

# Driver Application for Employment

**Industrial Chemicals Inc.**  
 PO Box 660688  
 Birmingham, AL 35266-0688  
**(205) 823-7330 / (800) 476-2042**  
**(205) 278-5822 (FAX)**  
 Email: [Employment@industrialchem.com](mailto:Employment@industrialchem.com)

Location:  Birmingham, AL  Jefferson, LA  
 Dothan, AL  Lafayette, LA  
 Atlanta, GA  Houston, TX  
 Mobile, AL  Cleveland, TN

## General Information

**Please print clearly and thoroughly in ink. Incomplete applications will not be processed.**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Former Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Past address if less than five years at present address:

Past Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_

## Driver's License Information

State	License Number	Class	Endorsements	Expiration Date

**Please Note: Hazardous Materials and Tanker Endorsements are a requirement of the Company**

Over-the-Road Experience in the last five years  2 or more years  less than one year

Regions driven in:  NW  SW  NE  SE  Midwest  Canada  Mexico

Have you ever been convicted of/or have a pending felony?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been convicted of/or have a pending DWI/DUI?  Yes  No If yes, when? \_\_\_\_\_

*(If yes, please give details in traffic violation information, page 3)*

Have you ever tested positive on alcohol/controlled substance test?  Yes  No If yes, when? \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

Are you able to pass a DOT physical?  Yes  No

Do you take any medications that could affect your driving?  Yes  No

Has a license in your possession ever been denied, revoked or suspended?  Yes  No

*(If yes, please explain in driver's license information)*

Have you served in the U.S. Armed Forces?  Yes  No

Did you serve during the Vietnam Era (1963 to 1974)?  Yes  No

Have you ever worked  or applied for work  at this company? If yes, when? \_\_\_\_\_

How did you hear of the company? \_\_\_\_\_ Driver:  Yes  No Name: \_\_\_\_\_

## Employment History

A complete record of employment for the past ten years is necessary for your application to be processed. Please list your present employer first. All periods of time must be accounted for during this ten-year period, including military service, self-employment, non-driving positions and periods of unemployment. Provide **complete address** and **phone numbers**, including area codes and zip codes.

**DATE AVAILABLE FOR WORK:** \_\_\_\_\_ Contact Current Employer:  Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

# Employment History Continued

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Yes  No  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Yes  No  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed?  Yes  No  
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

***Please provide us with traffic violations and accident information for the last five years. Any deletions or omissions will be sufficient reason for denial of your application.***

Traffic Violations			
Date	State	Type of Violation	Points or Penalty

Accident Information						
Date	Personal or Commercial Vehicle	Cause	Preventable	Injuries	Fatalities	Cost

## Education

Driving School: \_\_\_\_\_ Phone #: \_\_\_\_\_ Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check highest grade completed:     9         10         11         12

Years beyond high school:     1     2     3     4     5     6     7     8

Technical/Trade Schools attended: \_\_\_\_\_ When: \_\_\_\_\_

Courses, seminars or other pertinent training: \_\_\_\_\_ When: \_\_\_\_\_

Personal References (Do not use relatives or former employers):

- |    |      |            |       |
|----|------|------------|-------|
| 1. | Name | Occupation | Phone |
| 2. | Name | Occupation | Phone |
| 3. | Name | Occupation | Phone |

**In case of emergency:**

Name & Relationship	City & State	Phone
Name & Relationship	City & State	Phone

Industrial Chemicals Inc. is an equal opportunity employer.

This certifies that I, personally, accurately and truthfully completed this application. I understand that any omission or misrepresentation is "falsification" and may result in refusal of or separation from employment. I hereby authorize Industrial Chemicals Inc. to make a complete investigation of my background including but not limited to: contacting personal references, current and past employers and a third-party consumer reporting agency to confirm information I provided but not limited to information required by 391.23 of the Motor Carrier Safety Regulations and investigate previous employer Alcohol & Controlled Substance Testing in accordance with Section 382.405 (F&H) and Section 382.413 (A thru G) of the Code of Federal Regulations and hold previous employers harmless of all liability from release of such information. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Disclosure and Release

In connection with my application for employment (including contract for services) with Industrial Chemicals Inc., I understand that consumer reports which may contain public record information may be requested from a third-party consumer reporting agency. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records; as well as information from the third-party consumer reporting agency concerning previous driving record requests made by others from such state agencies and state provided driving records. The company intends to use the Department of Homeland Security Terrorist Screening Database to better identify, screen and track individuals known or appropriately suspected to be or have been engaged in conduct constituting, in preparation for, in aid of, or related to terrorism (known or suspected terrorists).

