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# Pre-Employment

## Packet A – 2

(Service Rep)

Collect clear copies of the following items:

- \*Commercial Driver's License (Front/Back)
- \*Social Security Card
- \*TWIC Card
- \*Site Specific Entry Cards
- \*Resume (Optional)



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## **Extraordinary Benefits Provided by O'Rourke Petroleum**

### **INSURANCE BENEFITS**

- PPO/HDHP Medical Insurance – O'Rourke pays majority of employee's monthly premium
- HMO/PPO Dental Insurance
- Health Savings Account/Flexible Spending Account
- Vision Insurance
- Basic Life and AD&D Insurance provided at no cost
- Supplemental Insurance including Voluntary Term Life, Voluntary Long Term Disability, Individual Short Term Disability, Accident Insurance and Critical Illness Insurance
- Employee Assistance Program
- Worldwide Travel Program

### **401(K) – RETIREMENT PLANNING**

- 401(k) Safe Harbor Plan with Employer Match up to 4%
- Investment consultations available with a Financial Advisor

### **PAID TIME OFF**

- Up to 5 weeks of Vacation per year
- Up to 40 hours of Vacation can be rolled over into the next year to be used by March 31<sup>st</sup>
- 8 paid Holidays
- 5 paid Personal days (40 hours); If over 80 hours are accumulated and unused, the hours will be paid out annually
- 3 paid Bereavement days

### **ADDITIONAL O'ROURKE PERKS**

- Financial stability of 80+ year old company with solid leadership
- Open Door Policy to President and CEO
- Quarterly meetings held with the President of O'Rourke for all employees to discuss and communicate direction of company and progress
- Employee Incentive Programs available
- Safety Bonus Program available for 'safety sensitive positions' such as service reps, Tankerman and Warehouse CSRs
- O'Rourke University – offers additional job training for growth and development
- Fuel at discounted prices with FFM card
- Annual flu vaccinations for all employees



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# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Company \_\_\_\_\_ O'Rourke Petroleum \_\_\_\_\_

Address \_\_\_\_\_ 223 McCarty Street \_\_\_\_\_

City \_\_\_\_\_ Houston \_\_\_\_\_ State \_\_\_\_\_ Texas \_\_\_\_\_ Zip \_\_\_\_\_ 77029 \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### 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 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 I have the right to:

- Review information provided by 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASON SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_



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### APPLICANT TO COMPLETE

(Answer all questions – please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Email Address \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
Yr/Mo

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Yr/Mo

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
Yr/Mo

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
Yr/Mo

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_

(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, explain if you wish.

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			



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**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO	YR	TO MO	YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



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**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

DATES		NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT					
NEXT PREVIOUS					
NEXT PREVIOUS					

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)  
**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM(M/Y)	TO(M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 16 passengers			
MOTORCOACH – SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 8 passengers			
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that 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: \_\_\_\_\_



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## 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 Reform Act of 1996 (Title II, Subtitle D, Chapter 1, 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. These reports are required by Sections 382.413, 391.25, and 391.25 of the Federal Motor Carrier Safety Regulations.

---

Applicant's Signature

---

Date

---

Print Name

---

Social Security Number



An ISO 9001:2008 Certified Company

10468

O'Rourke PETROLEUM DIST.

# Universal Membership Application Form

DISA Contractors Consortium, 12600 Northborough, Suite 300, Houston, TX 77067

The Universal Membership Application Form is used to enroll employees in the national DISA Contractors Consortium (DCC), and/or the North American Substance Abuse Program (NASAP), and/or the DISA Contractors Consortium Hair Testing (DCCHT) policies. Each employee must complete this form prior to gaining admittance to any site requiring either of these programs.

Please fill this form out completely. **All fields marked with an asterisk (\*) are required.** The form will not be able to be processed with incomplete information. This could result in a delay in enrolling the employee into the program. When the form is complete, please E-Mail the form to [forms@disa.com](mailto:forms@disa.com) or fax to (713)972-3431. For assistance completing this form, please contact your client service team at (281)673-2400 and select option 1.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. Failure to fill the form out completely and legibly could delay processing of test results. The following example shows how letters should be drawn on the page:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Last Name *												First Name *									M.I.		

