

Employment Application

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED

Today's Date: _____

Full Name: _____
First Middle Last

Date of Birth: _____ Social Security No.: _____

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone #: _____

Email Address: _____

Driver's License #: _____ State: _____

Class: _____ Exp Date: _____

Are legally authorized to work in the United States?
(Proof of identity and eligibility will be required upon employment.) YES NO

Do you have 2 years of Commercial Driving experience? YES NO

Disclaimer and Signature

*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.*

Signature: _____ Date: _____

DRISCO, L.L.C.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

DRISCO, L.L.C. (the “**Company**”) may obtain information about you from one or more third party consumer reporting agencies for employment 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 contain information regarding your credit history, criminal history, social security verification, motor vehicle records, verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. The scope of this disclosure is all-encompassing and allows the Company to obtain from any outside organization all manner of consumer reports prior to your employment and throughout the course of your employment, to the extent permitted by law.

DRISCO, L.L.C.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents 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 DRISCO, L.L.C. (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 the Company, its employees or its agents, including any consumer reporting agency. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I hereby release the Company, its customers, any consumer reporting agency used by the Company, their respective employees and agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

Name (print): _____

Signature: _____ Date: _____

STATE REQUIRED NOTICES

Attention Applicants: If you are a resident of any of the following states, please review the additional rights afforded to residents of that state.

California, Minnesota, or Oklahoma: If a consumer background report is ordered, would you like a free copy of the report mailed to your home? Yes No. (Note: Employer is required to mail applicant a copy if the box is checked yes.)

California: You have the right to access your file as maintained by the Consumer Reporting Agency (CRA) during normal business hours. By submitting proper identification and paying any duplication costs, you have the options of requesting your file via (1) mail (CRA not responsible for report after it leaves premises via mail) (2) in person at the CRA's office during normal business hours and on reasonable notice (you may be accompanied by one other person, provided that person furnishes proper identification) or (3) a summary of the file by telephone. For information regarding the privacy policy of A-Check America, please visit www.acheckamerica.com/about-us/privacy.aspx.

Maine: If requested, you have the right to be informed if (1) the Company ordered a background report on you and, if ordered, (2) the name and address of the Consumer Reporting Agency (CRA) furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address

and telephone number of the CRA's nearest office. In addition, you have the right to request and promptly receive from all such CRAs copies of any such investigative consumer reports.

Maryland or Oregon: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

Massachusetts or New Jersey: If requested, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

Minnesota: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

New York: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

State of Washington: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. 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.

**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 _____ (“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 _____ (“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.

LAST UPDATED 12/22/2015

Client ID: _____

Client Name: _____

**DISA Background Screening Consent Form
NABSC and Reciprocal Consortiums**

DISA Contractors Consortium, 10900 Corporate Centre Drive Suite 250, Houston, TX 77041

**NOTICE AND ACKNOWLEDGEMENT FOR BACKGROUND INVESTIGATION
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT**

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. 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 of record. 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, 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 Solution, Inc (10900 Corporate Centre Drive, Suite 250, Houston, TX, 77041 (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 is 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 site.

Participating Owners and reciprocal Safety Councils will not have access to the details of the background report without additional authorization by you.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the 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" 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.

Please Note: This form does not place a background order.

Applicant SSN: _____

Applicant Name: _____

Location: _____

Signature: _____

Date: _____



UNIVERSAL MEMBERSHIP APPLICATION

DISA Contractors Consortium
10900 Corporate Centre Dr., Ste. 250
Houston, TX 77041

Employee\Donor Information

| | | |
|---------------------------------|----------------------------|-------------------|
| Last Name _____ | First Name _____ | Middle Name _____ |
| Social Security Number _____ | Home Phone Number _____ | |
| Location\Cost Center Code _____ | Collection Site Code _____ | Client Name _____ |

Employee Signed Consent: _____

Date Signed: _____

Signature

I have received and reviewed a copy of the applicable DISA Contractor's Consortium Substance Abuse Program Policy or Policies ("DCC") and/or North American Substance Abuse Program Policy ("NASAP").

I am applying for membership into the applicable DISA Contractor Consortium Program or Programs ("DCC"), and/or North American Substance Abuse Program ("NASAP") under the sponsorship of the Company Member indicated above. I agree, upon acceptance to:

- Abide by all program requirements for the DCC and/or NASAP programs to include applicable testing policies, rules, and regulations.
- 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 test.
- Authorize the DCC to release information about my status in the DCC programs and policies to those Companies on the premises for which I seek to work, enter, or am currently working.
- Authorize the release of my DCC and/or NASAP status, test results, and other program activity to the North American Contractors Safety Council through NASAP with the understanding that this status may be shared with those companies participating in the NASAP program.
- Acknowledge and agree that this Membership Application represents a consent form and application for membership and in no way is a contract for services or products between me, DISA, and/or NASAP. I also agree that I am not a consumer of any product or services provided by DISA or NASAP to my employer or potential employer and that any product or services provided by DISA under the DCC and NASAP policies and programs are limited to DISA's third-party administration of drug testing programs for and on behalf of my employer or potential employer.
- Acknowledge and understand that any "Inactive" status I may have in the applicable DCC program and/or NASAP program does not expire and I will remain on an "Inactive" status until such time that I complete the required Substance Abuse Professional (SAP) rehabilitation program and/or testing requirements of the applicable policy .
- Understand that I have a right to receive a copy of this authorization and application for membership in DCC and NASAP programs.
- You cannot amend any portions of this application through verbal promises and/or exceptions.
- It is the responsibility of your employer or potential employer to provide you with copies of or access to the relevant DCC and NASAP policies. You may ask your employer or potential employer for copies of or access to the relevant policies.
- The DCC and NASAP policies may be revised from time-to-time. You may ask your employer or potential employer for any updated policies and it is the responsibility of your employer to provide you copies of or access to the relevant policies.

THIS FORM MUST BE SIGNED BY THE APPLICANT PRIOR TO BEING PROCESSED.

Thank you for using DISA Global Solutions for all of your employee screening needs!