



# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

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 conditional offer of employment had 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.

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 the Company.

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 re-send the corrected information to the prospective employers; and
- Have a rebuttal statement attached to the alleged erroneous information, in the previous employer(s) and I cannot agree on the accuracy of the information.

**NOTE: Typing in your name for the Signature field below will act as a binding signature**

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

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

# APPLICANT TO COMPLETE

(answer all questions - please print)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residence for the past 3 years.

Current Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./mo.

Phone \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code yr./mo.

\_\_\_\_\_ How Long? \_\_\_\_\_

Street City State & Zip Code yr./mo.

\_\_\_\_\_ How Long? \_\_\_\_\_

Street City State & Zip Code yr./mo.

Do you have legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of Bonding company \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment- all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? \_\_\_\_\_

If yes, please explain if you wish \_\_\_\_\_

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employees during the preceding 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.

(NOTE: List employers in reverse order starting with the most recent.)

|   |   |
|---|---|
| <p style="text-align: center;">EMPLOYER</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____</p> <p>CONTACT PERSON _____ PHONE _____</p>  | <p style="text-align: center;">DATE</p> <p style="text-align: center;">FROM                      TO</p> <p>Mo    _____ Yr    _____ Mo    _____ Yr    _____</p> <p>POSITION _____</p> <p>SALARY/WAGE _____</p> |
| <p>REASON FOR LEAVING _____</p>   |   |
| <p>WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?      Yes                      No</p> <p>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?      Yes                      No</p> |   |

|   |   |
|---|---|
| <p style="text-align: center;">EMPLOYER</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____</p> <p>CONTACT PERSON _____ PHONE _____</p>  | <p style="text-align: center;">DATE</p> <p style="text-align: center;">FROM                      TO</p> <p>Mo    _____ Yr    _____ Mo    _____ Yr    _____</p> <p>POSITION _____</p> <p>SALARY/WAGE _____</p> |
| <p>REASON FOR LEAVING _____</p>   |   |
| <p>WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?      Yes      <input type="checkbox"/>                      No      <input type="checkbox"/></p> <p>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?      Yes      <input type="checkbox"/>                      No      <input type="checkbox"/></p> |   |

|   |   |
|---|---|
| <p style="text-align: center;">EMPLOYER</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____</p> <p>CONTACT PERSON _____ PHONE _____</p>  | <p style="text-align: center;">DATE</p> <p style="text-align: center;">FROM                      TO</p> <p>Mo    _____ Yr    _____ Mo    _____ Yr    _____</p> <p>POSITION _____</p> <p>SALARY/WAGE _____</p> |
| <p>REASON FOR LEAVING _____</p>   |   |
| <p>WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?      Yes                      No</p> <p>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?      Yes                      No</p> |   |





**USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION**  
**(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)**

All driver applicants to drive in interstate commerce must provide the following information on all employees during the preceding 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.

(NOTE: List employers in reverse order starting with the most recent.)

|  |  |
|--|--|
| <p align="center">EMPLOYER</p> NAME _____<br>ADDRESS _____<br>CITY _____<br>CONTACT PERSON _____ PHONE _____   | <p align="center">DATE</p> <p align="center">FROM                      TO</p> Mo    _____ Yr    _____ Mo    _____ Yr    _____<br>POSITION _____<br>SALARY/WAGE _____ |
| REASON FOR LEAVING _____<br><br>WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?      Yes                                      No<br>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?      Yes                                      No |  |

|  |  |
|--|--|
| <p align="center">EMPLOYER</p> NAME _____<br>ADDRESS _____<br>CITY _____<br>CONTACT PERSON _____ PHONE _____   | <p align="center">DATE</p> <p align="center">FROM                      TO</p> Mo    _____ Yr    _____ Mo    _____ Yr    _____<br>POSITION _____<br>SALARY/WAGE _____ |
| REASON FOR LEAVING _____<br><br>WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED?      Yes                                      No<br>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?      Yes                                      No |  |

\*Includes vehicles having a GVWR of 26,001lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in 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 more than 8 passengers (including the driver), OR (3) is of any size and it used to transport hazardous materials in a quantity requiring placarding