Applicant will be disqualified from consideration of any position with the company for any of the following offenses:

A federal crime of terrorism as defined in 18 U.S.C. 2332b(g), or comparable State law, or conspiracy to commit such crime.

A crime involving a transportation security incident. A transportation security incident is a security incident resulting in a significant loss of life, environmental damage, transportation system disruption, or economic disruption in a particular area, as defined in 46 U.S.C. 70101. The term "economic disruption" does not include a work stoppage or other employee-related action not related to terrorism and resulting from an employer-employee dispute.

Improper transportation of a hazardous material under 49 U.S.C. 5124, or a State law that is comparable.

Unlawful possession, use, sale, distribution, manufacture, purchase, receipt, transfer, shipping, transporting, import, export, storage of, or dealing in an explosive or explosive device. An explosive or explosive device includes an explosive or explosive material as defined in 18 U.S.C. 232(5), 841(c) through 841(f), and 844(j); and a destructive device, as defined in 18 U.S.C. 921(a)(4) and 26 U.S.C. 5845(f).

Murder

Making any threat, or maliciously conveying false information knowing the same to be false, concerning the deliverance, placement, or detonation of an explosive or other lethal device in or against a place of public use, a state or government facility, a public transportation system, or an infrastructure facility.

Violations of the Racketeer Influenced and Corrupt Organizations Act, 18 U.S.C. 1961, *et seq.*, or a comparable State law, where one of the predicate acts found by a jury or admitted by the defendant, consists of one of the crimes listed.

Espionage or conspiracy to commit espionage.

Sedition, or conspiracy to commit sedition.

Treason, or conspiracy to commit treason.

Unlawful possession, use, sale, manufacture, purchase, distribution, receipt, transfer, shipping, transporting, delivery, import, export of, or dealing in a firearm or other weapon. A firearm or other weapon includes, but is not limited to, firearms as defined in 18 U.S.C. 921(a)(3) or 26 U.S.C. 5845(a), or items contained on the U.S. Munitions Import List at 27 CFR 447.21.

Extortion

Dishonesty, fraud, or misrepresentation, including identity fraud and money laundering where the money laundering is related to a crime

Bribery

Smuggling

Immigration violations.

Distribution of, possession with intent to distribute, or importation of a controlled substance.

Arson

Kidnapping or hostage taking

Rape or aggravated sexual abuse

Assault with intent to kill

Robbery

Fraudulent entry into a seaport as described in 18 U.S.C. 1036, or a comparable State law.

Violations of the Racketeer Influenced and Corrupt Organizations Act, 18 U.S.C. 1961, *et seq.*, or a comparable State law, other than the violations listed in Part A, item 10

Conspiracy or attempt to commit felonies listed.

Any disqualifying conviction listed in table 1, 2, 3 or 4 of 49 CFR 383 Subpart D – Driver Disqualifications and Penalties regardless of whether the conviction occurs while operating a commercial motor vehicle or non-commercial motor vehicle.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY INDUSTRIAL CHEMICALS INC. OR THE THIRD-PARTY REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to the third-party consumer reporting agency, upon proper identification, regarding the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the third-party consumer reporting agency has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from the third-party consumer reporting agency and I agree that such information which the third-party consumer reporting agency has or obtains, and my employment history with you if I am hired, will be supplied by the third-party consumer reporting agency to other companies which subscribe to their services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Signature

Social Security Number

Date Signed

**DOT Drug/Alcohol  
Disclosure and Authorization**

Company Name: Industrial Chemicals Inc.  
 Company Contact Name: HR Manager  
 Telephone #: 205-823-7330  
 Fax #: 205-278-5822

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR  
EMPLOYMENT PURPOSES – 49 CFR PART 391.23 DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to a third-party consumer reporting agency for the purpose of transmitting such records to Industrial Chemicals Inc. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes the third-party consumer reporting agency with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to the third-party consumer reporting agency, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT Regulated Employer	City	State	Phone Number
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT AUTHORIZATION TO RELEASE DOT DRUG/ALCOHOL TEST RESULTS

<i>To be completed by Applicant</i>		
First Name:	Middle Name:	Last Name:
Social Security Number:	DL Number:	Date of Birth:

I understand that, as a condition of hire with Industrial Chemicals Inc , I must consent to the release of all DOT-mandated drug and alcohol information from all employers for whom I worked in a DOT safety-sensitive position, or for whom I took a DOT pre-employment drug test, during the previous two years as required by § 40.25 or three years for a driver of a commercial vehicle, as required by § 391.23.

