



PCM

PIPELINE
CONSTRUCTION
& MAINTENANCE

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For:	Desired Salary:	Date of Application:
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Last Name		First name		Middle Name	
Social Security Number:			Phone Number:		
ADDRESS:					
Number	Street	City	State	Zip	

EMERGENCY NOTIFICATION

First Contact:

Name: _____

Phone Number: _____

Address: _____

Relationship: _____

Second Contact:

Name: _____

Phone Number: _____

Address: _____

Relationship: _____

How did you learn about us?

Advertisement

Friend

Relative

Employment Agency

Walk-in

Other (explain)



Questions

If you are less than 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date: _____

Have you ever been employed with us before? Yes No
If Yes, give date: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are currently on "lay-off" status and subject to recall? Yes No

Can you travel if job requires it? Yes No

Are you available to work : Full Time Part Time Shift Work.

On what date would you be available to work? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

Have you been convicted of a felony within in the last 7 years? (Conviction will not necessarily disqualify an applicant from employment.) Yes No

If Yes, please explain: _____



Education				
	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write:			
	Fluent	Good	Fair
Speak			
Read			
Write			

List any specialized training, certifications, apprenticeship, skills, or associations. Include any job-related training received in the U.S. military.

If you have any of the following, please check all that apply:

TWIC Identification Card	<input type="checkbox"/>	Rigger (API RP2d 6th Edition)	<input type="checkbox"/>
Safe Gulf Basic Orientation	<input type="checkbox"/>	Water Survival w/ Helicopter Egress	<input type="checkbox"/>
Refresher Training	<input type="checkbox"/>	H2S Safety / Proficiency Training	<input type="checkbox"/>
CPR / First Aid Training	<input type="checkbox"/>	Other (explain)	<input type="checkbox"/>



Work Experience

Start with present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which may indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.	Employer Name:	
	Address:	
	Phone Number:	Fax Number:
	Dates Employed: From:	To:
	Job Title:	Supervisor:
	Hourly Rate/Salary: Beginning:	Ending:
	Work Performed:	
	Reason for Leaving:	

2.	Employer Name:	
	Address:	
	Phone Number:	Fax Number:
	Dates Employed: From:	To:
	Job Title:	Supervisor:
	Hourly Rate/Salary: Beginning:	Ending:
	Work Performed:	
	Reason for Leaving:	

3.	Employer Name:	
	Address:	
	Phone Number:	Fax Number:
	Dates Employed: From:	To:
	Job Title:	Supervisor:
	Hourly Rate/Salary: Beginning:	Ending:
	Work Performed:	
	Reason for Leaving:	



Work Experience - Continued

Start with present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which may indicate race, color, religion, gender, national origin, disabilities, or other protected status.

4.	Employer Name:	
	Address:	
	Phone Number:	Fax Number:
	Dates Employed: From:	To:
	Job Title:	Supervisor:
	Hourly Rate/Salary: Beginning:	Ending:
	Work Performed:	
	Reason for Leaving:	

5.	Employer Name:	
	Address:	
	Phone Number:	Fax Number:
	Dates Employed: From:	To:
	Job Title:	Supervisor:
	Hourly Rate/Salary: Beginning:	Ending:
	Work Performed:	
	Reason for Leaving:	

6.	Employer Name:	
	Address:	
	Phone Number:	Fax Number:
	Dates Employed: From:	To:
	Job Title:	Supervisor:
	Hourly Rate/Salary: Beginning:	Ending:
	Work Performed:	
	Reason for Leaving:	



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Applicant's Statement

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **"at will"** nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this **"at will"** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my immediate discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Interviewer _____ Date _____

Remarks:

Employed Yes No

Employment Date _____

Job Title _____

Hourly Rate/Salary _____

By _____

Name and Title

Date



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DRIVING RECORD RELEASE

I, _____, agree to hold Pipeline Construction &
Maintenance, Inc., and its current insurance broker and their agents, et. al., harmless from any
and all damages or lawsuits, etc., for the release of information pertaining to my driving record.

Print Name

Employee Signature

Date

Witness Signature

Date

APPLICANT INFORMATION (Please Print)

Account Number: 101-101181

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security Number: *	City: State: Zip:
Driver's License Number: State:	Former Address: (2)
Date of Birth: * Place of Birth: (City, State, Country)	City: State: Zip:

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency 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, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, social networking (i.e. Facebook, Twitter), drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any federal, state or local criminal justice agency in any state. Credit reports will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired, throughout your employment. An "investigative consumer report" includes information from personal interviews, except in California where that term means any consumer report. 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 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 obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 www.infomart-usa.com or another outside organization. The scope of this disclosure and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent 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.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified directly above. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which Employer shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft, protection, the storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request.

Washington State applicants or employees only: Under the Washington Fair Credit Reporting Act, you have the right to ask InfoMart for a written summary of your rights. If you submit a request to Employer in writing, you have the right to get from Employer a complete and accurate disclosure of the nature and scope of the investigative consumer report Employer ordered, if any. If Employer obtains information bearing on your credit worthiness, credit standing or credit capacity, 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.

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

APPLICANT:

Signature: _____

Date: ____/____/____

Print Name: _____



**Fax BOTH pages to:
(770) 984-8997**

Applicant Name: (First Middle Last)	Account Number: 101-101181

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the **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" at any time after receipt of this Acknowledgement and Authorization and, if I am hired, throughout my employment. I understand that, except in California, InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067 800.800.3774 www.infomart-usa.com, and its agents, and/or another outside organization acting on behalf of Employer, and/or Employer itself may rely on this authorization to order additional consumer reports, including investigative consumer reports, from time to time during my employment, as deemed necessary for employment purposes and as allowed by law. I also authorize the following agencies and entities to disclose to InfoMart and its agents, and/or another outside organization acting on behalf of Employer, and/or Employer itself, all information about or concerning me, including, but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; insurance companies; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, drug testing results, and professional credentials and licenses. I agree that a facsimile ("fax") or photographic copy of this Acknowledgement and Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

California applicants or employees only: By signing below, you also acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION AND CREDIT CHECKS PURSUANT TO CALIFORNIA LAW**. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

APPLICANT:
Signature: _____

Date: ____ / ____ / ____



Print Name: _____

**Fax BOTH pages to:
(770) 984-8997**



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PLEASE READ CAREFULLY

APPLICATION FOR WAIVER

In exchange for the consideration of my job application by PCM, Inc. (hereinafter known as "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either the position applied for, or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered by a written instrument signed by the President/ C.E.O. of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause-for-dismissal-at-any-time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment (2) consent to and compliance with such policy is a condition of my employment: and (3) continued employment is based on the successful passing of testing under such policy. Also, upon offer of employment, a motor vehicle record will be executed to determine your ability to drive company vehicles. The outcome of your motor vehicle record may impact the employment decision.

I understand that in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigation consumer report including information as to my credit reports, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with Company shall be probationary for a period of ninety (90) days. At any time during the probationary period and/or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date

Thank you for completing this application form and for your interest in our business.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without



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AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information for various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of the authorization with your signature to be accepted with the same authority as the original.

You have the right to make a request of First Advantage, upon proper identification and payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or their persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualification may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this line _____. If you checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

Signature of Applicant

Date

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 PCM 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 PCM 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 12/22/2015