

Dear CMV Applicant,

Thank you for your interest in joining PetroStar Services LLC. To assist in expediting your application for employment, please complete the attached Commercial Driver application packet entirely.

To ensure that your application is processed quickly and efficiently, please following the below instructions as well as the instructions on each page of the applications.

- DOT Application must be completely filled out. Use N/A (not applicable) if the question does not apply to you, or if you do not need the additional spaces for information. Do not leave blanks. Use N/A (not applicable) if something does not apply to you, or you do not need any additional spaces for information. **Do not leave blanks.**
- Ensure your previous employment / history goes back ten (10) years. This is FMCSA requirement and the application can not go through processing if this is not complete. If you do not have ten (10) years of work history, please account for the time going back ten years, including unemployed or self-employed. Use N/A in the spaces provide.
- Submit a COLOR copy, or picture of the front and back of your current valid Driver's License and Social Security Card with your application.
- Submit a copy of your most recent DOT Medical card and any safety training cards you currently hold.
- Ensure that all questions are answered truthfully and accurately to the best of your knowledge. Omission or falsification will disqualify you from employment.
- You will be required to register with the Federal Motor Carrier Drug & Alcohol CLEARINGHOUSE, at [login.gov](https://www.dhs.gov/fmcsa-clearinghouse) , prior to employment. If you have not registered, please take time to do this. It is the new FMCSA requirement as of January 2020.
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If you have any questions regarding your Commercial Driving Application, please do not hesitate to contact your hiring manager or PetroStar Services Fleet Management.

[fleet@petrostarservices.com](mailto:fleet@petrostarservices.com)

# COMMERCIAL DRIVER APPLICATION



4350 Lockhill Selma Rd, Suite 150  
San Antonio, TX 78249  
(210) 463-9929

(Sign and Date Below)

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 a decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer has been extended.) **I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. 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 PETROSTAR SERVICES. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e).

I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PERSONAL INFORMATION – PLEASE PRINT CLEARLY (List all addresses for past 3 years.)

**PLEASE PRINT CLEARLY**

Please list ALL addresses for the past three (3) years

- **Do Not leave any blanks**                      **Use n/a if not applicable to you.**

\_\_\_\_\_  
LAST NAME (APELLIDO)                      FIRST NAME (NOMBRE)                      MI

\_\_\_\_\_  
CURRENT STREET ADDRESS                      CITY (CIUDAD)                      STATE                      ZIP

\_\_\_\_\_  
PAST STREET ADDRESS                      CITY (CIUDAD)                      STATE                      ZIP

\_\_\_\_\_  
PHONE NUMBER                      EMAIL ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER                      DATE OF BIRTH

\_\_\_\_\_  
DRIVERS LICENSE NUMBER                      STATE                      CLASS                       CDL                      EXPIRATION DATE

\_\_\_\_\_  
DRIVER'S LICENSE CLASSIFICATION                      ENDORSEMENTS; (HAZMAT, TANKER, TRIPLES, DOUBLES)

## DRIVING EXPERIENCE

	Type of Equipment	Years of Experience	Years / Miles Driven
1			
2			
3			

## ACCIDENT RECORD (Previous Three (3) Years)

Accident Dates	Type of Accident	Fatalities	Injuries

## TRAFFIC CONVICTIONS (Previous Three (3) Years, Excluding Parking Violations)

Location	Date	Charge

## LICENSE AND CRIMINAL BACKGROUND

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES  NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES  NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE PROVIDE DETAILS: \_\_\_\_\_

- C. Have you ever been arrested, charged and/or convicted of a misdemeanor or felony? YES  NO

IF YES, PLEASE EXPLAIN FULLY. Conviction of a crime is not an automatic bar to employment; all circumstances will be considered: \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT

Contact Name	Phone Number	Relationship

## PREVIOUS EMPLOYMENT

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

**LIST ALL EMPLOYMENT FOR LAST 10 YEARS - PLEASE ACCOUNT FOR ALL TIME.**

- Incomplete application will not be processed.
- Do not leave blanks, use N/A if not applicable to you.
- Use additional paper if necessary.
- Account for the complete ten (10) years history,
- Including unemployed or self-employed, or gaps in work history.