**ACCIDENT RECORD** FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

|               | Dates | Nature of Accident (HEAD-ON, REAR-END, UPSET, ETC.) | Fatalities | Injuries | HAZARDOUS MATERIAL SPILL |
|---------------|-------|---|------------|----------|--------------------------|
| Last Accident | _____ | _____   | _____      | _____    | _____                    |
| Next Previous | _____ | _____   | _____      | _____    | _____                    |
| Next Previous | _____ | _____   | _____      | _____    | _____                    |

**TRAFFIC CONVICTIONS** AND FOREITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

| LOCATION | DATE  | CHARGE | PENALTY |
|----------|-------|--------|---------|
| _____    | _____ | _____  | _____   |
| _____    | _____ | _____  | _____   |
| _____    | _____ | _____  | _____   |

(ATTACH SHEET IF MORE SPACE IS NEEDED)  
**EXPERIENCE AND QUALIFICATIONS – DRIVER**

|  | STATE | LICENSE NO. | CLASS | ENDORSEMENTS | EXPIRATION DATE |
|--|-------|-------------|-------|--------------|-----------------|
| DRIVER                                     | _____ | _____       | _____ | _____        | _____           |
| LICENSES OR PERMITS HELD IN THE PAST 3 YRS | _____ | _____       | _____ | _____        | _____           |
|  | _____ | _____       | _____ | _____        | _____           |

- 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 DETAILS \_\_\_\_\_

| DRIVING EXPERIENCE CLASS OF EQUIPMENT | CHECK YES OR NO |    | CHECK TYPE OF EQUIPMENT |      |      |      |       | FROM  | TO    | APPROX NO. OF MILES(TOTAL) |
|---------------------------------------|-----------------|----|-------------------------|------|------|------|-------|-------|-------|----------------------------|
| STRAIGHT TRUCK TRACTOR                | YES             | NO | VAN                     | TANK | FLAT | DUMP | REFER | _____ | _____ | _____                      |
| SEMI-TRAILER TRACTOR-TWO              | YES             | NO | VAN                     | TANK | FLAT | DUMP | REFER | _____ | _____ | _____                      |
| TRAILERS TRACTOR                      | YES             | NO | VAN                     | TANK | FLAT | DUMP | REFER | _____ | _____ | _____                      |
| THREETRAILERS                         | YES             | NO | VAN                     | TANK | FLAT | DUMP | REFER | _____ | _____ | _____                      |
| MOTORCOACH-SCHOOL BUS                 | YES             | NO |                         |      |      |      |       | _____ | _____ | _____                      |
| OTHER                                 |                 |    |                         |      |      |      |       | _____ | _____ | _____                      |

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THE APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

| SELECT HIGHEST GRADE COMPLETED | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------------------------|---|---|---|---|---|---|---|---|
| HIGH SCHOOL                    | 1 | 2 | 3 | 4 |   |   |   |   |
| COLLEGE                        | 1 | 2 | 3 | 4 |   |   |   |   |

LAST SCHOOL ATTENDED \_\_\_\_\_  
(NAME) (CITY, STATE)

**TO BE READ AND SIGNED BY APPLICANT**

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.

**NOTE: Typing in your name for the Signature field below will act as a binding signature**

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



# Arguindegui Oil Company # 1091

## APPLICANT INFORMATION

**APPLICANT'S FULL NAME** \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email address: \_\_\_\_\_ (Provide if you prefer to receive information via email)

Current Address \_\_\_\_\_

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

Driver's License State \_\_\_\_\_ D.L. Number \_\_\_\_\_

Address on D.L.: \_\_\_\_\_

Name of High School, College, University or Institution of Professional Training where you completed the highest level \_\_\_\_\_

(  GED - provide state) \_\_\_\_\_

Campus Name \_\_\_\_\_ Campus City \_\_\_\_\_ Campus State \_\_\_\_\_

Name on GED or under which you graduated \_\_\_\_\_

Year(s) Attended \_\_\_\_\_ Year Graduated/GED Completed \_\_\_\_\_

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry \_\_\_\_\_

Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_

Type \_\_\_\_\_ State/Region or Issuing Organization \_\_\_\_\_ Country \_\_\_\_\_ Number \_\_\_\_\_

\*Have you ever been convicted of a crime? Yes  No  (Please attach a separate sheet of paper to provide additional entries)

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
2. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

### STATE LAW NOTICES

**Minnesota** or **Oklahoma** applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a

consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form.

