



# Driver Application

Office: 281.487.5400  
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[info@ApacheOilCompany.com](mailto:info@ApacheOilCompany.com)  
[www.ApacheOilCompany.com](http://www.ApacheOilCompany.com)

Physical address: 5136 Spencer Highway  
Pasadena, TX 77505

Mailing Address: PO Box 177  
Pasadena, TX 77501



## Application

Last Name:

First Name:

Middle Name:

Date of Birth:

Social Security No:

Phone Number

Email Address:

Please list your places of residence for the three years preceding the date of this application, beginning with your current address. (required for DOT Regulations)

Current Address	City	State	Zip	How Long?
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Street Address	City	State	Zip	How Long?
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Street Address	City	State	Zip	How Long?
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Street Address	City	State	Zip	How Long?
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Have you ever been convicted of a felony? ☐ yes ☐ No

If you answered yes, please briefly describe the circumstances of your conviction, indicating the date, nature, place of the offense, and disposition of the case (a felony conviction record will not necessarily prevent you from gaining employment)


### **Employment Desired and Availability**

Position(s) applying for:		Salary/Wage Desired:
Have you ever been employed with us before? <input type="checkbox"/> Yes, give dates: <input type="checkbox"/> No		
Position Previously Held:	Rate of Pay:	Location:
Reason for leaving:		
When would you be available to start:		
Were you referred <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes provide full name		

### **Education**

Indicate highest grade completed:	1 2 3 4 5 6 7 8 9 10 11 12
Last school attended:	City:

### **Employment Record**

Are you currently employed? ☐ Yes ☐ No

We routinely contact an applicant's current employer for reference checks. Would this pose any difficulty for you? ☐ Yes ☐ No If yes, please briefly explain:

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### **Driving Experience and Qualification – Drivers Only**

CDL Type and DL Number:	State Issued:	Expiration Date:
Endorsements		
1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Has your driver's license ever been suspended or revoked for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever been convicted of driving while intoxicated or under the influence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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List vehicle accidents of any type in which you have been involved within the last **three (3) years**.

[illegible]

### **TRAFFIC VIOLATION RECORD-Drivers Only**

List traffic citations you have received during the last **three (3) years.**

☐ Check Box if None

Date:	Location	Charge

**In order to comply with FMCSA Regulations, please account for the past three (10) years of employment history, starting with your most recent employer. If you need additional forms, please let HR know.**

Employer				Date	
				From	To
				MO / YR	MO / YR
Name				Position Held	
				Salary/Wage	
Address	City	State	Zip	Reason for Leaving:	
Contact Person	Phone number				
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From	To
				/	/
				MO	YR
Name				Position Held	
				Salary/Wage	
Address		City	State	Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From	To
				/	/
				MO	YR
Name				Position Held	
				Salary/Wage	
Address		City	State	Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From	To
				/	/
				MO	YR
Name				Position Held	
				Salary/Wage	
Address		City	State	Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From	To
				/	/
				MO	YR
Name				Position Held	
				Salary/Wage	
Address		City	State	Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From	To
				/	/
				MO	YR
Name				Position Held	
				Salary/Wage	
Address		City	State	Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From	To
				/	/
				MO	YR
Name				Position Held	
				Salary/Wage	
Address		City	State	Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employer				Date	
				From MO / YR	To MO / YR
Name				Position Held	
				Salary/Wage	
Address		City		State Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					

Employer				Date	
				From MO / YR	To MO / YR
Name				Position Held	
				Salary/Wage	
Address		City		State Zip	
				Reason for Leaving:	
Contact Person		Phone number			
Were you subject to the FMCSRs <sup>†</sup> while employed? <input type="checkbox"/> yes <input type="checkbox"/> no					
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> yes <input type="checkbox"/> no					



By signing this, I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from liability in responding to inquiries and releasing information in connection with my application.

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

**YOUR RIGHTS REGARDING SAFETY PERFORMANCE HISTORY INFORMATION:** The information provided on this application may be used, and the applicant's prior employers may be contacted, for the purpose of investigating the applicant's safety performance history information. Pursuant to Federal Motor Carrier Safety Regulations 49 CFR Sec 391.23(i) (1) you have the following rights with regard to the safety performance history information provided by your previous employer.