<b>PRESENT EMPLOYER</b>	<b>Contact Person</b>	<b>Phone Number</b>
<b>Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Position Held</b>	<b>From</b>	<b>To</b>
<b>Reason Leaving</b>	<b>Type of Trailer</b>	
<b>Were you subject to the FMCSRs+ while employed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PREVIOUS EMPLOYER</b>	<b>Contact Person</b>	<b>Phone Number</b>
<b>Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Position Held</b>	<b>From</b>	<b>To</b>
<b>Reason Leaving</b>	<b>Type of Trailer</b>	
<b>Were you subject to the FMCSRs+ while employed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PAST EMPLOYER</b>	<b>Contact Person</b>	<b>Phone Number</b>
<b>Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Position Held</b>	<b>From</b>	<b>To</b>
<b>Reason Leaving</b>	<b>Type of Trailer</b>	
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

<b>PAST EMPLOYER</b>	<b>Contact Person</b>	<b>Phone Number</b>
<b>Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Position Held</b>	<b>From</b>	<b>To</b>
<b>Reason Leaving</b>	<b>Type of Trailer</b>	
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

<b>PAST EMPLOYER</b>	<b>Contact Person</b>	<b>Phone Number</b>
<b>Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Position Held</b>	<b>From</b>	<b>To</b>
<b>Reason Leaving</b>	<b>Type of Trailer</b>	
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

<b>PAST EMPLOYER</b>	<b>Contact Person</b>	<b>Phone Number</b>
<b>Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Position Held</b>	<b>From</b>	<b>To</b>
<b>Reason Leaving</b>	<b>Type of Trailer</b>	
<b>Were you subject to the FMCSRs+ while employed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PAST EMPLOYER</b>	<b>Contact Person</b>	<b>Phone Number</b>
<b>Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Position Held</b>	<b>From</b>	<b>To</b>
<b>Reason Leaving</b>	<b>Type of Trailer</b>	
<b>Were you subject to the FMCSRs+ while employed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PAST EMPLOYER</b>	<b>Contact Person</b>	<b>Phone Number</b>
<b>Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Position Held</b>	<b>From</b>	<b>To</b>
<b>Reason Leaving</b>	<b>Type of Trailer</b>	
<b>Were you subject to the FMCSRs+ while employed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PAST EMPLOYER</b>	<b>Contact Person</b>	<b>Phone Number</b>
<b>Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Position Held</b>	<b>From</b>	<b>To</b>
<b>Reason Leaving</b>	<b>Type of Trailer</b>	
<b>Were you subject to the FMCSRs+ while employed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PAST EMPLOYER</b>	<b>Contact Person</b>	<b>Phone Number</b>
<b>Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Position Held</b>	<b>From</b>	<b>To</b>
<b>Reason Leaving</b>	<b>Type of Trailer</b>	
<b>Were you subject to the FMCSRs+ while employed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

- Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
- 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.

***This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. Omission or falsification will disqualify you from employment.***

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

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

# 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/contract purposes. These reports are required by Sections 382.413, 391.23, and 391.25, of the Federal Motor Carrier Safety Regulations.

De acuerdo con las provisiones de la Sección 604 (b)(2)(A) del Acto Justo de la Cobertura del Credito, la Ley Publica 91-508, como enmendado por el Credito al consumidor que Informa el Acto de 1996 (Titula II, Subttulo D, el Capftulo yo, de la Ley Publica 104-208), usted es informado que informa verificando su empleo previo, la droga previa y los resultados de la prueba de alcohol, y su registro que maneja se pueden obtener en usted para propósitos de arrendamiento contrato. Estes informes son requeridos por Secciones 382,413, 391,23, y 391,25, de las Regulaciones Federales de la Seguridad de Transporte Automotriz.

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

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

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

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



# SAFETY PERFORMANCE HISTORY

**To be completed only by: APPLICANT**

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

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby authorize previous employers to release and forward the information requested by concerning my Alcohol and Controlled Substances testing records within the previous three (3) years from date of application to:



4350 Lockhill-Selma Rd., Suite 150  
San Antonio, TX 78249

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

PREVIOUS EMPLOYER \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Email \_\_\_\_\_

**EMPLOYMENT VERIFICATION – To be completed by previous employer.**

## SECTION I – Employment Verification

- The applicant named above WAS/IS NOT employed/contracted by the Company.  
 The applicant named above WAS/IS employed/contracted by the Company.

Employed from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_.