								(			)						
Social Security Number *								Home Phone Number *									

1																					
Location Code																Collection Site Code					

It is no longer necessary to provide additional policy information when enrolling an employee in the DCC. To enroll your employee in your company policy or DOT program, simply send the employee to test with the proper form for that policy.

I have received and/or reviewed a copy of the DISA Contractors Consortium Substance Abuse Policy and/or North American Substance Abuse Program Policy and/or the Hair Testing Substance Abuse Program. I apply for membership in the DISA Contractors Consortium (DCC) and/or North American Substance Abuse Program (NASAP) and/or the Hair Testing Substance Abuse Program under the sponsorship of the Company Member indicated above. I agree, upon acceptance, to abide by all DCC and/or NASAP and/or the Hair Testing Substance Abuse Program policies, rules, and regulations. I authorize the DCC to release my drug and/or alcohol test results to the Company Member for which I worked at the time I was tested and/or the Company Member which required me to take a post-offer of employment drug and/or alcohol tests. I also authorize the DCC to release information about my status in the DCC to those companies on whose premises I seek to work or am currently working. I also authorize the DCC to release DCC status, test results, and other program activity to the Houston Area Contractors Safety Council through the NASAP with the understanding that this data may affect my status in the NASAP and that this status may be shared with those Companies participating in the NASAP. This release expires five years after the latest date on which I was no longer an "active" member of the Consortium. I understand I have a right to receive a copy of this authorization.

Applicant Signature * (Required to process application)	Date
---	------

## DISAWorks™

FOR INTERNAL USE ONLY

DW Universal V2.0  
Revision Date - 1/14  
Policy Id: 27312

1	1	1	1	1	1	1	1	X	1
2	2	2	X	2	2	2	2	2	X
3	3	3	3	3	3	X	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	X	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0	0	0







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10468

O'ROURKE PETROLEUM DIST.

# DISA Background Screening Consent Form V1.0 NABSC and Reciprocal Consortiums

DISA Contractors Consortium, 12600 Northborough, Suite 300, Houston, TX 77067

The Background Screening Consent Form is used to enroll employees in the national North American Background Screening Consortium (NABSC) as well as any reciprocal background screening consortium policy. Each employee must complete this form prior to gaining admittance to any site requiring either of these programs.

Please fill this form out completely. **All fields marked with an asterisk (\*) are required.** The form will not be able to be processed with incomplete information. This could result in a delay in enrolling the employee into the program. When the form is complete, please E-Mail the form to [forms@disa.com](mailto:forms@disa.com) or fax to (713)972-3431. For assistance completing this form, please contact our background screening department at (281)673-2449.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. Failure to fill the form out completely and legibly could delay processing of test results. The following example shows how letters should be drawn on the page:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Last Name *												First Name *												M.I.		
Social Security Number *									Home Phone Number *																	
Location Code												Date of Birth (mm/dd/yyyy) *														
PO/Job Number																										
Witness Last Name												Witness First Name												M.I.		

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (pg 2 of this form) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, for a period of two years from the completion of the background screen. I further authorize and direct DISA to make available my subsequent background screen grade to the NABSC Program Lookup Application or any other Owner participating in a DISA Background Screening Consortium for the purpose of determining my eligibility for access to Owner's facilities. To these ends, 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, insurance company, or any other source to furnish any and all background information requested by DISA, another outside organization acting on behalf of DISA, the NABSC Program Custodian, and/or the employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**Submitting this form does not place an order.**

**DISAWorks™**

**FOR INTERNAL USE ONLY**

DW Background Consent V1.1  
Revision Date - 11/13  
Client Id: 10468

1	1	1	⊗	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	⊗	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	⊗	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	⊗
9	9	9	9	9	9	9	9
0	0	0	0	⊗	0	0	0

\_\_\_\_\_  
Applicant Signature \* (Required to process application)      Date

\_\_\_\_\_  
Witness Signature      Date



DISA Global Solutions, Inc BACKGROUND SCREEN CONSENT FORM

NOTICE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Your employer may obtain information about you from a consumer reporting agency for employment or other permissible purposes. 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 include employment history and reference checks, motor vehicle history ("driving records"), sex offender status, Social Security Verification/Trace, national criminal database searches, and Terrorist Watch list information. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment.

