



GENERAL APPLICATION						
Name (first, middle & last)		New Hire <input type="checkbox"/>		Rehire <input type="checkbox"/>		Change Request <input type="checkbox"/>
Social Security Number		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	No	
Emergency Contact Name			Relation			
Address			Phone Number			
<p>Employee Authorization: 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. I understand these 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)	PAYROLL CHANGE	Effective Date	Old Wage	New Wage	
DEDUCTION PER PAY PERIOD						



EMPLOYMENT RECORD (USE A BLANK PAGE IF NEEDED)		
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 No	
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 No	
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 No	
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 No	
Employer	From (M/Y)	To (M/Y)
Address	Office Phone	Position
Job Requirements/ Responsibilities:		Reason for Leaving Employment:
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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 No	



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Address	Office Phone	Position
Job Requirements/ Responsibilities:	Reason for Leaving Employment:	
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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 No	



ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE	
Have you ever refused to be tested for drugs or alcohol?	Yes No
Have you ever tested positive for drugs or alcohol?	Yes No
Have you ever tested positive for any pre-employment drug or alcohol test for a job for which you applied but did not obtain?	Yes No
If you answered yes to any of the above questions, attach a statement of explanation.	
I understand that, as required by company policy, all applicants 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. Therefore, I agree to submit to the following alcohol and controlled substance tests as defined by this company's policies: <ul style="list-style-type: none"> • Pre-Employment, to determine employment eligibility • Random • Reasonable Suspicion • Follow Up (see company policy) • Return-to-duty (see company policy) 	
I certify that I have read, understand, and agree to abide by the condition of this consent and release form.	
Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	

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 No
Has any license, permit or privilege ever been suspended or revoked?	Yes No
Have you ever been convicted of any law violation? (Include any plea of "Guilty" or "No Contest", except for minor traffic violations.)	Yes No
If you answered yes to any of the above questions, attach a statement of explanation.	



Confidential Information Acknowledgement

Both during and at all times after termination of my employment with 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 _____



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 IntelliCorp Records, Inc.

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.



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



I have the right to make a request to **IntelliCorp Records, Inc.**, 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 **IntelliCorp Records, Inc.**, has previously furnished within the two year period preceding my request.

I certify that all of elements of the personal 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.

Printed Name

Applicant Signature

Date



**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 IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood OH 44122, (216)450-5200. You have the right to request from IntelliCorp, 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 IntelliCorp 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 via telephone.

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.