



LOB# _____ Location# _____

Application for Employment

How did you hear of this opening? (Please check one)

Newspaper Ad: _____
Billboard Ad: _____
On-Line Ad: _____
Walk-In: _____
Other: _____

Schilling Distributors (Company), is an equal opportunity employer. Company's policy is not to discriminate against any applicant or employee based on race, color, sex, age, disability, religion, national origin, military or veteran status, or any other basis protected by applicable law.

All newly hired employees of the Company are subject to an introductory period of ninety (90) days from the date of hire. The applicant understands that the satisfactory completion of this evaluation period in no way constitutes an obligation by the Company to continue his/her employment, and that all employees are subject to termination with or without cause as determined solely by the Company in its best interest. This application is considered active for sixty (60) days.

PERSONAL INFORMATION (Please Print or Type) **SOCIAL SECURITY NUMBER:** _____

Legal Name

Last First Middle (Full) Suffix

Have you ever used any other name(s) which is (are) necessary for us to verify your employment or educational record?

☐ No ☐ Yes Name: _____

Last First Middle (Full) Suffix

Present Address

Street City State Zip

Please provide your addresses for the last (3) years

Former Address

Street City State Zip

Former Address

Street City State Zip

Phone No.

Cell No.

Email

Driver's License No.

State

Expiration Date

Class/Endorsements

Position Applied For: _____

Date Available: _____

Minimum pay desired

\$ _____ per

Have you ever been employed by or applied for a position with The Company? ☐ Yes ☐ No

If so, what position? _____

Dates of Employment: _____

Are you under any type of agreement that would prevent you from performing the job for which you are applying or for which you are being considered, such as a non-competition, non-disclosure, or non-solicitation agreement? ☐ Yes ☐ No

Do you have any relatives employed by this Company? ☐ Yes ☐ No

Name/Relationship: _____

Location: _____

In case of emergency, notify: _____

Phone Number: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	MAJOR COURSES
HIGH SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, did you obtain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE		Yes <input type="checkbox"/> No <input type="checkbox"/>	
TRADE, BUSINESS, MILITARY OR TECH SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT HISTORY**Applicant Name:****SSN:**

Give a complete record of all employment, including military, and reasons for periods of unemployment during the past 10-years. If you have been self-employed, list up to 5 of your major clients. List employers in reverse order starting with the most recent. Add another sheet if necessary. "See resume" responses will NOT be accepted.

Regulated/CDL - Applicants who will drive a regulated vehicle¹ shall provide (10) ten years' information on those employers for whom the applicant operated such vehicle.

Are you employed now? ☐ Yes ☐ No May we contact your current employer? ☐ Yes ☐ No

EMPLOYER INFORMATION		POSITION HELD		If Employer is not a Regulated Employer Check this Box: <input type="checkbox"/> Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		FROM	TO	
CITY	STATE	STARTING SALARY	ENDING SALARY	
PHONE NUMBER	CHECK BOX AND STATE REASON FOR LEAVING			
<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN				
CONTACT PERSON		COMMENT		
EMPLOYER INFORMATION		POSITION HELD		If Employer is not a Regulated Employer Check this Box: <input type="checkbox"/> Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		FROM	TO	
CITY	STATE	STARTING SALARY	ENDING SALARY	
PHONE NUMBER	CHECK BOX AND STATE REASON FOR LEAVING			
<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN				
CONTACT PERSON		COMMENT		
EMPLOYER INFORMATION		POSITION HELD		If Employer is not a Regulated Employer Check this Box: <input type="checkbox"/> Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		FROM	TO	
CITY	STATE	STARTING SALARY	ENDING SALARY	
PHONE NUMBER	CHECK BOX AND STATE REASON FOR LEAVING			
<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN				
CONTACT PERSON		COMMENT		
EMPLOYER INFORMATION		POSITION HELD		If Employer is not a Regulated Employer Check this Box: <input type="checkbox"/> Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		FROM	TO	
CITY	STATE	STARTING SALARY	ENDING SALARY	
PHONE NUMBER	CHECK BOX AND STATE REASON FOR LEAVING			
<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN				
CONTACT PERSON		COMMENT		
EMPLOYER INFORMATION		POSITION HELD		If Employer is not a Regulated Employer Check this Box: <input type="checkbox"/> Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		FROM	TO	
CITY	STATE	STARTING SALARY	ENDING SALARY	
PHONE NUMBER	CHECK BOX AND STATE REASON FOR LEAVING			
<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN				
CONTACT PERSON		COMMENT		

