



**LONE STAR**  
**TANK RENTAL, INC.**

## APPLICATION CHECKLIST

**PLEASE MAKE SURE ALL DOCUMENTS ARE COMPLETE**

### SWAMPER

1. COMPLETED APPLICATION (3 PAGES ENGLISH/ 4 PAGES SPANISH)
2. BACKGROUND CHECK AUTHORIZATION (2PAGES)
3. PSP- PRE-EMPLOYMENT SCREENING PROGRAM AUHORIZATION (2 PAGES)
4. DISA MEMBERSHIP APPLICATION
5. COPY OF DRIVERS LICENSE/ SS CARD

### CDL DRIVER

1. COMPLETED APPLICATION (3 PAGES ENGLISH/ 4 PAGES SPANISH)
  2. BACKGROUND CHECK AUTHORIZATION (2PAGES)
  3. AURICO RELEASE OF INFORMATION FORM (2 PAGES-DRIVER COMPLETES TOP SECTION OF PAGE 1 ONLY)
  4. PSP- PRE-EMPLOYMENT SCREENING PROGRAM AUHORIZATION (2 PAGES)
  5. COPY OF DRIVERS LICENSE/ SS CARD
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# LONE STAR TANK RENTAL INC.™

## Solicitud de empleo

Somos un empleador de igualdad de oportunidades y examinará a todos los solicitantes para todas las posiciones igualmente independientemente de su raza, sexo, edad, color, religión, origen nacional, condición de veterano o cualquier discapacidad según lo dispuesto en la ley de estadounidenses con discapacidades.

### INFORMACION PERSONAL

Fecha de Hoy \_\_\_\_\_ Posicion Deseada \_\_\_\_\_

Nombre \_\_\_\_\_ Telefono de Casa \_\_\_\_\_  
 Apellido Primer Nombre Segundo Nombre

Direcciones \_\_\_\_\_  
 Calle Ciudad Estado  
 Codigo Postal

Licencia de conducir \_\_\_\_\_ Actualmente valido? Si  No   
 (Especificar el tipo de licencia, si es aplicable)

Seguridad Social No. \_\_\_\_\_

¿Tienes el derecho legal a ser empleados en los Estados Unidos? Si  No

¿Está disponible para trabajar Tiempo completo \_\_\_ Tiempo parcial \_\_\_ Fin de semana \_\_\_ Horas extras \_\_\_

¿Eres menor de 18 años de edad. Si  No

¿Alguna vez ha detenido por o condenado por un crimen que no ha sido borrado por un tribunal (excepto infracciones menores de tráfico) incluyendo conducir bajo la influencia de alcohol o drogas? Si  No

En caso afirmativo, indique la ofensa, ubicación, fecha y disposición

\_\_\_\_\_  
 (Convicción no necesariamente descalificará te de empleo)

Puedes viajar si así lo requiere un trabajo? Si  No

¿Por qué estás interesado en una carrera en el Lone Star tanque alquiler, Inc. y ¿qué destrezas y habilidades tienes que oferta que te sientes te califican para un puesto con nosotros?

En caso de accidente o emergencia, por favor notifique a

\_\_\_\_\_  
 Nombre and Relacion

\_\_\_\_\_  
 Numero de telefono y Direcciones

## HISTORIAL DE TRABAJO

Una lista de cada empleador con tu trabajo actual o el último en primer lugar. Cuenta todos los períodos de tiempo, incluyendo asignaciones de servicio militar, actividades de voluntariado y períodos de desempleo.

¿Podemos contactar a su empleador actual? Si  No

Nombre de Empleador Direcciones		Fechas de Empleo	De Mes ____ Año ____	A Mes ____ Año ____
Nombre y Título de su Último Supervisor		Sueldo \$	Comenzando \$	Final \$
Numero de Telefono ( )	Naturaleza de negocio			
Titulo		Motivo de separacion		
Responsabilidades de trabajo				

Nombre de Empleador Direcciones		Fechas de Empleo	De Mes ____ Año ____	A Mes ____ Año ____
Nombre y Título de su Último Supervisor		Sueldo \$	Comenzando \$	Final \$
Numero de Telefono ( )	Naturaleza de negocio			
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Nombre de Empleador Direcciones		Fechas de Empleo	De Mes ____ Año ____	A Mes ____ Año ____
Nombre y Título de su Último Supervisor		Sueldo \$	Comenzando \$	Final \$
Numero de Telefono ( )	Naturaleza de negocio			

Titulo	Motivo de separacion
Responsabilidades de trabajo	

Si se necesita espacio adicional, por favor continúe en una hoja de papel por separado.

Describir habilidades especializadas de formación, licencias/certificaciones y aprendizaje

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### REFERENCIAS PROFESIONALES

Dar nombre, numero de telefono y direcciones

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### LA EDUCACION

Name and City & State	Fechas	Te Graduaste?	Trabajo del curso importante o relevante
Escuela secundaria	N/A	Si <input type="checkbox"/> No <input type="checkbox"/>	
El Colegio	De A	Si <input type="checkbox"/> No <input type="checkbox"/>	
Escuela de postgrado	De A	Si <input type="checkbox"/> No <input type="checkbox"/>	
Escuela vocacional	De A	Si <input type="checkbox"/> No <input type="checkbox"/>	

Otra información pertinente sobre rendimiento escolar incluyendo sociedades de honor, becas, premios y otros logros académicos. (Por favor excluye aquellos que indican la raza, color, religión, sexo, origen nacional, edad, estado civil y condición de discapacidad o veterano).