**THE RIGHT TO REVIEW SAFETY PERFORMANCE RECORDS:** You have the right to review the records provided by your previous employers. You must make your request to review in writing and submit it to your prospective employer no later than thirty (30) days after employment begins or notification of employment is made. You will be provided with the records within five (5) business days of receipt of your written request. If the prospective employer has not received the records at the time of your request, then the five day period to provide access will begin on the day the records are received from the previous employer. If you fail to arrange to pick up or receive the requested records within thirty (30) days of when they are first made available to you, then your right to review is considered waived.

**THE RIGHT TO HAVE ERRONEOUS INFORMATION CORRECTED:** If you believe there is an error in the records, you have the right to have your previous employer correct the error. Send your request for correction to the previous employer that provided the records in question. The previous employer must either correct and forward the record to the prospective employer or notify you within fifteen (15) days of receiving your request that they do not agree the record is in error. If the previous employer corrects and forwards the record as requested, that employer must also retain the corrected information as part of your safety performance history record and provide it to subsequent prospective employers when requests for this information are received.

**THE RIGHT TO REBUT DISPUTED INFORMATION:** if the previous employer does not agree that information in the records provided is in error, you may rebut the disputed information in writing and send it to the previous employer with instructions to include the rebuttal in your safety performance history file. Within five (5) business days of receiving your rebuttal, the previous employer must; forward a copy of the rebuttal to the prospective employer; append the rebuttal to your safety performance information and include it as part of the response for any subsequent investigating prospective employers for the duration of the three year data retention requirement period. You may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

**THE RIGHT TO REPORT FAILURES TO CORRECT ERRONEOUS INFORMATION:** You may report failures of a previous employer to correct information or include your rebuttal as part of the safety performance information, to the Federal Motor Carrier Safety's administration by following procedures specified at 49 CFR Section 385.12.

*Print clearly in blue or black ink*

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*Last name, First Name*

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*Signature*

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*Date*

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*Company Representative*

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*Signature*

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*Date*

By signing this I certify 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. I also certify that I have accounted for my last three (3) years of work experiences and any relevant training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my Pre-Application unfavorably.

Apache Oil Company, Inc., is hereby authorized to make any investigation of my past employment (current employment, if indicated above that this would not pose any difficulty), education, reason for termination, accidents, drug and alcohol results, product spills, mixtures, credit or criminal history through any investigative agencies or bureaus of its choice.

In connection with my Application, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information:

- Names of previous employers
- Dates of previous employment
- Reason for termination of employment
- Work experience
- Accidents, etc.

I further understand that such report may contain Public Record Information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from DAC concerning (1) previous driving record requests made by others from such state agencies; (2) state provided driving record; (3) claims involving me in the files of insurance companies.

**I authorize, without reservation, any party or agency contacted by Apache Oil Company, Inc., to furnish the above-mentioned information.**

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of information the receipts of any reports on me which DAC have previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I release all relevant parties from all liability of any damages resulting from furnishing such information.

I understand that an offer of employment (following the completion and approval of an application for employments) is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employment file. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying, and I agree to such scheduling change as directed by my supervisor.

I further understand that this is a Pre-Application for employment and that no employment contract, either express or implied, is being offered.

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*Last name, First Name*

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*Social Security Number*

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*Signature of Applicant*

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*Date*

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*Company Representative*

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*Signature*

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*Date*

## PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 pre-employment testing requirements, apply to driver applications of this company.

### 391.103 Pre-employment testing requirements.

- a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- c) Prior to collection of a urine sample under §391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer (MRO) will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

*Print clearly in blue or black ink*

\_\_\_\_\_  
*Last Name, First Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Witnessed By:*

\_\_\_\_\_  
*Company Representative*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Printed Applicant Name*

\_\_\_\_\_  
*Social Security*

The applicant is required by Sec. 40.25(j) to **respond** to the following questions:

- 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? ☐ Yes ☐ No
- If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirement? ☐ Yes ☐ No

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

\_\_\_\_\_  
*Last Name, First Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Witnessed By:*

\_\_\_\_\_  
*Company Representative*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## FAIR CREDIT REPORTING ACT DISCLOURE STATEMENT

In accordance with the provision 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.