¹ Includes vehicles having a GVWR of 10,001 lbs. or more, vehicles designed to transport (15) fifteen or more passengers, or any size vehicle used to transport hazardous material in a quantity requiring Placarding.

Please request additional pages if necessary.

PERSONAL REFERENCES (NOT RELATED TO YOU)

Name	Relationship	Occupation	Years Known	Phone

JOB SPECIFIC TRAINING (Check all that apply)

- | | | | | |
|--|--|--|---|--------------------------------------|
| <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> HAZWOPER | <input type="checkbox"/> Lockout/Tag out | <input type="checkbox"/> Incipient Firefighting | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> BOSIET | <input type="checkbox"/> HAZMAT | <input type="checkbox"/> Rigger | <input type="checkbox"/> H2S | <input type="checkbox"/> OSHA |
| <input type="checkbox"/> HAZCOM | <input type="checkbox"/> Confined Space | <input type="checkbox"/> Crane Safety | <input type="checkbox"/> PPE | <input type="checkbox"/> MSHA |
| <input type="checkbox"/> Defensive Driving | <input type="checkbox"/> Blasting/Explosives | <input type="checkbox"/> DOT/CDL | <input type="checkbox"/> Rig Pass | <input type="checkbox"/> Other _____ |

Do you currently possess a Transportation Worker Identification Credential (TWIC)? ☐ Yes ☐ No

If Yes, Card # _____ Expiration Date: _____

Do you have a legal right to work in the United States? ☐ Yes ☐ No

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No

If Yes, indicate the branch and dates of service: (Copy of DD214 is required) _____

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Have you ever been convicted or adjudicated of a crime (California applicants see below)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Are you currently under any investigation or pending charge? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Are you currently awaiting trial for any criminal offense? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Have you ever initiated an act of violence in the workplace? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Have you ever been sanctioned or had your driver's license suspended or revoked? |

California applicants: Do not identify convictions under California Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or 11550 related to marijuana offenses that occurred two or more years before the instant application. Also, do not identify any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated, or any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.

APPLICANT'S STATEMENT AND ACKNOWLEDGMENT

- I certify that this application was completed by me and that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge.
- I understand that any misrepresentation or omission of facts called for on this application or during the application process may result in termination of the application process or my dismissal from employment at any time regardless of when the false answer or omission is discovered.
- I authorize the Company to conduct any necessary investigations or inquiries regarding my background to the extent permitted by federal, state and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.
- I understand that if offered employment, I am to abide by all rules and regulations of the Company.
- I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time with or without cause.
- I understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Company.
- I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.
- I consent to all of the following pre-employment processes, which are required by the Company and I further understand that the offer of employment is contingent upon my successfully completing all of pre-employment testing:
 - Motor Vehicle Report (MVR) (review of past driving record)
 - Drug screen (DOT and Non-DOT applicants)
 - Previous Employer Drug and Alcohol History (DOT applicants, 49 CFR 382.413)
 - Physical Examination and Functional Capacity Evaluation (consistent with federal and state law)
 - Background Check
- I agree and understand that this application for employment in no way obligates the Company to employ me.

Print Name _____

Date Signed _____

Applicant Signature _____

IF YOU ARE APPLYING FOR A FMCSA REGULATED POSITION, PLEASE CONTINUE HERE.
IF YOU ARE APPLYING FOR A NON-DOT POSITION, PROCEED TO PAGE 7.

