

P.O BOX 655
801 NORTH CENTER
ARCHER CITY, TX 76351



O: [940] 574-2177
F: [940] 574-4053
WWW.TUBINGTESTERSINC.COM

Hydrostatic Pipe Testing
Electromagnetic Pipe Inspection
& Steaming

EMPLOYMENT APPLICATION

Name:

First

Middle

Last

Cell Phone:

Home Phone:

Mailing Address:

How long?

Street

City

State & Zip

Date of Birth:

Social Security No

-

-

mm

/

dd

/

Addresses for
the past 2
years.

How long?

Street

City

State & Zip

How long?

Street

City

State & Zip

Driver Licenses

State

License No.

Type

Expiration Date

Driving Experience

Class of Equipment

Type of Equipment
(Van, Tank, Flat..)

Dates
From and To

Approx. No. of
Miles

Straight Truck

Tractor & Semi Trailer

Tractor - Two Trailers

Other

Accident Record

Dates

Nature

Fatalities and/or Injuries

Traffic Convictions and Forfeitures for the Past 3 years.

Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

Has a license, permit or privilege ever been suspended or revoked? Yes _____ No _____

Have you ever been convicted of a felony or criminal charges? Yes _____ No _____

Education

What is your highest form of education? _____ GED _____ High School _____ Tech School/College

Do you have any other certifications that would help you in the oil & gas industry?

Employment Record

Last Employer:	
Address:	
Position Held:	
Salary:	
Dates:	
Reason for Leaving:	

Second Last Employer:	
Address:	
Position Held:	
Salary:	
Dates:	
Reason for Leaving:	

Third Last Employer:	
Address:	
Position Held:	
Salary:	
Dates:	
Reason for Leaving:	

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. A motor carrier may require an applicant to provide information in addition to the information required by the FMC Safety Regulations. Signing below you are giving us permission to pull a **motor vehicle, background check, and drug screen** to be considered for employment.

Today's Date:

Applicant's Signature:

TEXAS DPS

APPLICATION FOR COPY OF DRIVER RECORD



MAIL TO: Texas Department of Public Safety, Box 149008, Austin, TX 78714-9008

DO NOT MAIL CASH. Mail check or money order payable to: Texas Department of Public Safety

Any questions regarding the information on this form should be directed to the Contact Center at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired

FEE

- 1. Name – DOB – License Status – Latest Address. \$ 4.00
- 2. Name – DOB – License Status – 3 Year Record only lists Crashes/Moving Violations. \$ 6.00
- 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC). \$ 10.00
- 3. Name – DOB – License Status – Record of ALL Crashes/Violations. **Furnished to Licensee Only.** \$ 7.00
- 3A. CERTIFIED version of #3. **Furnished to Licensee Only and is Acceptable for DDC.** \$ 10.00
- Other: (Original Application, DWLI, etc.) _____ \$ _____ .00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name _____ Requestor's First Name _____

Street Address _____ Texas Driver License Number _____

City _____ State _____ Zip Code _____ Daytime Telephone Number (include area code) _____

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc.

Your Title or Affiliation with above

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)

Information Requested On:

Texas Driver License Number

_____/_____/_____/_____/_____/_____
Date of Birth

Suffix (SR., JR., etc.)

Last Name

First Name

Middle Name/Maiden Name

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____

Signature of License /ID Card Holder or Parent /Legal Guardian

Date

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

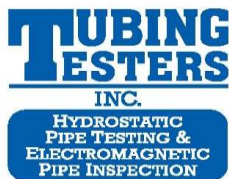
Signature of Requestor

Date

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.



EMPLOYEE SCREENING RELEASE



801 N. Center
P.O. Box 655
Archer City, TX 76381

940-874-2177 O
940-874-4083 F
www.tubingtestersinc.com

APPLICANT/EMPLOYEE COMPLETE THE FOLLOWING

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested from DISA Inc., that will include information as to my character, general reputation, personal characteristics, mode of living and credit standing.
 - a. I understand that as directed by company policy and consistent with the job described, that information such as but not limit to criminal and warrant records, social security number verification, credit and financial information, education, driving history, employment history, personal references, certifications and professional licenses, drug testing results, address history, and workers compensation records may be obtained.
 - b. I understand that such information may be obtained by direct or indirect contact from former employers, schools, courts, public agencies, or any other agency or institution and through personal interviews with neighbors, friends, associates, acquaintances, or other persons who have such knowledge.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
4. Additional State Law Notices:
 - a. California Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box . The report will be sent directly to me by DISA, Inc. to my most current address listed. I understand that I have the right to inspect visually the files concerning me maintained by an investigative consumer reporting agency during normal business hours upon reasonable notice. The inspection can be done in person if I appear in person and furnish proper identification. I am entitled to a copy of the file for a fee not to exceed the actual cost of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified address. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me. I will receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. The nature and scope of the investigation is as follows:

 - b. Massachusetts Applicants/Employees Only: The nature and scope of the investigation is as follows:

I have a right to obtain a copy of this report. I understand that in the event that I am denied employment based in whole, or in part, on the information obtained in the DISA, Inc. report, I will be provided a copy of the report and a description in writing of my applicable state rights.
 - c. Maine Applicants/Employees Only: I have the right, upon request, to be informed of whether an investigative consumer report was requested. If requested my report will be obtained from DISA, Inc, 12600 Northborough Drive, Suite 300, Houston, TX 77067, 1-800-752-6432. This is the nearest unit designated to handle inquires for DISA, Inc on any reports issued concerning me. I have the right, under Maine law, to request and promptly receive from DISA, Inc. copies of my consumer report(s).



EMPLOYEE SCREENING RELEASE

- d. Minnesota Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box . The report will be sent directly to me by DISA, Inc. to my most current address listed. I also have the right upon my direct request to DISA, Inc. to obtain a complete and accurate disclosure of the nature and scope of the consumer report. The disclosure obtained from DISA, Inc. will be in writing and mailed or delivered within 5 days after the request for the disclosure was received or the consumer report was requested, whichever is later.
- e. New Jersey Applicants/Employees Only: The specific nature and scope of the investigation involving personal interviews includes: _____.
- f. New York Applicants/Employees Only: I have the right, upon written request, to be informed of whether or not a consumer report was requested. If requested my report will be obtained from DISA, Inc, 12600 Northborough Drive, Suite 300, Houston, TX 77067, 1-800-752-6432. I may inspect and receive a copy of my report by contacting DISA, Inc.
- g. Oklahoma Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box . The report will be sent directly to me by DISA, Inc. to my most current address listed.
- h. Washington Applicants/Employees Only: I understand before I am denied employment based in whole, or in part, on the information obtained in the DISA, Inc. report, I will be provided a copy of the report and a description in writing of my applicable state rights.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please Print Your Full Name as it Appears on Your License:

Last

First

Middle

Please Print Other Names You Have Used: _____

Home Address: _____

Social Security Number: _____

Date of Birth: _____

Drivers License Number: _____

State Issuing License: _____

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

Signature: _____

Today's Date: _____