

Triple C. Inc.

P.O. Box 638

Washington N.C. 27889

Phone: 252-974-6420

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name _____ Date of application _____
LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip _____

Telephone _____ E-Mail Address: _____

1. GENERAL INFORMATION:

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? Yes No

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) No Yes If yes, explain:

2. EDUCATION & TRAINING:

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters _____ Doctorate _____

Name & Address of School	Major Course studied	Graduated or degree (Year)	Average Grade
Last High School Attended/Address: College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			

List any scholarships, academic honors, awards or special achievements:

3. SKILLS Please list any skills you have that are appropriate for the position you are applying for:

If required, will you work?

Rotating shifts YES NO Saturdays YES NO
Overtime YES NO Sundays YES NO

Position applying for, be specific: _____ Salary Requirements per hour
\$ _____ per month

State fully why you believe you are qualified for this position

INTERESTS / ACCOMPLISHMENTS: You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position (s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

Date you can start

/ /

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **FOUR** employers. If currently employed, may we contact your employer? Yes No

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY		(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
		()			
STREET ADDRESS	CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION		REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:					
<hr/> <hr/> <hr/>					
FULL NAME OF COMPANY		(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
		()			
STREET ADDRESS	CITY	STATE	ZIP		
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NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION		REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:					
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READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature _____

Date _____

Other Questions

Please provide answers to the following questions:

1. Do you have a reliable and dependable form of transportation? YES NO

2. Do you have any experience working at PCS (Nutrien) before? YES NO

If yes, please state length of experience working at PCS (Nutrien): _____

3. Do have current PCS (Nutrien) Site Specific training? YES NO

If yes, can you provide a copy of it YES NO .

If yes, please provide last date of training: _____

4. Do you have current MSHA Part 48 training? YES NO

If yes, can you provide a copy of it YES NO

If yes, please provide last date of training: _____

If your training has expired has is been longer than 3 years? YES NO

If no, Please provide last date of training: _____

5. How did you find out about Triple C, Inc?

6. Who recommended you to fill out an application?

FOR CRANE OPERATOS & RIGGERS

1. HOW MANY YEARS OF EXPERIENCE DO YOU HAVE AS A CRANE OPERATOR: _____

2. HOW MANY YEARS OF EXPERIENCE DO YOU HAVE AS A RIGGER: _____

3. PLEASE PROVIDE YOU NCCCO OR NCCER CREDENTIAL # _____

AND A PHOTO COPY OF YOUR CREDENTIAL

4. WHAT KIND OF CRANE(S) HAVE YOU OPERATED AND FOR HOW LONG: _____

5. COULD YOU PROVIDE A MIN. OF 3 REFERENCES IF NEEDED YES NO

**PRE-EMPLOYMENT DRUG/ALCOHOL TESTING
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Triple C, Inc., in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____



DEPS Security Group
DEPS Safety & Security Services, Inc.

Records Release Form

Please be certain this form is filled out legibly in order to ensure accuracy.

Name: _____
Last First Middle

Social Security Number: _____

Aliases or Other Names: _____
Including Maiden Names

Date of Birth: _____ (00/00/0000) Sex: Male Female Race: _____

Residence Information:

Must list **all** places lived in the past 7 years (Including Temporary Residences)

Street	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver's License Information:

License Number: _____ State: _____

I (employee) have also read and signed the BGC Disclosure that my employer will keep in my records.

Signature: _____ Date: _____

Company Authorization Signature: _____ Date: _____

Company Name: **Triple C, Inc** _____

Please Circle One:

- PCS NC Contractor PCS FL Contractor ADM Military Other



Disclosure

We, DEPS Safety & Security Services, Inc. will obtain an investigative/consumer report (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through numerous consumer reporting agencies.

To prepare the reports, consumer reporting agencies may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may inspect the consumer reporting agencies files about you (in person, by mail, or by phone) by providing identification. If you do, the consumer reporting agency will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If DEPS Safety & Security Services, Inc. obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

The Federal Trade Commission provides a summary statement of your rights on its website at www.ftc.gov/credit.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed name

Para informacion en Española, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

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.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

This form is to be signed and remain in the employers records on any employee which a background check is requested. It is not to be returned to DEPS Safety & Security Services.

- **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.ftc.gov/credit 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.ftc.gov/credit.
- **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).
- **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.ftc.gov/credit.

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. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA; Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency; Compliance Management, Mail Stop 6-6; Washington, DC 20219; 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH); P O Box 1200; Minneapolis, MN 55480; Telephone: 888-851-1920; www.federalreserveconsumerhelp.gov ; Consumer-Help@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision; Consumer Complaints; Washington, DC 20552; 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration; 1775 Duke Street; Alexandria, VA 22314; 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation; Consumer Response Center, 2345 Grand Avenue, Suite 100; Kansas City, Missouri 64108-2638; 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation; Office of Financial Management; Washington, DC 20590; 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture; Office of Deputy Administrator – GIPSA; Washington, DC 20250; 202-720-7051

This form is to be signed and remain in the employers records on any employee which a background check is requested. It is not to be returned to DEPS Safety & Security Services.



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PO Box 638
Washington, NC 27889
Phone: (252) 974.6420
Fax: (252) 974.6440

DISCLOSURE & RELEASE FORM
EMPLOYEE DRIVING RECORD INFORMATION

1. In connection with my employment (or my application), I hereby give permission to **TRIPLE C, INC.**, (hereinafter referred to as Employer) to obtain my state driving record (also known as my motor vehicle record or MVR).
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorized, without reservation, any party or agency contacted by Employer, to furnish the above-mentioned formation.
4. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
5. This authorization shall remain on file by Employer for the duration of my employment, and will serve as ongoing authorization for Employer to procure my state driving record at any time during my employment period.
6. I understand that Employer may take adverse action affecting my employment, based on information in my driving record. If such adverse is taken, I acknowledge that my rights are as follows:
 - ❖ Employer must notify me in writing of any such adverse action.
 - ❖ I have the right to receive a copy of the driving record upon which the adverse action was based.
 - ❖ I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address, and phone number of the consumer reporting agency that provided my driving record to Employer.
 - ❖ I have the right to obtain a free copy of my driving record from the agency that provided it, if such request is made within 60 days from the date that Employer took adverse action.
 - ❖ I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it, and request that errors be corrected.

Employee's Name (Print)

Employee Signature

Date Signed

Social Security Number

Driver License Number & State

Date of Birth
