



# J4 OILFIELD SERVICE

4JLJ, LLC  
P.O. Box 10411  
Corpus Christi, TX 78460

(361) 241-0189

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Legal First Full Middle Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date Available to Start: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*MM/DD/YYYY MM/DD/YYYY*

Position Applying for: \_\_\_\_\_ Desired Salary? \_\_\_\_\_

Are you a citizen of the United States?  YES  NO If no, are you authorized to work in the U.S.?  YES  NO

Have you ever worked for this company?  YES  NO If yes, when? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Previous Employment**

*EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED) Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record). Must list the complete mailing address: street number and name, city, state, and zip code.*

EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ POSITION HELD \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY \$ \_\_\_\_\_

REASONS FOR LEAVING?

\_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

\_\_\_\_\_

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?

Yes  No

EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY \$ \_\_\_\_\_

REASONS FOR LEAVING?

\_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

\_\_\_\_\_

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  
 Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  
 Yes  No

EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY \$ \_\_\_\_\_

REASONS FOR LEAVING?

\_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

\_\_\_\_\_

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?  
 Yes  No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?  
 Yes  No

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable,  
explain: \_\_\_\_\_

**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: \_\_\_\_\_

# Driving Information

**(Applies to any applicant applying for a position that may require driving vehicles for company business.)**

DRIVERS LICENSE	STATE	LICENSE NUMBER	ENDORSEMENTS	RESTRICTIONS	EXP. DATE
C.D.L. <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>List all Accidents in the Past Five Years</b>					
<b>Date</b>	<b>Description of Accident</b>				
<b>List all Traffic Convictions and Forfeitures in the Past Three Years</b>					
<b>Date</b>	<b>Violation</b>	<b>Date</b>	<b>Violation</b>		

(ATTACH SHEET IF MORE SPACE IS NEEDED)

List states operated in for the last five years \_\_\_\_\_

Have you even been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any license, permit or privilege even been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT DRIVEN (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
OTHER _____				

[  
 Attach a photocopy of  
 Your driver's license here.  
 ]

Authorization
<p>"I certify that all information contained in this application is true and correct. I understand, if employed, any misrepresentation in this application is grounds for immediate dismissal.</p> <p>I authorize investigation of all information contained in this application, and authorize all prior employers or other references to provide information about me to the above company. I waive and release any claim against anyone for furnishing information about my previous employment, education or other facts concerning me.</p> <p>I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, for any reason."</p> <p>Date _____</p> <p>Signature _____</p>

## Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91•508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports *are* required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

- -  
\_\_\_\_\_  
Social Security Number

**PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT**

Section 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT Agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of return-to-duty process. (see Section 40.25(b)(5) and (e))

Driver's Name (Printed): \_\_\_\_\_

In accordance with Federal Motor Carrier Regulations Section 40.25(j), the driver must respond to the following questions.

1. 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 two years? Check one:  Yes  No
2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return- to-duty requirements?

Check one:  Yes  No  Not Applicable

I certify that the information provided on this document is true and correct.

Driver's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
----------------	--

I, (Print Name) \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Hereby authorize:

Previous Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_ (employment application date)

To: Prospective Employer: \_\_\_\_\_

Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's fax number: \_\_\_\_\_

Prospective employer's email address: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as \_\_\_\_\_ from ( m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you? Yes No

If yes, what type? Straight Truck Tractor-Semitrailer

Bus Cargo Tank Doubles/Triples Other (Specify)

\_\_\_\_\_

2. Reason for leaving: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here , 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, or check here if there is no accident register data for this driver.

