

**NOTICE TO APPLICANTS/EMPLOYEES  
REGARDING CONSUMER REPORTS**

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, and motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and continued employment with the company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the Personnel Department of the Company, and within five days of the request, the name, address and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

**CONSENT TO OBTAINING CONSUMER REPORTS  
READ CAREFULLY BEFORE SIGNING**

1. I have read the attached "Notice To Applicant/Employees Regarding Consumer Reports" and hereby authorize the company to obtain consumer reports and/or investigative reports as described.
2. I understand that I have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address and telephone number of the consumer reporting agency.
3. I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, I order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience or qualifications.

By my signature below, I acknowledge that I have read and understood all the above statements.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

**LET THIS FORM AND/OR FAX OR COPY SERVE AS AN ORIGINAL**

**ACADIAN CONTRACTORS, INC**  
**APPLICATION FOR EMPLOYMENT**

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

NAME IN FULL: (first, middle, last)  _____	SOCIAL SECURITY NUMBER:  _____
First _____ Middle _____ Last _____ Date: _____ POSITION DESIRED: _____	*DATE OF BIRTH:  _____
CURRENT ADDRESS:  _____	*age, sex, color, national origin, and religion are not factors in making employment decisions.
CITY: _____ STATE: _____ ZIP: _____	PHONE NUMBER: ( _____ ) _____
EMERGENCY CONTACT: NAME: _____ PHONE: _____	ALTERNATE PHONE NUMBER: ( _____ ) _____
DRIVERS LICENSE NUMBER: _____ STATE : _____  DO YOU HAVE ANY RESTRICTIONS ON YOUR LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN _____	TYPE: (please check one) <input type="checkbox"/> Operator <input type="checkbox"/> Commercial Operator <input type="checkbox"/> Class
VEHICLE LICENSE PLATE NUMBER: _____ YEAR: _____ MAKE: _____ MODEL: _____	

CIRCLE ONE

The prospective employee 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 two years?	YES	NO
If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?	YES	NO
May we contact your present employer?	YES	NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Proof of citizenship or immigration will be required upon employment:	YES	NO
On what date would you be available for work?		
Are you available to work: Circle One / Circle One Full-time Part-time Shift Work Temporary / Mornings Evenings		
Are you currently on a "lay-off" status & subject to recall from another company?	YES	NO
Can you travel if the job requires it?	YES	NO
Will you work overtime if asked? If no please explain:	YES	NO
Have you ever been arrested and/or convicted of a felony or misdemeanor? (Convictions will not necessarily disqualify an applicant from employment) Explain if yes:	YES	NO

Name of School / Institution	City & State	Attended From	Attended To	Graduate / Degree
High School				
Name of University or Trade School				

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

## EMPLOYMENT HISTORY

**EXPERIENCE** Give a complete record of all employment, including military, and reasons for periods unemployed during past 10 years. Start with most recent. If you have served in the armed forces attach a copy of your DD214. If you have been self-employed list up to five of your major clients.

No "see resume" responses will be accepted.

Present or most recent positions: <b>MAY WE CONTACT YOUR PRESENT EMPLOYER NOW FOR REFERENCES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>EMPLOYER</b>		Position Held		
NAME	FROM	TO		
ADDRESS	SALARY STARTING	SALARY ENDING		Was position subject to FMCSA and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	CHECK ONE AND STATE REASON FOR LEAVING			Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATE	Layoff	Discharge	Resign	
CONTACT PERSON				
PHONE NUMBER				

<b>EMPLOYER</b>		Position Held		
NAME	FROM	TO		
ADDRESS	SALARY STARTING	SALARY ENDING		Was position subject to FMCSA and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	CHECK ONE AND STATE REASON FOR LEAVING			Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATE	Layoff	Discharge	Resign	
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PHONE NUMBER				

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CITY	CHECK ONE AND STATE REASON FOR LEAVING			Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATE	Layoff	Discharge	Resign	
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CITY	CHECK ONE AND STATE REASON FOR LEAVING			Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATE	Layoff	Discharge	Resign	
CONTACT PERSON				
PHONE NUMBER				

**PHMSA DOT Release of Information Form – 49 CFR Part 40 Drug & Alcohol Testing  
As required under 49 CFR Part 40.25**

**Section I: To be completed by the new employees, signed by the employee, and transmitted to:**

**ACI/Employers Resources, LLC  
P.O. Box 61987  
Lafayette, LA 70596  
Via Fax 337-981-9305 or  
1-800-989-1034**

Employee Printed or Type Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize the release of information from my Department of Transportation (DOT) regulated drug & alcohol testing records by my previous employer(s), listed in below, to the employer and/or its agents listed above. This release is in accordance with DOT Regulation 49CFR Part 40, Section 40.25 and 40.321(a); 40.321(b) for which I took a DOT pre-employment drug test during the previous two years. I understand and agree to hold harmless my employer, its agents, and previous employer(s) that release the following DOT regulated information:

- 4. Verified positive drug test results.
- 5. Alcohol test results that reflect a result of 0.04 or higher alcohol concentration.
- 6. Records documenting a refusal to submit to required random, reasonable cause/suspicion, post-accident, or follow-up drug or alcohol testing and/or verified adulterated or substituted drug test results.
- 7. Records of any determinations that I engaged in alcohol misuse in violation of DOT regulations.
- 8. Records pertaining to any substance abuse professional evaluations conducted and rehabilitation, including follow-up testing, undertaken by me following a violation of DOT regulations.
- 6. Other violations of DOT drug and/or alcohol testing regulations.

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test results and any non-negative test records to Employers Resources, LLC. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the companies for which I have worked in a DOT safety-sensitive position or DOT pre-employment test during the previous two-years on my application. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

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

**EMPLOYEE / APPLICANT DO NOT WRITE BELOW THIS LINE**

**Previous Employers** (use more than one form if an employee has had more than one DOT regulated employers in the past three years)

Previous Employer Name: _____
Designated Representative: _____
Phone Number: _____ Fax Number: _____
Dates of Employment: From: _____ To: _____

**Section II: To be completed by the previous employer(s) and transmitted via fax to the new employer or its agent listed above in BOLD**

In the three years prior to the date of the employee's signature for DOT regulated testing;

- 1. Did the employee have alcohol test results with a result of 0.04 or higher? YES\_\_\_\_ NO\_\_\_\_
- 2. Did the employee have a verified positive drug tests? YES\_\_\_\_ NO\_\_\_\_
- 3. Did the employee refuse to submit to a DOT required drug / alcohol test? YES\_\_\_\_ NO\_\_\_\_
- 4. (incl. adulterated or substituted specimens)
- 5. Did the employee have other violations of DOT agency drug & alcohol testing? YES\_\_\_\_ NO\_\_\_\_
- 6. Did a previous employer report a drug & alcohol rule violation to you? YES\_\_\_\_ NO\_\_\_\_
- 7. If you answered "yes" to any of the above, did the employee complete the return-to-duty process? NA\_\_\_\_ YES\_\_\_\_ NO\_\_\_\_

Check this box if your company and/or the applicant was not subject to DOT regulations.

Documentation must be attached for "yes" answers: Designated Representatives Signature: \_\_\_\_\_

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

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