Applicant Name:	SSN:
<i>APPLICATION CONTINUED – COMPLETE SECTIONS A THRU E BELOW</i> THESE SECTIONS MUST BE COMPLETED <u>ONLY</u> BY APPLICANTS WHO WILL OPERATE A DOT REGULATED VEHICLE	

SECTION A: EXPERIENCE AND QUALIFICATIONS - DRIVER

As per 391.23(a)(1) please give all vehicle operators and /or permit during the past three years

DRIVER LICENSES DOB: ____/____/____ <small>DOB is required by DOT regulations.</small>	STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS*	EXPIRATION DATE

- * **Endorsements N, H or X:** Transportation Worker Identification Credential (TWIC) Card # _____ Expiration Date: _____
- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | B. Has any license, permit or privilege ever been suspended or revoked? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | C. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | D. If you answered yes to A, B, or C, please provide details: _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | E. If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | F. Have you worked for a DOT regulated employer in the past three (3) years? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | G. Have you self-certified with the State Driver's License Authority (SDLA)? |
- If yes, please circle which operational category you self-certified with the SDLA. Please Attach copy
- Interstate Non-Exempt Interstate Exempt Intrastate Non-Exempt Intrastate Exempt**

SECTION B: Traffic convictions and forfeitures for the past three (3) years (other than parking violations) If none, write "none".

LOCATION	DATE	CHARGE	PENALTY

SECTION C: List all motor vehicle accidents during the past 3 years:

Date of Accident	Nature of Violation/Accident (speeding, head-on etc.)	Fatalities/Injuries	At Fault
		<input type="checkbox"/> Yes - <input type="checkbox"/> No	<input type="checkbox"/> Yes - <input type="checkbox"/> No
		<input type="checkbox"/> Yes - <input type="checkbox"/> No	<input type="checkbox"/> Yes - <input type="checkbox"/> No
		<input type="checkbox"/> Yes - <input type="checkbox"/> No	<input type="checkbox"/> Yes - <input type="checkbox"/> No

SECTION D: DRIVING EXPERIENCE

(IF NONE, WRITE "none")

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROXIMATE # OF MILES (TOTAL)

List States operated in for last five (5) years _____

List special courses or training that will help you as a driver _____

List any "Safe Driving Awards" you hold and from whom _____

List any trucking, transportation or other experience that may help in your work for their company _____

List courses and training other than shown elsewhere in this application _____

SECTION E: TO BE READ AND SIGNED BY APPLICANTS WHO WILL OPERATE A DOT REGULATED VEHICLE

I understand that the 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 in 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 the previous employer 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 and I cannot agree on the accuracy of the information.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date

THIS SECTION MUST BE COMPLETED ONLY BY APPLICANTS WHO WILL OPERATE A DOT REGULATED VEHICLE

**FMCSA - Applicant Authorization to Release Safety Performance History
(As required by 49 CFR Parts 40.25 and 391.23)**

Name of Applicant: _____ (Print Full Legal Name Clearly)
Social Security Number: _____ Date of Birth: _____

I, _____, do hereby authorize you to release the following information to **Verifi, LLC/ The Company.** for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

☐ Check this box if you have **NOT** performed DOT functions in the past three years.

Signature of Applicant

Date

APPLICANT: DO NOT WRITE BELOW THIS LINE

Previous Employer: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone #: _____ Fax #: _____

The above-named applicant has applied to this company for a position as _____
and states that he/she was employed by you as (position) _____
from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail or email the following information to: **Verifi, LLC (Agent)/ The Company.**

Attn: Verifi Global Solutions, LLC; P.O. Box 1422 Sunset, LA 70584

Questions Phone: 800.367.0096 fax: 800.819.9880 e-mail: voe@2verifi.com

TO BE COMPLETED BY PREVIOUS EMPLOYER

Safety Performance History:

Did he/she drive a commercial motor vehicle for you? ☐ Yes ☐ No

If Yes, what type? ☐ Straight Truck ☐ Tractor-Semi trailer ☐ Bus/Van ☐ Doubles/Triples ☐ Rig/Vac/WLU

☒ Flat/Cargo/Tanker ☐ Other (specify) _____

Reason for leaving your company: ☐ Discharged ☐ Resignation ☐ Lay Off /Reduction-in-Force

Was the Driver / Operator responsible for maintenance on the asset as described under FMCSA? ☐ Yes ☐ NO ☐ N/A

☐ Check if there is no safety performance history to report, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

	Date	Location	No. of injuries	No. of fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

☐ Enclosed is the other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)).

Any other remarks: _____

Signature: _____ Title: _____ Date: _____

Keep a record of this request and the response for one year.

**** Please Return to: Verifi, LLC ****Fax 800.819.9880 **** or via email: voe@2verifi.com**

Order # _____

* A reproduction of this form shall be deemed as effective and valid as an original.

Section I: To be completed by the new employees, signed by the employee, and transmitted to:



P.O. Box 1422 Sunset, LA 70584

Fax 800.819.9880

Email: voe@2verifi.com

Order #

Applicant/Employer Printed Name: _____ Applicant/Employer SS/ ID Number: _____

I hereby authorize the release of information from my regulated and non-regulated drug & alcohol testing records by my previous employer(s), listed below, to the employer and/or its agents listed above. This release is in accordance with DOT Regulation 49 CFR Parts 40.25 and 391.23. I understand and agree to hold harmless my employer, its agents, and previous employer(s) that release the following information:

1. Verified positive drug test results.
2. Alcohol test results that reflect a result of 0.04 or higher alcohol concentration.
3. Records documenting a refusal to submit to required random, reasonable cause/suspicion, post-accident, or follow-up drug or alcohol testing and/or verified adulterated or substituted drug test results.
4. Records of any determinations that I engaged in alcohol misuse, violation of DOT regulations or any drug and alcohol policies.
5. Records pertaining to any substance abuse professional evaluations conducted and rehabilitation, including follow-up testing, undertaken by me following a violation of DOT regulations.
6. Other violations of DOT drug and/or alcohol testing regulations.

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test results and any non-negative test records to Verifi, LLC. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the companies for which I have worked in a DOT safety-sensitive, DOT regulated, or non-regulated position in the previous two/three years as applicable according to the requirements of the position for which I am applying. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed. I also agree to hold harmless any and all parties that release the requested information in good faith.

Employee/Applicant Signature: _____ Date: _____

EMPLOYEE / APPLICANT DO NOT WRITE BELOW THIS LINE

Section I: Previous Employers (use more than one form if employee/applicant has had several employers)

Previous Employer Name: _____

Designated Representative: _____

Phone Number: _____

Dates of Employment: _____

FROM: _____

TO: _____

Section II: To be completed by the previous employer(s) and transmitted as indicated above

In the applicable number of years prior to the date of the employee's signature;

- | | | | |
|----|---|------------------------------|--|
| 1. | Did the employee have any DOT alcohol test with a result of 0.04 or higher? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. | Did the employee have a verified positive DOT drug test? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. | Did the employee refuse to submit to a DOT required drug / alcohol test?
(including adulterated or substituted specimens) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. | Did the employee have other violations of DOT agency drug & alcohol testing? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. | Did a previous employer report a drug & alcohol rule violation to you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. | If you answered "yes" to any of the above, did the employee complete
the return-to-duty process? | NA <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 7. | If you answered "yes" to any of the regulated questions above, have you
reported the results to the proper state and federal agencies as required by
the laws that govern the agency? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Note: If "yes" for item 5 you must provide the previous employer's report. If "yes" for item 6 you must transmit the appropriate return-to-duty documentation (e.g. SAP report(s), Follow-up testing record)

☐ **Check this box if your company and/or the applicant was not subject to DOT regulations.**