## SECTION II – Experience

Did he/she drive a motor vehicle for you?  YES  NO If yes, what type? \_\_\_\_\_

Tractor semi trailer  Straight truck  Bus  Cargo Tank  Other \_\_\_\_\_

## SECTION III – Separation Reason

Reason for leaving your employment?  Quit  Resigned  Layoff  Terminated

Still Employed      Comments: \_\_\_\_\_

## SECTION IV – Accident Register (390.15 (b))

- None to Report (Sign Below)  
 Applicant was involved in the following accidents in the last 3 (three) years:

Date	Location	Injuries	Fatalities	Hazmat Spill

## SECTION V – Certification

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# SAFETY PERFORMANCE HISTORY

Applicant Name \_\_\_\_\_ SSN \_\_\_\_\_ Employer \_\_\_\_\_

## Section I: Drug & Alcohol History (To be completed y Previous Employer)

Driver **WAS NOT** subject to the Department of Transportation testing requirements while employed by employer. Fill out section II. Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ : \_\_\_\_\_

Driver **WAS** subject to Department of Transportation testing requirements and the following questions apply while he/she was under employment/contract: **In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous three (3) years prior to date of application.**

	YES	NO
1. Has this person had an alcohol test with a result of .00 or higher alcohol concentration	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive, adulterated, or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, has driver subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

## Section II *If the answer to QUESTION 5 OR 6 is "Yes", please list SAP Professional Information:*

<b>Name</b>	<b>Address</b>	<b>City</b>
<b>State – Zip</b>	<b>Phone</b>	

## Section III *Affirmation: This form was filled out by:*

<b>Name</b>	<b>Title</b>	<b>Company</b>
<b>Signature</b>	<b>Date</b>	

**This form was:**  
 FAXED    MAILED    EMAILED    VERBALLY    OTHER \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: (If Veral) \_\_\_\_\_ BY: \_\_\_\_\_

Information obtained from: \_\_\_\_\_

# MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past twelve (12) months.

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

\_\_\_\_\_  
Date of Certification

PetroStar Services, LLC, 4350 Lockhill Selma Rd, Suite 150, San Antonio, TX 78249

\_\_\_\_\_  
Reviewed by Signature

\_\_\_\_\_  
Title

## U.S. DEPARTMENT OF TRANSPORTATION

Motor Carrier Safety  
Program Annual Review  
of Driving 391.25

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

This day I reviewed the driving record of the above-named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- the driver **MEETS** the minimum requirements for safe driving, or
- the driver **IS DISQUALIFIED** to drive a motor vehicle pursuant to 391.15

**PetroStar Services, LLC**

\_\_\_\_\_  
Motor Carrier's Name

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Reviewed by Signature

\_\_\_\_\_  
Reviewed by Title

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**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 PETROSTAR SERVICES LLC ("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 Data Qs 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 PETROSTAR SERVICES LLC ("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 Data Qs 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.

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

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

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

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



# NEW HIRE DRIVER DATA SHEET

Name (Print) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

### INSTRUCTIONS:

At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation, Rule 395.8(2), require you to furnish a statement of the amount of time worked during the last period of seven (7) consecutive days.

In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

	1	2	3	4	5	6	7	TTL
Date								
Hours								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at \_\_\_\_\_ on \_\_\_\_\_ (Day) (Month) (Year)

(Signature) \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_  
Company Representative

# PREVIOUS

## PRE-EMPLOYMENT DRUG & ALCOHOL STATEMENT

Sec. 40.25U) 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 the 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 the return-to-duty process. (See Sec. 40.25(b)(5) and (e))

Prospective / Employee Contractor Name: \_\_\_\_\_

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

The prospective employee/contractor is required by Sec. 40.25U) to 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.**

(Signature) \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

## ACKNOWLEDGEMENT & EMPLOYEE COMMITMENT

---

I, the undersigned, certify that I have read and understand **PetroStar Services** Statement of Policy on Drug and Alcohol Abuse and have received a copy of the policy.

By accepting employment with the Company, I also consent to submit to urine, breath or saliva for the testing of alcohol, drugs, and controlled substances and I agree to comply with all of the requirements of the Company, and with state or local laws and rules governing the use of drugs and controlled substances.

I understand that my failure to honor the terms of this Agreement will be grounds for the termination of my employment or the consideration of my application for employment.

I further understand that, notwithstanding the policy or this Acknowledgement and Employee Commitment, employment is at will, that the terms of my employment or employment itself may be terminated as the Company may choose in its sole discretion, that the Policy does constitute a contractual commitment or binding legal obligation on the Company and that the Policy does not create an employment contract between the Company and me.