\_\_\_\_\_  
*Last Name, First Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

### **I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION**

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I'm hired, will be supplied by DAC to other companies which subscribe to DAC services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

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*Last name, first name*

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*Social Security Number*

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*Signature*

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*Date*

## APPLICANT CLEARINGHOUSE DRUG TEST RELEASE

TO: Apache Oil Company  
(Company)

FROM: \_\_\_\_\_  
(Applicant)

- A. I voluntarily consent to submit to urine tests if requested by you in conformance with Department of transportation (DOT) regulations (49 C.F.R Parts 391 and 40). I understand that such testing will be conducted under the direction of the medical facility chosen by you. I further understand that you will use such samples for the purpose of conducting drug use tests to determine if I have engaged in the use of controlled substances as defined in DOT regulations (49 C.F.R. Parts 391 and 40).

I give permission for you, your Medical Review Officer or your designated agent to release to DAC Services, 4110 S. 100<sup>th</sup> E. Ave., STE 200, Tulsa, Oklahoma 74146, (918)664-9991, the information obtained from such tests or the fact that I refused to take such test. I hereby authorize you, your Medical Review Officer or DAC services to release and disclose this information to any future employer, company or agent thereof, PROVIDED that I give that employer, company or agent my express written permission.

- B. I hereby give my voluntary consent for DAC Services, any previous employer, or Medical Review Officer or any of their respective agents and employees to release and disclose the following information concerning any of my past controlled substance tests. I also authorize you to obtain the following information from past controlled substance tests:
- a. The types of controlled substances testing for which I submitted a urine specimen.
  - b. The date of such collection.
  - c. The location of such collection.
  - d. The identity of person or entity:
    - i. Performing the collection.
    - ii. Analyzing the specimens, and
    - iii. Serving as the Medical Review Officer.
  - e. Whether the test finding was "positive" or "negative" and, if "positive," the controlled substances identified in any positive test.

**I hereby knowingly and voluntarily release all person and entities from any and all claims or liabilities for releasing information described in this form to those identified in the preceding paragraphs.**

**I certify that I have read, understand, and agree to all the provisions of this form.**

\_\_\_\_\_  
*Print Name (last, first)*

\_\_\_\_\_  
*Printed name of company witness (last, first)*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*DAC Customer Number*

## DRIVER'S RELEASE OF MEDICAL RECORDS

I, \_\_\_\_\_, hereby authorize and give permission to all health care providers who have rendered medical care or related services to me, in accordance with my mental and/or physical capabilities to perform the essential functions of the job, to give to the authorized agent of Apache Oil Company, Inc. (or any person acting on his/her behalf with written authorization of the same) to complete access to all of my medical records pertaining to any diagnosis or treatment of any injury, disease, illness or medical condition relating to my employment. Permission is also given to said health care provider to fully discuss my diagnosis, treatment, condition, or prognosis with the authorized agent of Apache Oil Company, Inc. or others acting on his/her behalf. This release is given for the purpose of verifying physical or mental capabilities to ascertain whether I can perform the essential functions of the job and will only be utilized subsequent to an offer of employment.

A copy of this release shall be valid as the original.

\_\_\_\_\_  
*Printed name (last, first)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed name of company witness (last, first)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of witness*



**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with \_\_\_\_\_ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 2/11/2016*



<b>Apache Oil Co LP</b>	Permissible Purpose Certification: <input checked="" type="checkbox"/> Pre-Employment Screening
Please provide the checked package:	<input type="checkbox"/> Basic + County <input type="checkbox"/> Basic + MVR <input checked="" type="checkbox"/> Level 1 + MVR

## BACKGROUND SCREENING DISCLOSURE AND AUTHORIZATION

*Applicants: Please read the following statements carefully*

### NOTICE

In connection with your application for or continued employment, **Apache Oil Co LP** ("Company") may order a background report ("consumer report") or an "investigative consumer report". These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by Company, throughout your employment where permissible by law. These reports may contain information about your character, general reputation and/or mode of living and may include information including, but not limited to: social security number verification, criminal/civil records, driving records, employment and education history, professional licensing/certifications, credit reports, and drug testing results.