*Check boxes only if applicable:*

- I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past two years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.
- I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

**I HEREBY AUTHORIZE** the following previous employer / company to furnish the DOT information requested in Section 2 below to Employment Screening Services, Inc., 2700 Corporate Drive, Suite 100, Birmingham, AL 35242, as a Third-Party Administrator for the above-referenced Prospective Employer.

Previous Employer/Company:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Contact:	Dates of Employment:		

*(Complete an additional form for each previous DOT employer.)*

**CERTIFICATION:** I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to the Prospective Employer and its Third-Party Administrator listed above. I hereby acknowledge that a failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination, if later discovered after my employment begins.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>Section Two: To be completed by Previous Employer</b>		
<i>Please complete the information below and return to ESS within 30 days, as required by § 391.23(g)</i>		
Did you employ the applicant listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Employment:	Position Held:
Was the Applicant/Employee subject to DOT Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>* If you select "Yes", you must answer the six questions listed below.</b>		
1. Any DOT alcohol test results of 0.04 or greater?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Any DOT positive drug test results?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Other violations of DOT drug and alcohol test regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did a previous employer report a drug / alcohol rule violation to you?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. If "yes" for any of the above items, did the employee complete a return-to-duty process?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
*Note: If "yes" for item 5, you must provide the previous employer's report. If you answered "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).		

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**PLEASE TRANSMIT THE FOLLOWING INFORMATION TO:** ESS, Attn. DOT, 2700 Corporate Drive, Ste. 100, Birmingham, AL 35242  
Phone: 1-866-859-0143      Email: [DOT@es2.com](mailto:DOT@es2.com)      Fax: 205-879-5052

**APPLICANT AUTHORIZATION TO RELEASE ACCIDENT & SAFETY PERFORMANCE HISTORY INFORMATION**

<i>To be completed by Applicant</i>		
First Name:	Middle Name:	Last Name:
Social Security Number:	DL Number:	Date of Birth:

I understand that, as a condition of hire with Industrial Chemicals Inc., I must consent to the release of all accident and safety performance history information from all previous employers that employed me to operate a Commercial Motor Vehicle (“CMV”) within the previous three years as required by § 391.23(d). **I HEREBY AUTHORIZE** the following previous employer to furnish the information requested in Section 2 below to Employment Screening Services, Inc., as a Third Party Administrator for the above-referenced Prospective Employer.

Previous Employer:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
Contact:	Dates of Employment:		

*(Complete an additional form for each previous DOT employer within the last three years.)*

**CERTIFICATION:** I have read and fully understand this authorization to release my previous accident and performance history information, identified by the questions below, to the Prospective Employer and its Third Party Administrator. I understand that I have the right (i) to review the information provided by previous employers by making a written request to my prospective employer, (ii) to contact my previous employer to have errors corrected and the corrected information re-sent to my prospective employer, and (iii) to have a rebuttal statement attached to the alleged erroneous information, if we cannot agree on its accuracy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE TRANSMIT THE FOLLOWING INFORMATION TO:** ESS, Attn. DOT, 2700 Corporate Drive, Ste. 100, Birmingham, AL 35242  
Phone: 1-866-859-0143      Email: [DOT@es2.com](mailto:DOT@es2.com)      Fax: 205-879-5052

<i>Section Two: To be completed by Previous Employer</i>				
Please complete the information below and return to ESS within 30 days, as required by § 391.23(g)				
The applicant listed above was employed by us: <input type="checkbox"/> Yes <input type="checkbox"/> No			Dates of Employment:	
Position held:		Did he/she drive a commercial motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type: <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor-semi trailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples    Other:				
Reason for leaving the company: <input type="checkbox"/> Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> Other:				
Eligible for Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, is the ineligibility due to the driver’s safety performance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Commodities Hauled:				
Areas of Operation:				
Any safety performance concerns?				
While a CMV driver for you, was the applicant involved in any accidents as defined by § 390.5? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered “Yes” to the preceding question, please provide the following information for any accidents about which information is retained on your register pursuant to § 390.15(b)(2):				
Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
If you answered “Yes” to the preceding question, please provide the following information for any accidents about which information is retained on your register pursuant to § 390.15(b)(2):				

