

# Acid Tech Services

10711 WCR 140, Midland, TX 79706 Phone: (432) 215-5255

## APPLICATION FOR EMPLOYMENT – DRIVER'S ONLY

(PG 1): DRIVER'S ADDENDUM & (PG 2): PRE-EMPLOYMENT NOTICE OF VIOLATIONS

**YOU MUST ANSWER EVERY QUESTION. IF ANY QUESTIONS DO NOT APPLY TO YOU, ANSWER WITH NOT APPLICABLE (NA).** In compliance with local, state, and federal Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation(s) to complete this application form or need to take any pre-employment test.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_-\_\_\_\_-\_\_\_\_

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ CAN YOU PROVIDE PROOF OF AGE?  YES  NO

CURRENT ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_  
(STREET) (CITY) (STATE/ZIP CODE)

PREVIOUS ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_  
(STREET) (CITY) (STATE/ZIP CODE)

PREVIOUS ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_  
(STREET) (CITY) (STATE/ZIP CODE)

PHONE NUMBER: \_\_\_\_\_ ALTERNATE PHONE (CELL PREFERRED): \_\_\_\_\_

ARE YOU PREVENTED FROM BEING LAWFULLY EMPLOYED IN THE U.S. DUE TO YOUR VISA OR IMMIGRATION STATUS? (PLEASE CHECK ONE)  YES  NO

HAVE YOU WORKED FOR THIS COMPANY BEFORE?  YES  NO IF SO, WHEN? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  YES  NO IF NO, HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN BY AN EMPLOYER?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?  YES  NO (Answering this question in an affirmative answer does not necessarily preclude a hiring decision.) IF YES, TO THE ABOVE QUESTION, PLEASE PROVIDE DETAILS: \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_ RATE OF PAY EXPECTED? \_\_\_\_\_

*Acid Tech Services*

**PRE-EMPLOYMENT**

**NOTICE OF VIOLATIONS**

<b>DRIVER'S NAME:</b>		<b>DATE OF BIRTH:</b>	
<b>ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>DRIVER'S LICENSE NUMBER:</b>		<b>STATE ISSUED:</b>	<b>EXPIRATION:</b>
<b>ENDORSEMENTS:</b>	<b>RESTRICTIONS:</b>	<b>DOT PHYSICAL DUE DATE:</b>	

*I certify that the following information is an accurate and complete list of violations for which I have been convicted or forfeited bond or collateral during the past twelve (12) months, excluding parking tickets:*

<b>DATE OF CONVICTION</b>	<b>OFFENSE</b>	<b>LOCATION</b>	<b>TYPE OF MOTOR VEHICLE OPERATED</b>

*If no violations are listed above, I certify that I have not been convicted of forfeited bond or collateral on account of any violation required to be listed during the past twelve (12) months. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## *Acid Tech Services*

### PREVIOUS EMPLOYMENT HISTORY

ACCORDING TO §391.21 (b)(10), please provide names, addresses, phone numbers, dates employed, position, salary, name of Supervisor(s), reason for leaving the employment of each employer in complete detail for the last THREE (3) years preceding the date this application is submitted;

**\*\*NOTE:** For those applicants' applying to operate a commercial motor vehicle defined by **Part 383** of this subchapter (defined as any person who drives a commercial motor vehicle over 10,000 pounds in interstate/intrastate commerce), **YOU MUST ALSO FURNISH** an additional seven (7) years of employment history with **ALL GAPS IN TIME SHOWN**. (Attach another sheet if needed)

**CURRENT OR MOST RECENT EMPLOYER:**

Employer Name:		How long?
Address:		
City:	State:	ZIP Code:
Phone:	Supervisor Name:	
Position:	Hourly Salary (Please circle)	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>NEXT PREVIOUS EMPLOYER</b>		
Previous Employer Name:		
Address:		How long?
City:	State:	ZIP Code:
Phone:	Supervisor Name:	
Position:	Hourly Salary (Please circle)	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>NEXT PREVIOUS EMPLOYER</b>		
Previous Employer Name:		
Address:		How long?
City:	State:	ZIP Code:
Phone:	Supervisor Name:	
Position:	Hourly Salary (Please circle)	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>NEXT PREVIOUS EMPLOYER</b>		
Previous Employer Name:		
Address:		How long?
City:	State:	ZIP Code:
Phone:	Supervisor Name:	
Position:	Hourly Salary (Please circle)	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NEXT PREVIOUS EMPLOYER		
Previous Employer Name:		
Address:		How long?
City:	State:	ZIP Code:
Phone:	Supervisor Name:	
Position:	Hourly Salary (Please circle)	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NEXT PREVIOUS EMPLOYER		
Previous Employer Name:		
Address:		How long?
City:	State:	ZIP Code:
Phone:	Supervisor Name:	
Position:	Hourly Salary (Please circle)	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NEXT PREVIOUS EMPLOYER		
Previous Employer Name:		
Address:		How long?
City:	State:	ZIP Code:
Phone:	Supervisor Name:	
Position:	Hourly Salary (Please circle)	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NEXT PREVIOUS EMPLOYER		
Previous Employer Name:		
Address:		How long?
City:	State:	ZIP Code:
Phone:	Supervisor Name:	
Position:	Hourly Salary (Please circle)	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NEXT PREVIOUS EMPLOYER		
Previous Employer Name:		
Address:		How long?
City:	State:	ZIP Code:
Phone:	Supervisor Name:	
Position:	Hourly Salary (Please circle)	Annual income:
Were you ever employed in safety sensitive subject to DOT drug and alcohol testing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Were you subject to Federal Motor Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**APPLICANT'S RELEASE**