These reports will be reported to the employer listed below (the employer). Information in these reports may result in restricting your access to some Owner's facilities who are participating in the North American Background Screening Consortium (NABSC) or the DISA Contractor Consortium. **For more information on the NABSC Program, refer to the NABSC program description.**

The information in the consumer report will be used to generate a background screen grade. Each Owner participating will provide the maximum background screen grade that will be allowed for Contractor Employees to be eligible for access to that Owner's site. Disa Global Solutions, Inc. or the NABSC Program Lookup Application will compare the Owner's requirements to the background screen grade provided by **DISA Global Solutions, Inc** to classify you with either an **Active** or **Inactive** status for that Owner's site.

- If you do not meet a particular Owner's background screen security requirements, you will be classified as **Inactive** for that Owner's site;
- If you meet a particular Owner's background screen security requirements, you will be classified as **Active** for that Owner's site.

If you have an **Active** status for an Owner's site, you will be eligible for access to that Owner's property. However, any Owner reserves the right to allow or deny access without regard to background screening eligibility.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants or employees is an investigation into your employment history conducted by DISA Global Solutions, Inc (12600 Northborough #300, Houston, TX, 77067 (800)752-6432) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, throughout the course of your employment with the employer 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.

Owners, Contractor Employers and reciprocal Safety Councils participating in the NABSC Program and DCC will have access to verify your background screen security status (**Active** or **Inactive**) for a particular Owner's site. **Participating Owners and reciprocal Safety Councils will not have access to the details of the background report without additional authorization by you.**





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# Motor Vehicle Driver's

## 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 or rated at 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 or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_



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# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:  Yes  No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

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

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)



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Motor Vehicle Driver's

CERTIFICATION of VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months. (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information here.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

IN NONE STATE NONE

Table with 4 columns: Date, Offense, Location, Type of Vehicle Operated. Multiple empty rows for data entry.

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's Name (Print) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expirations Date \_\_\_\_\_

\_\_\_\_\_  
(DATE OF CERTIFICATION)

\_\_\_\_\_  
(DRIVER'S SIGNATURE)

\_\_\_\_\_  
(MOTOR CARRIER'S NAME)

\_\_\_\_\_  
(MOTOR CARRIER'S ADDRESS)

\_\_\_\_\_  
(REVIEWED BY: SIGNATURE)

\_\_\_\_\_  
(TITLE)



# Texas Commercial Driver License Self-Certification Affidavit



Federal Regulations along with the State of Texas Administrative Rules require a commercial driver to certify in one of the 4 categories listed below to determine if a medical certificate is required. If you select category one (1) or three (3), you must present a valid medical certificate.

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Maiden Name</b>
<b>Driver License Number</b>	<b>Birth Date</b>	<b>Social Security Number</b>	

I certify my commercial transportation is:

- Category 1. Non-excepted Interstate. I operate or expect to operate in interstate commerce, am both subject to and meet the qualification requirements under 49 CFR part 391, and am required to obtain a medical examiner's certificate by § 391.45. *(CDL-4, CDL-10 box 7, medical certificate is required)*
  
- Category 2. Excepted Interstate. I operate or expect to operate in interstate commerce, but engage exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391. *(CDL-10)*
  
- Category 3. Non-Excepted Intrastate. I operate or expect to operate in intrastate commerce, and am subject to the physical qualifications of 49 CFR Part 391. *(CDL-5 part b, medical certificate is required)*
  
- Category 4. Excepted Intrastate. I operate or expect to operate in intrastate commerce, and engage exclusively in transportation or operations that exempt me from meeting the medical standards of 49 CFR Part 391. *(CDL-5 part a, CDL-10 box 10 or box 11)*

**I certify that I have read, understand and meet the above checked categories for a commercial driver license.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email, fax, or mail the medical certificate (if applicable) and the Self-Certification affidavit to:

**Email (pdf format only):** [CDLMedCert@dps.texas.gov](mailto:CDLMedCert@dps.texas.gov)  
**Fax:** 512-424-2002  
**Mail:** Texas Department of Public Safety  
 Enforcement & Compliance Service  
 Attention: CDL Section  
 P.O. Box 4087  
 Austin, Texas 78773