\_\_\_\_\_  
Name of Person Completing Form      Title      Phone      Date



**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 Industrial Chemicals Inc.

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 that 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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

## **DISCLOSURE OF PROCUREMENT OF CONSUMER REPORT**

**PLEASE BE ADVISED** that Industrial Chemicals Inc. (the “Company”) may obtain information about you from a third-party consumer reporting agency to evaluate your eligibility for employment purposes. Thus, you may be the subject of a consumer report which may include information about your character, general reputation, personal characteristics, or mode of living.

~ End of document ~

**Note to Company:**

Leave a copy of this disclosure with the applicant/employee.

## **DISCLOSURE OF PROCUREMENT OF INVESTIGATIVE CONSUMER REPORT**

**PLEASE BE ADVISED** that Industrial Chemicals Inc. (the “Company”) may obtain an investigative consumer report about you from a third-party consumer reporting agency for employment purposes. This report may include information about your character, general reputation, personal characteristics, and mode of living, and it may involve personal interviews with sources such as your neighbors, friends, and associates, as well as past and present employers, coworkers, references or others. You have the right, upon written request to the Company made within a reasonable period of time after receipt of this notice, to request a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a summary of your rights under the federal Fair Credit Reporting Act.

~ End of document ~

**Note to Company:**

Leave a copy of this disclosure with the applicant/employee.



**AUTHORIZATION**

**I HEREBY AUTHORIZE** Industrial Chemicals Inc. (“the Company”) to obtain consumer reports and investigative consumer reports about me at any time after receipt of this Authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any person or entity, 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 to Employment Screening Services at 2700 Corporate Drive, Suite 100, Birmingham, Alabama 35242, 866-859-0143, [www.es2.com](http://www.es2.com).

The term background information includes, but is not limited to, employment history, reference checks, criminal and civil history information, motor vehicle records, moving violation reports, sex offender status information, credit reports, education verification, professional licensure verification, drug testing, and information related to my Social Security Number.

I acknowledge receipt of three separate documents entitled Disclosure of Procurement of Consumer Report, Disclosure of Procurement of Investigative Consumer Report, and a Summary of Your Rights under the Fair Credit Reporting Act, and I certify that I have read and understood all of those documents. I understand I can view ESS’s Privacy Policy on its website at [www.es2.com](http://www.es2.com). I agree that a facsimile, electronic or photographic copy of this Authorization shall be as valid as the original.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant/Employee

**Note to Company:**  
Maintain original authorization in personnel file.



## CONSUMER INFORMATION SHEET

**NOTE TO CLIENT:** This is to be used for manual orders only. Clients using our Verocity Web Application or SwiftHire do not need to complete this page.

**NOTE TO CONSUMER:** The following is used only for the purpose of performing a background check. To view ESS's privacy policy, please go to <http://www.es2.com/privacy-policy/>

Please type or print using black ink. Illegible writing will cause delays.			
Last Name:	First Name:	Middle Name:	
Date of Birth:	Social Security Number:	Driver's License Number and State:	
Current Address:	City:	State:	Zip Code:
Previous Address (Past 7 Years):	City:	State:	Zip Code:
Previous Address (Past 7 Years):	City:	State:	Zip Code:
Previous Address (Past 7 Years):	City:	State:	Zip Code:
Degree Obtained:	Year Graduated:	Name of School:	City and State of School:
Last Name Used at Time of Graduation:	Other Aliases (Other Names I Have Been Known By):		



**Name-Based Criminal History Record Information Consent/Inquiry Form**

I, \_\_\_\_\_, hereby authorize Global HR Research, LLC to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security #

**CHECK ONE BOX**

\_\_\_\_\_ This authorization is valid for 90 days from the date of signature.

I give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Purpose Code Used: (check one)

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<input checked="" type="checkbox"/>	E - Employment
	M - Working with Mentally Disabled PROVIDING 24/7 CARE
	N - Working with Elderly
	W - Working with Children NOT A VOLUNTEER

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records).

Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).



States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT
<p>1.</p> <p>a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Custom Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with **Industrial Chemicals Inc.** (“Prospective Employer”), 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 **Industrial Chemicals Inc.** (“Prospective Employer”) 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

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

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*