**(TO BE COMPLETED BY APPLICANT):**

I AUTHORIZE RELEASE of INFORMATION TO **COMPANY NAME** FOR THE PURPOSES OF INVESTIGATION AS REQUIRED UNDER SECTION 391.23 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

PLEASE COMPLETE THE FOLLOWING (PLEASE PRINT):

APPLICANT'S NAME: (LAST):		(FIRST):	(MI):	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:			
DRIVER'S LICENSE NUMBER:		STATE ISSUED:		
CURRENT ADDRESS:	(CITY)	(ST)	(ZIP)	
PREVIOUS ADDRESS:	(CITY)	(ST)	(ZIP)	

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(TO BE COMPLETED BY AUTHORIZED COMPANY PERSONEL):**

**REQUESTOR'S INFORMATION AND STATEMENT**

(1) AS SPECIFIED IN SECTION 604 AND SECTION 607 OF THE FAIR REPORTING ACT, PUBLIC LAW #91 – 508, I HEREBY CERTIFY THAT THE INFORMATION YOU PROVIDE REGARDING THE APPLICANT'S DRIVING RECORD FOR THE LAST THREE (3) YEARS WILL BE USED FOR THE "PERMISSABLE PURPOSES" AS DEFINED IN THE ACT, AND THAT THE INFORMATION RECEIVED WILL BE USED FOR NO OTHER PURPOSE.

(2) I FURTHER CERTIFY THAT IF THE APPLICANT NAMED ABOVE IS DENIED EMPLOYMENT BASED UPON THE INFORMATION RECEIVED, I WILL IDENTIFY THE SOURCE OF THE REPORT IN ACCORDANCE WITH SECTION 615(A) OF THE FAIR CREDIT REPORTING ACT.

CO: **COMPANY NAME** ADDRESS: **ADDRESS** CITY/STATE/ZIP: **CITY, ST, 12345**

REQUESTED BY (PRINTED): \_\_\_\_\_ TITLE: \_\_\_\_\_

REQUESTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Acid Tech Services

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## FAIR CREDIT REPORTING ACT - DISCLOSURE

### TO BE COMPLETED BY APPLICANT

*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 1, of Public Law 104 – 208), YOU are being informed that reports verifying your previous employment, previous drug and alcohol test results, and driving record will be obtained for employment purposes with **Acid Tech Services** ONLY.*

*These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.*

*By signing this document, I acknowledge that I have been informed of the requirements as described above.*

**Applicants Name (Print):** (LAST): \_\_\_\_\_ (FIRST): \_\_\_\_\_ (MI): \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Acid Tech Services

## DRIVER'S DATA SHEET

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DATE: \_\_\_\_\_

### (Personal Information)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NEAREST RELATIVE : \_\_\_\_\_

NEAREST RELATIVE PHONE#: \_\_\_\_\_

### (DRIVER'S LICENSE INFORMATION)

DRIVER'S LICENSE #: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_

CLASS: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ HAZMAT  YES  NO

ENDORSEMENTS (CIRCLE ALL THAT APPLY): TANKER DOUBLES TRIPLES

HIRE DATE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

PRINTED DRIVER NAME: \_\_\_\_\_

SIGNATURE OF DRIVER: \_\_\_\_\_ DATE: \_\_\_\_\_

## Disclosure Regarding Background Investigation

Employer (Acid Tech Services) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. 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 written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by DISA Global Solutions, Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77401, 800-752-6432, [www.DISA.com](http://www.DISA.com). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

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

Signature: \_\_\_\_\_

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



## Acknowledgement and Authorization for Background Check

I acknowledge receipt of the separate document entitled 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 {Acid Tech} (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 DISA Global Solutions, Inc., 10900 Corporate Centre Drive, Suite 250, Houston, Texas 77401, 800-752-6432, www.disa.com, and/or Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants 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. 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. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applications only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

Washington State applications 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.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

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

Signature: \_\_\_\_\_

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