\_\_\_\_\_  
Employee\Contractor Signature

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

\_\_\_\_\_  
Date



## CONSENT FOR DOT MANDATED CONTROLLED SUBSTANCE AND ALCOHOL TEST

The Federal Motor Carrier Safety Regulations, Section 382.113, before performing an alcohol or controlled substance test under this part (382), each employer shall notify a driver that the alcohol or controlled substance test is required by part 382-Controlled Substance and Alcohol use and Testing.

382.301 Pre-Employment testing requirements:

- (a) Prior to the first time a driver-applicant performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substance.

382.302 Post-Accident Testing

382.305 Random Testing

382.306 Reasonable Suspicion Testing

As a condition of my employment: I agree to controlled substance test for the drugs (Marijuana, Cocaine, Phencyclidine "PCP", Opiates, and Amphetamines) and Alcohol Test as required by part 382.

I understand a positive test for controlled substance or an Alcohol 0.04 or greater Alcohol concentration, will disqualify me from operating a commercial motor vehicle for this company.

This consent is given voluntarily in exchange for the employer's verification that testing will be required in accordance with Part 382.

I have read and understand the above conditions.

\_\_\_\_\_  
Applicant's Full Name

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

\_\_\_\_\_  
Company Representative's Signature

Date \_\_\_\_\_

Date \_\_\_\_\_





## DECLARATION OF EMPLOYMENT STATUS

Under the Federal Motor Carrier Safety Regulations (Section 391.23), The Company is required to verify the employment background on all prospective drivers for the previous three years from application date. In the section below, please fill in the dates and describe your activities for that specific time.

Dates:

From:

To:

DURING THE TIME PERIOD LISTED ABOVE, I CERTIFY THAT THE FOLLOWING IS TRUE:

- 1. I WAS NOT EMPLOYED IN ANY CAPACITY ON A FULL OR PART TIME BASIS
- 2. I WAS SELF-EMPLOYED. DBA: \_\_\_\_\_
- 3. THE COMPANY I WORKED FOR WENT OUT OF BUSINESS.  
NAME OF COMPANY: \_\_\_\_\_  
ATTACH ANY APPLICABLE TAX DOCUMENTS (UNABLE TO VERIFY)

I ALSO CERTIFY THAT THE FOLLOWING APPLIES:

- 1. I **DID NOT** COLLECT UNEMPLOYMENT DURING THIS PERIOD
- 2. I **WAS NOT** ARRESTED AND/OR CONVICTED/DEFERRED OF A CRIME (FELONY OR MISDEMEANOR)
- 3. I **WAS NOT** INVOLVED IN A MOTOR VEHICLE ACCIDENT OF ANY TYPE

I HAVE ANSWERED EACH QUESTION TO THE BEST OF MY KNOWLEDGE AND HAVE NOT WITHELD ANY INFORMATION PERTAINING TO THIS TIME PERIOD.

CERTIFIED BY:

<b>Signature</b>	<b>Name</b>	<b>Date</b>
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WITNESSED BY:

<b>Signature</b>	<b>Name / Title</b>	<b>Date</b>
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**DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION**

As a part of our hiring, a background check and investigation will be conducted. We may ask DISA Global Solutions, a consumer reporting agency, to prepare a consumer report and an investigative consumer report prior to your being qualified in the service of \_\_\_\_\_. The consumer investigative report may consist of contacting all listed prior employers to verify your employment history, job performance and drug/alcohol testing data. It may also include a consumer report to include a check of applicable criminal police or court records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such a report from DISA Global Solutions, we must have your written permission for DISA Global Solutions to obtain the information and to provide the information to us as part of our analysis of your application for employment with our company. Below you will find an authorization and release for DISA Global Solutions to prepare a consumer report, and for our company to receive, a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

**AUTHORIZATION & RELEASE TO OBTAIN CONSUMER REPORT**

Under the provision of the Fair Credit Reporting Act, 15 USC, Section 1681 et. Seq., the Americans with Disability Act and all applicable federal, state and local laws, I hereby authorize and permit to obtain from DISA Global Solutions, a consumer report and investigative consumer report which may include the following:

- 1. My employment records
- 2. Records concerning any driving, criminal history, credit history, and civil records
- 3. For Truck Drivers Only- In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382,413, information concerning alcohol and controlled substances use for the past three (3) years.
- 4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service.

I understand that the above items, which may constitute "investigative consumer reports", may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of the authorization has the same effect as an original.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act, I may request a copy of the consumer report or consumer investigative report from DISA Global Solutions, the consumer reporting agency that compiled the report, after I have provided DISA Global Solutions with proper identification. I also understand that before any adverse action is taken based, in whole or in part, on the information in the consumer report, I will be provided a copy of the report, the name, address and telephone number of DISA Global Solutions, and a summary of my rights under the Fair Credit Reporting Act.