Investigative consumer reports are consumer reports gathered from personal interviews with sources such as your neighbors, friends, or associates. You have the right, upon written request made within a reasonable time after receipt of this notice to ask the Company to disclose the nature and scope of any investigative consumer report. You also may request a copy of that report from the Company. A disclosure regarding the nature and scope of an investigative consumer report shall be made in writing and delivered to you by the Company no later than five days after (i) the date on which your request for the disclosure was received or (ii) the date on which the investigative consumer report was first requested, whichever is later.

LS Screening, LLC, ("LSS"), a Consumer Reporting Agency, will prepare the consumer report. They may be contacted at:

PO Box 3051  
Forney, TX 75126  
(800) 755-3392 Voice/(800) 283-4883 Fax

Per the Fair Credit Reporting Act, you may be entitled to a copy of the report. The Fair Credit Reporting Act gives you specific rights in dealing with Consumer Reporting Agencies. You will find these rights summarized in *A Summary of Your Rights Under the Fair Credit Reporting Act*. A copy of that document can be found at [http://files.consumerfinance.gov/f/201410\\_cfpb\\_summary\\_your-rights-under-fcra.pdf](http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf)

### STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

**Minnesota applicants only:** You have the right, upon written request to LSS, to receive a complete and accurate disclosure of the nature and scope of any consumer report. LSS must make this disclosure within five days of your request for disclosure or of the Company's request for the report, whichever is later.

**Minnesota / Oklahoma applicants:** You have the right to receive a copy of your consumer/investigative consumer report by checking "Yes" below. Please check the appropriate box if you would like to receive a free copy of your consumer report.

YES ☐ NO ☐

**New Jersey applicants:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS. You may inspect and order a free copy of the report by contacting LSS.

**New York applicants:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS, and you will be provided with the name and address of LS Screening. You may inspect and order a free copy of the report by contacting LSS. By signing below, you certify that you have received a copy of New York Correction Law 23-A.

**Washington State applicants:** If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report requested by the Company. You also have the right to ask LSS for a written summary of your rights under the Washington Fair Credit Reporting Act.

### ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND REPORTS

By providing the requested information and signing below, I acknowledge receipt of the **Background Screening Disclosure and Authorization Notice, A Summary of Your Rights under the Fair Credit Reporting Act** (available at [http://files.consumerfinance.gov/f/201410\\_cfpb\\_summary\\_your-rights-under-fcra.pdf](http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf)) and any other document referenced in this Background Screening Disclosure and Authorization Notice and certify that I have read and understand all of those documents provided to me by the Company. By my signature below I hereby authorize the Company to obtain consumer reports and/or investigative consumer reports for employment purposes at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LS Screening, PO Box 3051, Forney TX 75126, (800) 755-3392 Voice/(800) 283-4883 Fax. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that signing my name below, constitutes my consent and that by doing so: I am acknowledging Company has disclosed that they may request a consumer report or investigative consumer report; that I am authorizing LS Screening to conduct the background check(s) described above; and I certify that facts and information in this form and any attachments I have provided are true, accurate, and complete to the best of my knowledge.

### PLEASE PROVIDE ALL INFORMATION AND PRINT CLEARLY

APPLICANT'S LEGAL NAME:

Last Name

First

M.I.

SOCIAL SECURITY #:

DATE OF BIRTH:

Month/Day/Year

CURRENT HOME ADDRESS:

Street

City/State

Zip

DRIVER'S LICENSE #:

STATE OF ISSUANCE:

EMAIL ADDRESS:

APPLICANT SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

[www.lsscreen.com](http://www.lsscreen.com)

Fax to (512) 275-1134

Email to [consents@lsscreen.com](mailto:consents@lsscreen.com)