Date Spill	Location	# Injuries	# Fatalities	Hazmat
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

\_\_\_\_\_  
\_\_\_\_\_

Any other remarks:

\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here  ,fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_ complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?  
YES  NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  
YES  NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  
YES  NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?  
YES  NO
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.  
YES  NO
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?  
YES  NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Part 3 Completed by (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from:

\_\_\_\_\_

Recorded by: \_\_\_\_\_

Method:  Fax  Mail  Email  Telephone  Other \_\_\_\_\_

Date: \_\_\_\_\_

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1:

Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a:

Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2:

Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete

SIDE 2 SECTION 3

PAGE 2 PART 3:

Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b:

Prospective Employer

- Record receipt of the information
- Retain the form

SEC 1.1

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1: COMPLETED BY THE DRIVER/APPLICANT

TO: Prospective Employer: \_\_\_\_\_  
Street/P.O. Box: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

FROM:  
Driver/Applicant: \_\_\_\_\_  
Social Security/I.D. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be  sent to me at the above address.

I will arrange to pick up.

Driver/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

PART 2: COMPLETED BY THE PROSPECTIVE EMPLOYER

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Comments: \_\_\_\_\_  
By: \_\_\_\_\_ Release Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature/person providing information Telephone # M D Y

4JLJ, LLC  
D/B/A J4 Oilfield Service  
P.O. Box 10411, Corpus Christi, TX 78460

## EMPLOYEE AUTHORIZATION FORM

### Disclosure and Release Form Employee Driving Record Information

1. In connection with my employment (or my application for employment). I hereby give permission to 4JLJ, LLC (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 authorize, without reservation, any party or agency contacted by Employer to furnish the above- mentioned information
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.
5. This authorization shall remain on file by Employer for the duration of my employment and will serve as an 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 records. If such adverse action 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 telephone 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 a 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 to request that errors be corrected

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Driver License Number & State

\_\_\_\_\_  
Today's Date



**BACKGROUND INFORMATION**

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

Other Names /Alias \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Former Employer \_\_\_\_\_

Position Held \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_

**By signing this form I hereby authorize, without reservation, any law enforcement agency, institution, information service, bureau, school, employer reference, insurance company, or any other source contacted by DISA or its agents, to furnish the information described in Section 1. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports I acknowledge that I have read and understand the Employee Screening Release Authorization form. I understand that of hired my consent will apply throughout the term of mu employment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SEC 1.1

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. DISA Global Solutions expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit report must provide additional notices pursuant to state law.

**ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate document 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 authorized the obtaining of “consumer reports” and/or “investigative consumer reports” by [Employer] (the “Company”) at any time after receipt of this authorization 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 DISA Global Solutions, Inc., 10900 Corporate Centre Drive, Suite 250, Houston, Texas 77041, 800-752-6432, [www.disa.com](http://www.disa.com), and/or Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

Washington State applicants only: 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.

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



SEC 1.1

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**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employer (“the Company”) may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by DISA Global Solutions Inc., 10900 Corporate Centre Drive, Suite 250, Houston, Texas 77041, 800-752-6432, [www.disa.com](http://www.disa.com). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEC 1.1

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**DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT**

[Employer] {"The Company"} may request an investigative consumer report about you from a third-party consumer reporting agency, in connection with our employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that included information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company. These reports will be obtained by DISA Global Solutions, Inc., 10900 Corporate Centre Drive, Suite 250, Houston, Texas 77041, 800-752-6432, [www.disa.com](http://www.disa.com).

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SEC 1.1

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### **NOTICE REGARDING BACKGROUND CHECKS AND CREDIT CHECKS PER CALIFORNIA LAW**

Employer (“the Company”) intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your education achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be DISA Global Solutions, Inc. 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 800-752-6432, [www.disa.com](http://www.disa.com). The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law. Under California Civil Code section 1786.22, you are entitled to find out what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s. “Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

#### **Notice Regarding Credit Checks:**

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you from the above-named entity, because you are seeking to work in the following position.

- An employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission;
- A position in the state Department of Justice;
- A sworn peace officer or other law enforcement;
- A position for which the information contained in the report is required by law to be disclosed or obtained;
- A position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, such as bank or credit card account information, social security number, or date of birth;
- A position which the person can enter into financial transactions on behalf of the company;
- A position that involves access to confidential or proprietary information;
- A position that involves regular access to \$10,000 or more of cash; or
- The Company will not obtain a consumer credit report on you.