I hereby authorize DISA Global Solutions to obtain and prepare an investigative consumer report as set forth above and to provide that report to PetroStar Services, LLC as part of its investigation of my employment application.

FULL LEGAL NAME		AKA (ALSO KNOWN AS)	
CURRENT STREET ADDRESS	CITY	STATE	ZIP
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
DATE OF BIRTH	SOCIAL SECURITY NUMER		
APPLICANT SIGNATURE	DATE		
DRIVERS LICENSE NUMBER	STATE	CLASS	EXPIRATION DATE

**MUST BE COMPLETED BY CLIENT BEFORE INVESTIGATION WILL BE PERFORMED**

CLIENT	MANAGER	DATE
STATE CRIME <input type="checkbox"/>	COUNTY CRIME <input type="checkbox"/>	NATIONAL CRIME <input type="checkbox"/>
EMPLOYMENT <input type="checkbox"/>	EDUCATION <input type="checkbox"/>	SSN <input type="checkbox"/> MVR <input type="checkbox"/> CDL: YES <input type="checkbox"/> NO <input type="checkbox"/>



UNIVERSAL MEMBERSHIP APPLICATION

DISA Contractors Consortium, 12600 Northborough Drive STE 300, Houston, TX 77067

**Employee\Donor Information**

Last Name _____	First Name _____	Middle Name _____
Social Security Number _____	Home Phone Number _____	
Location\Cost Center Code _____	Collection Site Code _____	Client Name <u>PETROSTAR SERVICES, LLC</u>

**Employee Signed Consent:**

\_\_\_\_\_  
Signature

**Date Signed:**

\_\_\_\_\_

I have received and/or reviewed a copy of the DISA Contractors Consortium Substance Abuse policy and/or North American Substance Abuse Program Policy and/or the Hair Testing Substance Abuse Program. I apply for membership in the DISA Contractor Consortium (DCC) and/or North American Substance Abuse Program (NASAP) and/or the Hair Testing Substance Abuse Program under the sponsorship of the Company Member indicated above. I agree, upon acceptance, to abide by all DCC and/or NASAP policies and/or Hair Testing Substance Abuse Program, rules and regulations. I authorize the DCC to release my drug and/or alcohol test results to the Company Member for which I worked at the time I was tested and/or the Company Member which required me to take a post-offer of employment drug and/or alcohol test. I also authorize the DCC to release information about my status in the DCC to those Companies on whose premises I seek to work or am currently working. I also authorize the DCC to release DCC Status, test results, and other program activity to the North American Contractors Safety Council through the NASAP with the understanding that this status may be shared with those companies participating in the NASAP. This release expires five years after the latest date on which I was no longer an "active" member of the Consortium. I understand that I have a right to receive a copy of this authorization.

THIS FORM MUST BE SIGNED BY THE APPLICANT PRIOR TO BEING PROCESSED.

DISCLOSURE AND CONSUMER  
AUTHORIZATION TO OBTAIN INFORMATION

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**DISCLOSURE TO CONSUMER**

**PETROSTAR SERVICES, LLC**

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business  
1716 Briarcrest Drive  
Suite 200  
Bryan, Texas 7780

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- ❖ Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- ❖ An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- ❖ If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

- ❖ **Notice to California Applicants:** Under California law, the reports ordered about you for employment purposes within the State of California are defined as “investigative consumer reports.” These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California Civil Code § 1786.22, you may view the report(s) maintained at iiX during normal business hours. You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iiX in person, by mail, or by telephone. iiX is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification.
- ❖ **Notice to Massachusetts Applicants:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. **MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION.**

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\* Customer is urged to consult with its own legal counsel to verify any Disclosure and Authorization created complies with regulatory requirements.

DISCLOSURE AND CONSUMER  
AUTHORIZATION TO OBTAIN INFORMATION

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**PETROSTAR SERVICES, LLC**

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

**DOT Drivers.** I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

\_\_\_\_\_  
Applicant’s/Employee’s Full Name (Print Clearly)

\_\_\_\_\_  
Applicant’s/Employee’s Signature

\_\_\_\_\_  
Date of Signature

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Applicant’s/Employee’s Full Name (Print Clearly)

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\_\_\_\_\_  
Date of Signature

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