

Full Time: \_\_\_\_\_  
 Part Time: \_\_\_\_\_



6988 Reck Road – Wilson, OK 73463  
 Office: 580-668-3456  
 Fax: 405-492-6177

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	D.O.B
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Alt Phone		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
Please list three <u>professional</u> references.	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

**PREVIOUS EMPLOYMENT**

Company				Phone ( )	
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone ( )	
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone ( )	
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

**MILITARY SERVICE**

Branch		From		To	
Rank at Discharge			Type of Discharge		
If other than honorable, explain					

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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## **DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

*Please Read Carefully Before Signing the Authorization*

### **DISCLOSURE**

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Hull's Environmental Services, Inc. ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that 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.



## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Hull's Environmental Services, Inc. to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact, through IntelliCorp Records, Inc., *my current employer for Employment and Reference Verifications. (Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.)*

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under  
the age of 18)

\_\_\_\_\_  
Date



Personal Data

Form fields for Last Name, First Name, Middle Name, Current Address, Dates Lived Here, Date of Birth, Other Names Used, Years Used, Social Security Number, Driver's License #, DL State, and Email address.

I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

Form fields for Printed Name, Applicant Signature, and Date.

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MVR / Driving Status Approved and MVR / Driving Status Not Approved fields.

Reviewed By and Date fields.



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 <b>Hull's Environmental-6566</b>

**Consent Signature**



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.



**Consent for DOT Mandated Drug and Alcohol Tests, Release, and DOT Controller Substances and Alcohol Policy Review**

I understand that Hull's Environmental Services (herein "Employer") requires that a job applicant (or contractor) for a safety sensitive position (as defined by DOT regulations) submit to then-current DOT authorized collection procedures and pass a Pre-employment Drug test (and an alcohol test if required by employer on its own independent authority) to meet DOT and other requirements. If I fail either or both of these tests, I understand that I will be medically unqualified for the position and based on the employer's independent authority, will not be eligible to re-apply for six months. If any Drug test result shows a confirmed positive, I will have an opportunity to demonstrate a valid medical reason for the positive test result with the Medical Review Officer (MRO). There is no permitted review of alcohol tests. I certify that I do not presently use and will not use while an employee or contractor, either on or off the job, the drugs (or derivatives thereof): amphetamines, cocaine, marijuana, opiates, and phencyclidine. I understand that I must be available and cooperate with the MRO. I also certify that during the hours of prohibition, I will not use alcohol. I also certify that while on the job, I will not possess drugs or beverage alcohol. I will not refuse to submit to a drug or alcohol test, nor will I have an alcohol concentration prohibited by DOT regulations. I have provided employer with all information relating to my history of Alcohol test results with an alcohol concentration of 0.04 or greater, positive controlled substance tests results, and refusals to submit to testing, in all DOT Drug and Alcohol Programs that I have been in for the past two years.

I acknowledge that I have received a copy of Hull's Substance Abuse Policy and have read it (herein, "the policy"). I agree that, if employed by the Employer, I will comply with all provisions of the policy. I understand that any violation of this policy, or my failure to cooperate fully with the employer in the administration of the policy, will subject to disciplinary action, as the sole discretion and judgment of the employer, up to and including termination/discharge.

If employed or used as a contractor, I agree to submit to other Drug and Alcohol tests as defined in the employer policy and then-current DOT regulations. I am aware that this testing will be done by means permitted by then-current DOT regulations (urine, saliva, or breath testing procedures and devices). I authorize the disclosure of results to the employer, and its vendors that administer the program for the Employer. I will provide those who administer the tests with an information necessary, including medical records, to interpret the test results and administer the program. I will disclose all drugs and medications, whether legal or illegal, which I have used in the 60 days preceding any testing that may have caused a positive test result.

If I test positive for drugs and/or Alcohol as an applicant, I will not be hired and will not be eligible for rehire for at least six months. If I engage in a prohibited conduct event as defined by DOT regulation, I will be subject to disciplinary action (including immediate termination/discharge).

If I am evaluated by a Substance Abuse Professional (SAP) as a part of this program, I will fully cooperate and provide him/her access to all drug and alcohol testing records and information. I understand that if treatment is required, I must meet the SAP's requirements and complete this treatment if required. Before I can return to duty, I must submit to Return-To-Duty tests with a verified negative drug test result or an alcohol test result with an alcohol concentration less than 0.02. I understand that I am subject to follow-up drug and/or alcohol tests as required by regulation. I understand that the results of the evaluation and treatment information must be released to my employer. In addition, the results must be released to any other employer that I apply to in the future if I apply for a position to drive a commercial motor vehicle and if I specifically request you to release Drug and Alcohol testing information to that employer.

I release the Employer (or contracting firm), the testing firm, and all of their respective officers, directors, and employees from any and all claims or liability based on or arising out of these tests. Drug and Alcohol testing information obtained from prior employers, including but not limited to the testing procedures, the process of providing specimens for testing, the SAP evaluations, the disclosure of the test results, and any actions taken by the Employer or the testing firm in reliance on the test results.

***This consent and release is given voluntarily in exchange for the employer's continuation of my relationship or consideration of my application and/or use as a contractor.***

Print Full Name

Signature

Date