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### RELIABILITY

¿Cuántos días de trabajo han extrañado, aparte de vacaciones en los dos últimos años? \_\_\_\_\_

¿Cuántos días llevas tarde a trabajar en los dos últimos años? \_\_\_\_\_

¿Estarías dispuesto y capaz de presentarse a trabajar a tiempo todos los días en una base regular y consistente?

Si  No

## DECLARACIÓN DEL SOLICITANTE

Certifico que las respuestas dadas en este documento son verdaderas y completas. Entiendo que si soy empleado, cualquier declaración falsa, engañosa o de lo contrario incorrectas hechas en esta solicitud o durante cualquier entrevista puede ser motivo de despido.

Autorizo la investigación de todas las declaraciones contenidas en esta solicitud de empleo incluyendo ponerse en contacto con mis referencias. Por la presente autorizo a cualquiera de los cuales es solicitado para suministrar a la compañía cualquier información relativa a mi experiencia con respecto a mi ser considerado para empleo con la compañía. Desligo todas las partes, incluyendo pero no limitado a la empresa, toma mis referencias profesionales y mis empleadores anteriores, de cualquier y toda responsabilidad por cualquier lesión o daño que pueda resultar de su información de mobiliario para la empresa con respecto a mí o a cualquier acción de la empresa sobre la base de dicha información. Si dejo el empleo de esta empresa, yo autorizo a la compañía a divulgar información sobre mi desempeño que puede utilizarse para determinar mi elegibilidad de empleo con un empleador nuevo y libero a la compañía de cualquier y toda responsabilidad por cualquier lesión o daño que pueda resultar de su información de mobiliario a futuros empleadores.

Estoy de acuerdo que si soy empleado, voy a cumplir con todas las normas y reglamentos de la empresa. Tengo entendido que nada de lo contenido en esta solicitud de empleo o en la concesión de una entrevista está destinado a crear un contrato de trabajo para cualquier empleo o para la prestación de cualquier beneficio. Promesas en materia de empleo no se han hecho para mí y tengo entendido que tal promesa no es vinculante sin la notificación hecha por escrito. Si se establece una relación de empleo, yo entiendo que mi empleo es "a voluntad" y puede ser terminado por la empresa o a mí mismo en cualquier momento por cualquier motivo o sin motivo, con o sin previo aviso.

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Firma de Appicante

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Fecha

## DISCLOSURE AND AUTHORIZATION

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

### **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Lone Star Tank Rental, Inc. ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon proper request to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the "consumer report" and/or "investigative consumer report" will be conducted by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (866) 255-1852, www.aurico.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants, volunteers, contractors or employees only:** 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. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants, volunteers, contractors or employees 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. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Oregon applicants, volunteers, contractors or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants, volunteers, contractors or employees 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.

### **ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the 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 Company 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 Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (866) 255-1852, www.aurico.com, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants, volunteers, contractors or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants, volunteers, contractors or employees 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, volunteers, contractors or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. 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: \_\_\_\_\_

NOTE: YOU MUST RETURN PAGES 1 and 2

PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE

First Name:  Middle Name:  Last Name:

Maiden Name:  Date Changed:

Other last names used:  Date Changed:

Other last names used:  Date Changed:

Other last names used:  Date Changed:

List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary

Street	City	County	State	ZIP	How Long?
Current:					
2:					
3:					
4:					

Present Phone Number (with area code):  Social Security Number:

Date of Birth\* (MM/DD/YYYY):    Gender\*  Male  Female

Driver's License Number:  Driver's License State:

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



**Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to (Company Name), and/or its agent, Aurico Reports, Inc. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and FMCSA Part 391.23 investigation and inquiries. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-B.**

Previous DOT Employer	Address	City, State, Zip	
Position Held	Dates of Employment	Phone Number	Fax Number

**TO FORMER EMPLOYER:** Please give the following information about this applicant. It will be held in strict confidence. Please transmit back by fax to: 847 847-577-9605

- List employment dates: \_\_\_\_\_
- Qualified in what equipment? \_\_\_\_\_
- Driver's license ever revoked or suspended? \_\_\_\_\_

<b>Accident History:</b>				
Complete the following for any accidents included on your accident register (390.15 (b)) that involved the employee.				
Date of Accident	Location	No of Injuries	No of Fatalities	Hazmat Spill





**AURICO**

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~**

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_
2. Did the employee have verified positive drug tests? YES \_\_\_ NO \_\_\_
3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_ YES \_\_\_ NO \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

**Pre-employment Screening Program FMCSA (DOT) Authorization 12/31/15**

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In connection with your application for employment with **Lone Star Tank Rental Inc.**, Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with 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 your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication. Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report. The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

### AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below: I authorize **Lone Star Tank Rental Inc.** to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_ Signature (Required) \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

(Required Applicant Info) DOB \_\_\_\_\_ CDL# \_\_\_\_\_ State (of License) \_\_\_\_\_