**California** applicants or employees only: Please mark the following field 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. The report will be mailed to the current address indicated above.

**California** applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE

REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

**New York** applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of

New York Correction Law.

**Maine** applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**Massachusetts** applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

**Washington State** applicants or employees only: You have the right, upon written request made 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 investigation we requested. 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.

I have read and understand the above information and assert that all information provided by me is true and accurate.

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

Date \_\_\_\_\_

**BACKGROUND INQUIRY RELEASE**

In connection with my application for employment/residency, I understand that an investigative background inquiry is to be made on myself, including, but not limited to, identity and prior address(es) verification, criminal history, driving record, consumer credit history, education verification, prior employment verification and other references, as well as other information.

I, further understand that for the purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various Federal, State, County, municipal, corporate, private and other agencies, which may maintain records concerning my past activities relating to my criminal conduct, civil court litigation, driving record, and credit performance, as well as various other experiences.

I, hereby authorize without reservation any company, agency, party or other source contacted to furnish the above information as requested. I do hereby release, discharge and indemnify the prospective employer/landlord, it's agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses arising from the retrieving and reporting of the requested information.

I am willing and acknowledge that a photocopy of this authorization be accepted with the same authority as the original and this signed release expires one (1) year after the date of origination.

**PLEASE PRINT CLEARLY, IN BLACK INK & USE YOUR FULL LEGAL NAME.**

Company Name:

Company Address:

**Applicant Full Legal Name:**

Last Name:  First Name:  MI:

Previous Maiden/Surnames Used:

Social Security Number:  Date of Birth:

Present Address:

City:  State:  Zip:

Driver's License/ID:  State:

In connection with this request, I  hereby release the aforesaid parties from any liability and responsibility for obtaining my credit report.

Sign:  Date:

**NOTICE**  
**TO ALL JOB APPLICANTS AND EMPLOYEES**

ARGUINDEGUI MANAGEMENT CO.,LLC.  
ARGUINDEGUI OIL CO. II, LTD.  
FLEET FUELING SYSTEM, LTD.  
ARGUINDEGUI REAL ESTATE, LTD.  
AOC CALTON, LTD.  
QUANTUM AERONAUTICS, LLC.

The Company check marked above fully complies with the Texas Drug-free Workplace Rules. All applicants and employees are subject to drug and/or alcohol testing. No applicant with a positive confirmed drug/alcohol test result will be considered for employment. A confirmed, positive drug test result from an employee can result in disciplinary action up to and including discharge and the loss of medical and worker's compensation benefits.

A complete copy of the drug-free workplace policy is available to all applicants and employees in the Human Resources Department during regular business hours.

This policy is effective from September 1, 2002 until further notice.

*NOTE: Typing in your name for the Signature field below will act as a binding signature*

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

## Voluntary EEO Identification Form

Arguindegui Companies is an Equal Opportunity Employer. As required by law, various agencies of the United States Government require employers to maintain information on applicant pertaining to factors such as race, sex, and type of position for which and individual applies. The responses provided will be used only for necessary information for compliance with certain record keeping requirement, and to include in the Company's Affirmative Action Program.

Arguindegui Companies believe all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex religion, national origin, disability, veteran status, age, marital status or any other protected group. We are a company that values diversity and actively encourage women and minorities to apply.

Please complete the information requested below, refusal to provide the information will have no bearing on your application and will not subject you to any adverse treatment. Thank you for your cooperation.

