processes, products, safety material, employee information, and all other non-public information concerning the Company’s business operations.

I hereby acknowledge that any breach of confidentiality shall be subject to disciplinary action, up to and possibly including termination of employment with the Company.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Area Yard \_\_\_\_\_

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**



## DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

*Please Read Carefully Before Signing the Authorization*

### DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Texas Premier Resources, LLC dba Premier Tank Truck Service (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as Verifirst.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment--related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and

- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**



## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact **my current** employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**



I have the right to make a request to **Verifirst**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **Verifirst** has previously furnished within the two year period preceding my request.

I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

---



---



---



---



---



---

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Phone: 713-524-8550**  
**Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET**  
**HOUSTON, TX 77098**



## INFORMATION FOR INTELICORP CUSTOMERS ON ADDITIONAL STATE LAW REQUIREMENTS

**DISCLAIMER: THE DISCLOSURE AND AUTHORIZATION FORM, AND THE DISCUSSION OF STATE REQUIREMENTS BELOW, ARE NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY IN CONNECTION WITH THE USE OF THESE FORMS OR THE DETERMINATION OF STATE LAW REQUIREMENTS THAT MAY BE APPLICABLE TO YOU. INTELICORP RECORDS, INC. MAKES NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN.**

**IN ADDITION TO THE FOREGOING DISCLOSURE AND AUTHORIZATION FORM NEEDED TO COMPLY WITH THE FEDERAL FAIR CREDIT REPORTING ACT, VARIOUS STATES IMPOSE ADDITIONAL DISCLOSURE OR OTHER OBLIGATIONS ON EMPLOYERS WHEN THEY OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS ON EMPLOYEES OR APPLICANTS.**

**THE FOLLOWING IS A SUMMARY OF POSSIBLE STATE REQUIREMENTS.**

**1. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA, you should add the following language to the end of the Authorization:**

**△ You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.**

**2. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA:**

*Under California Civil Code §§ 1786.16(a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:*

**We will be obtaining a consumer report from [name, address, and telephone number of the consumer reporting agency]. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three--year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report viatelephone.**

**3. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN NEW YORK:**

*Under Article 25 Section 380--g of the New York General Business Law, if an employer receives a consumer report containing criminal conviction information, the employer must provide the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23--A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.*

**Phone: 713-524-8550  
Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET  
HOUSTON, TX 77098**





**ADDITIONAL NOTES:**

**A. If you intend to obtain a “credit report” to be used for employment purposes, you should be aware that a number of states have enacted laws to limit the use of such reports, and other states are considering such legislation. A ‘credit report’ is a type of consumer report that contains information on a consumer’s credit worthiness, credit standing, or credit capacity. A good source of information about state law restrictions on the use of credit reports for employment purposes is:**

<http://www.ncsl.org/issues--research/banking/use--of--credit--information--in--employment--2011--legis.aspx>

**B. A number of states, through statutes or administrative regulations, also impose limitations on employers asking applicants about arrests and/or convictions. You should review your state’s laws and regulations in this regard.**

**Phone: 713-524-8550  
Fax: 832-202-2814**

**PREMIER TANK TRUCK**

**2441 BARTLETT STREET  
HOUSTON, TX 77098**