

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)
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ENGLISH



Application for Employment

We are an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act.

PERSONAL INFORMATION

Today's Date _____ Position Desired _____

Name _____ Home Phone _____
Last First Middle

Address _____
Street City State Zip

Drivers License No. & State _____ Currently Valid? Yes [] No []
(Specify license type, if applicable)

Social Security No. _____
(not required if in the state of Utah)

Do you have the legal right to be employed in the U.S.? Yes [] No []

Are you available to work Full Time ___ Part Time ___ Weekends ___ Overtime ___

Are you under 18 years of age? Yes [] No []

Have you ever applied to our company before? Yes [] No []

Have you ever worked for our company before? Yes [] No []

If the answer to either of the above 2 questions is yes, state when and where you applied and/or worked.

Have you ever been arrested for or convicted of a crime that has not been expunged by a court (excluding minor traffic violations) including driving while under the influence of alcohol or drugs? Yes [] No []

If yes, state the offense, location, date and disposition _____
(Conviction will not necessarily disqualify you from employment)

Can you travel if a job requires it? Yes [] No []

How did you find out about our company?
[] Newspaper [] Friend/Relative [] Internet _____ [] Employee _____
(Internet Site) (Give employees' name)

Why are you interested in a career at Lone Star Tank Rental Inc. and what skills and abilities do you have to offer which you feel qualify you for a position with us? _____

In case of accident or emergency, please notify

Name and Relationship Address Phone Number

WORK HISTORY & SPECIALIZED TRAINING

List each employer with your present or last job listed first. Account for all periods of time including military service assignments, volunteer activities and periods of unemployment. **DO NOT REFERENCE YOUR RESUME.**

May we contact your current employer? Yes No

Name of Employer Address City, State, Zip Code		Dates Employed	From Mo. ____ Year ____	To Mo. ____ Year ____
Name & Title of Last Supervisor		Pay \$	Starting \$	Ending \$
Telephone Area Code ()	Nature of Business			
Title		Reason for Leaving		
Job Responsibilities				

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Telephone Area Code ()	Nature of Business			
Title		Reason for Leaving		
Job Responsibilities				

If additional space is needed, please continue on a separate sheet of paper.

Describe specialized training, licenses/certifications and apprenticeship skills _____

PROFESSIONAL REFERENCES

Give name, city & state, and phone number of three professional references not related to you.

1. _____
2. _____
3. _____

EDUCATION

Name and City & State	Dates	Graduate?	Major or Relevant Course Work
High School	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College	From To	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School	From To	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade School	From To	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other pertinent information concerning scholastic performance including honor societies, scholarships, awards, and other academic accomplishments. (Please exclude those that indicate race, color, religion, sex, national origin, age, marital status, and disability or veteran status.) _____

RELIABILITY

How many days of work have you missed, other than vacation in the past two years? _____

How many days have you been late to work in the past two years? _____

Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes No

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for dismissal.

I authorize investigation of all statements contained in this application for employment including contacting my references. I hereby authorize anyone of whom request is made to supply to the Company any information concerning my background in connection with my being considered for employment with the Company. I hereby release all parties, including but not limited to the Company, my professional references and my previous employers, from any and all liability for any injury or damage that may result from their furnishing information to the Company concerning me or any action the Company takes on the basis of such information. If I leave the employ of this Company, I authorize the Company to release information regarding my performance that may be used in determining my employment eligibility with a new employer and I release the Company from any and all liability for any injury or damage that may result from their furnishing information to future employers.

I agree that if I am employed, I will abide by all of the rules and regulations of the company. *I understand that I shall be required to pass a drug test and a background check.*

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise is binding unless made in writing. If an employment relationship is established, I understand that my employment is "at-will" and may be terminated by the Company or myself at any time for any reason or no reason at all, with or without prior notice.

Signature of Applicant

Date

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: 847 847-577-9805

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

Accident History:				
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



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) _____