Position(s) Applied For: (Job position title needed) \_\_\_\_\_

Referral Source \_\_\_\_\_ Date \_\_\_\_\_

Gender :                      Male                                      Female

Race and Ethnic Data: (Please select box)

|  |  |
|--|--|
|  | <b>White (Non-Hispanic):</b> Persons having origins of the original peoples of Europe, North Africa, or Middle East  |
|  | <b>Hispanic or Latino:</b> All persons Mexican, Puerto Rican, Cuban, Central or South American, Spanish culture or origin, regardless of race.   |
|  | <b>Asian (Non-Hispanic):</b> Persons having origins in any of the original people of the Far East, Southeast Asia, Pacific Islands or the Indian sub continent (China, Japan, Korea, Philippines, Samoa, India, or Pakistan.)  |
|  | <b>Black or African American (Non-Hispanic or Latino):</b> Persons having origins in any of the black ethnic groups of Africa.   |
|  | <b>American Indian or Alaskan Native (Non-Hispanic or Latino):</b> Persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition. |
|  | <b>Native Hawaiian or Other Pacific Islander ( Non-Hispanic or Latino):</b> A person having origins in any of the people of Hawaii, Guam, or other Pacific Islands.  |
|  | <b>Two or More Races (Non-Hispanic or Latino):</b> All persons who identify with more than one of the above five races.  |

*Arguindegui Companies is an Equal Opportunity Employer*

# Voluntary EEO Identification Form

*Disabled Veterans, Recently Separated Veteran, Armed Forces Service Medal Veterans and other protected Veterans:*

As a government contractor, Arguindegui Companies is subject to the Rehabilitation Act of 1973 (Section 503), and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA) as defined below

The information you provide will be kept confidential as far as practicable and in accordance with the law, and will be used to assist in providing reasonable accommodation and for statistical reporting as required by government agencies. The information shall not be used in a manner inconsistent with VEVRAA or Section 503. The Disabled and Veteran's Affirmative Action Program is available to all employees for review during regular business hours.

**I voluntarily identify myself as: (Please select box)**

**An Individual with a Disability:** An "individual with a disability" is defined as a person who (1) has physical or mental impairment with substantially limits one or more of his or her major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment

**Disabled Veteran:** A "disabled veteran" is defined as (1) A veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability

**Recently separated veteran:** A "recently separated veteran" is defined as any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service

**Armed Forces Service Medal Veteran:** An "Armed Forces Service Medal veteran" is defined as any veteran who while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which and Armed Forces service medal was awarded pursuant to Executive Order 12985

**Other protected veteran:** An "other protected veteran" is defined as a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or campaign or expedition for which a campaign badge has been authorized, under the law administered by the Department of Defense

**NOTE: Typing in your name for the Signature field below will act as a binding signature**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**I choose not to self identify at this time.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE REGARDING INVESTIGATIVE BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" (i.e. driving records, criminal history, social security verification, and/or education history) and/or "investigative consumer reports" (i.e. employment and/or education verification) by **EMPLOYER** ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. 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 **J. J. Keller & Associates, Inc., PO Box 368, Neenah, WI 54957-0368, (877)-564-2333, [www.jjkeller.com](http://www.jjkeller.com)** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Employer Name\*: \_\_\_\_\_ ("Employer")

Last Name\*: \_\_\_\_\_ First\*: \_\_\_\_\_ Middle\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Social Security Number (SSN)\*: \_\_\_\_\_

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

Email Address\*: \_\_\_\_\_

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

**\*Required Information**



# ARGUINDEGUI OIL CO. II, LTD.

QUALITY FUELS • LUBRICANTS • CHEMICALS • FILTERS

## General Consent for Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I \_\_\_\_\_, hereby provide consent to Arguindegui Oil Co II LTD. to conduct a query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. Consent will allow Arguindegui Oil II LTD, to run initial pre-employment, single limited query, or annual queries over the initial and duration of employment.

I understand that if the query conducted by Arguindegui Oil Co II LTD. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Arguindegui Oil Co II LTD. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Arguindegui Oil Co II LTD. to conduct a query of the Clearinghouse, Arguindegui Oil Co II LTD. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

For Clearinghouse Program questions or registration, visit:

<https://clearinghouse.fmcsa.dot.gov>

\_\_\_\_\_  
Employee Signature.

\_\_\_\_\_  
Date.

\_\_\_\_\_  
Received by.

\_\_\_\_\_  
Date.