Non-DOT Drug/Alcohol Test Results:

Has this applicant/employee ever failed, in the past three (3) years, any company Drug and/or Alcohol test performed under the permissible state law or regulation? If so, please complete the following:

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Did the employee have any Non-DOT alcohol test with a result of 0.04 or higher? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. | Did the employee have any Non-DOT verified positive drug test? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. | Did the employee refuse to submit to any Non-DOT required drug / alcohol test?
(Including adulterated or substituted specimens)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. | If you answered "yes" to any of the non-regulated questions above, have you
reported the results to the proper state and federal agencies as required by
the laws that govern the agency? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Designated Representatives Signature: _____ Title: _____

Date: _____



AUTHORIZATION & RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

(PLEASE PRINT OR TYPE)

I, the undersigned consumer, do hereby authorize **Schilling Distributors** and its affiliates ("Schilling") and **VERIF GLOBAL SOLUTIONS, LLC (VERIFI)** to procure a consumer report and/or investigative consumer report on me for the purpose of employment screening or for determining continued employment. I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by **Schilling**.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Schilling**., by and through VERIFI including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I have been advised and understand that under the provisions of the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., that any person who produces or causes to be prepared an investigative consumer report on any consumer, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection (a) (1) of section 1681d, shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I understand that proper identification will be required and that I should direct my requests to the company listed below in order to request a copy of my consumer report.

VERIFI GLOBAL SOLUTIONS LLC., P.O. Box 1422, Sunset, La 70584, (O) 800.367.0096 (F) 800.819.9880; email bkg@2verifi.com

I hereby release and agree to hold harmless, **AKA., VERIFI** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment can be terminated based on any false, omitted or fraudulent information.

If applying for employment in ~~California, Arizona, Oklahoma, Alaska, New York~~ ☐ YES ☐ NO

Signature: _____ Date: _____

Legal Printed Name: _____
First Middle (full) Last Suffix

Other Names / Aliases or Maiden: _____

Social Security _____ Daytime Phone (_____) _____ Gender* _____

Driver's License _____ State: _____ Class: _____ Date of Birth _____

Please provide your addresses for the last (7) years. City & State of Birth: _____

Email: _____

Current Address: _____
Street City State/Zip

Former Address: _____
Street City State/Zip

- Have you ever been arrested, convicted or adjudicated of a crime? Yes ☐ No ☐
- Have you ever been convicted in a military court martial? Yes ☐ No ☐
- Have you ever been sanctioned or had your license suspended or revoked? Yes ☐ No ☐
- Are you currently under any investigation or pending charge? Yes ☐ No ☐

If you answer Yes to any of the questions above, please complete Page 8. Answering Yes to any of the above questions DOES NOT automatically disqualify you from employment.

CRIMINAL HISTORY SEARCH FORM

Complete the following form. Fax to **800.819.9880** or e-mail to yoe@2verifi.com

TO BE COMPLETED BY EMPLOYER:

Company Name _____ Division _____

Location _____

****TO BE COMPLETED BY APPLICANT:** *Please PRINT the following information:*

Applicant's FULL LEGAL Name: _____

Social Security Number (SSN): _____ - _____ - _____ Height: _____

Date of Birth: ____ / ____ / ____ Hair Color: _____ Weight: _____

Docket/Case Number (if known): _____

Date of Arrest: _____

Place of Arrest: _____
City State

Charge (arrested for): _____

Docket/Case Number (if known): _____

Date of Arrest: _____

Place of Arrest: _____
City State

Charge (arrested for): _____

Docket/Case Number (if known): _____

Date of Arrest: _____

Place of Arrest: _____
City State

Charge (arrested for): _____

Signature of Applicant _____ Date: ____ / ____ / ____

Please request additional pages if necessary.

If you have answered **NO** to all questions on the previous page you are not required to complete this form.

Please note Omission of criminal history, no matter how minor, may impact an employment decision.

California residents please see page three under California Applicants.