

# Employment Application for Non CDL Operations/Service

2 Dorrington Rd., Carnegie, PA15106



We sincerely appreciate your interest in our company. Please answer all questions completely. Weavertown Environmental Group, A *Univar Company* is an equal opportunity employer. We evaluate qualified applicants without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, veteran status, genetic information, and other legally protected characteristics. The EEO is the Law poster is available here: <http://www.dol.gov/ofccp/regs/compliance/posters/pdf/eeo-post.pdf>. If you need a reasonable accommodation because of a disability for any part of the employment process, please call (800) 746-4850 and let us know the nature of your request and your contact information.

## Note to Applicants who may work for government or a specific client(s):

"Applicants selected will be subject to a Government security background investigation and must meet eligibility and suitability requirements.

### PERSONAL DATA

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

Last Name: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Have you ever worked for a company or received education under a different name? ☐ Yes ☐ No

If yes, state previous name(s):  
\_\_\_\_\_  
\_\_\_\_\_

Are you at least 21 years of age? ☐ Yes ☐ No

If hired, can you provide documentation of your legal right to work in the United States? ☐ Yes ☐ No

Current Address

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ # Years: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Telephone Numbers

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Are you related to anyone in our company? ☐ Yes ☐ No

If yes, state name, location and relationship:  
\_\_\_\_\_  
\_\_\_\_\_

### APPLICATION DETAILS

Position Applying for: \_\_\_\_\_

Date Available to Start Work: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Have you previously been employed by our company?

☐ Yes ☐ No If yes, please state title, dates and location.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn of this job opening?

☐ Advertisement (identify source): \_\_\_\_\_

☐ Employee Referral (name): \_\_\_\_\_

☐ Agency (agency name): \_\_\_\_\_

☐ Walk-in

☐ Other (please specify): \_\_\_\_\_

# Employment Application



## EDUCATION AND TRAINING

	Name of School	City & State	Did you graduate?	Degree Received & Major
High School				
College				
College				
Graduate School				
Business or Trade School				

## SPECIALIZED SKILLS

<b>Office Skills</b> <input type="checkbox"/> Typing: wpm _____ <input type="checkbox"/> 10-key Calculator <input type="checkbox"/> PC Skilled	<b>Software Programs</b> _____ _____ _____ _____ _____ _____
<b>Other Skills and Certifications</b> _____ _____ _____ _____ _____ _____ _____ _____	

## EMPLOYMENT REFERENCES

Please list former managers, supervisors or professional associates that may be contacted now.		May we contact the references below? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.	Name: _____ Telephone: ( _____ ) _____ - _____ Occupation: _____ Company Name & Address: _____		
2.	Name: _____ Telephone: ( _____ ) _____ - _____ Occupation: _____ Company Name & Address: _____		
3.	Name: _____ Telephone: ( _____ ) _____ - _____ Occupation: _____ Company Name & Address: _____		

## Experience and Qualification



### DRIVING EXPERIENCE

If no driving experience within the last 3 years, check here. ☐

Class of Equipment	Type of Equipment	Dates		OR	Approximate Number of Miles
		From	To		
Straight Truck	<input type="checkbox"/> Van, <input type="checkbox"/> Reefer, <input type="checkbox"/> Tank, <input type="checkbox"/> Flat				
Tractor and Semi-Trailer	<input type="checkbox"/> Van, <input type="checkbox"/> Reefer, <input type="checkbox"/> Tank, <input type="checkbox"/> Flat				
Tractor — Two Trailers	<input type="checkbox"/> Van, <input type="checkbox"/> Reefer, <input type="checkbox"/> Tank, <input type="checkbox"/> Flat				
Tractor — Three Trailers	<input type="checkbox"/> Van, <input type="checkbox"/> Reefer, <input type="checkbox"/> Tank, <input type="checkbox"/> Flat				
Motorcoach — School Bus (Greater than 8 passengers)	N/A				
Motorcoach — School Bus (Greater than 15 passengers)	N/A				
Other:	<input type="checkbox"/> Van, <input type="checkbox"/> Reefer, <input type="checkbox"/> Tank, <input type="checkbox"/> Flat				

### ACCIDENT HISTORY (3 years)

If no accidents within the last 3 years, check here. ☐

Date (month/year)	Nature of Accident (head-on, rear-end, upset, etc)	Number of Fatalities	Number of Injuries	Hazardous Materials Spills?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### TRAFFIC CONVICTIONS AND FORFEITURES (3 years)

If no traffic convictions and/or forfeitures within the last 3 years, check here. ☐

Date Convicted (month/year)	Violation (Other than violations involving parking only)	State of Violation	Penalty (Forfeited bond, collateral and/or points)

### LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

If yes, give details: \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No

If yes, give details: \_\_\_\_\_

# Employment Application



## EMPLOYMENT HISTORY

Beginning with your most recent position, account for **at least the last 10 years** explaining any gaps between employment. Please complete this section in full even if you are attaching a resume. Attach an additional sheet if needed.

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your current employer? ☐ Yes ☐ No

Employer: \_\_\_\_\_

Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

City: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employment Dates (from month/year to month/year)

Account for Period Between Jobs

\_\_\_\_\_ to \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\* while employed? ☐ Yes ☐ 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? ☐ Yes ☐ No

Employer: \_\_\_\_\_

Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

City: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employment Dates (from month/year to month/year)

Account for Period Between Jobs

\_\_\_\_\_ to \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\* while employed? ☐ Yes ☐ 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? ☐ Yes ☐ No

\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weight or has a GVWR of 10,001 pounds or more, 2) is designated 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.

Continue with employment history on the next page

# Employment Application



## EMPLOYMENT HISTORY

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Employment Dates (from month/year to month/year)

\_\_\_\_\_ to \_\_\_\_\_

Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

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

Immediate Supervisor: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Account for Period Between Jobs

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\* while employed? ☐ Yes ☐ 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? ☐ Yes ☐ No

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Employment Dates (from month/year to month/year)

\_\_\_\_\_ to \_\_\_\_\_

Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

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

Immediate Supervisor: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Account for Period Between Jobs

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\* while employed? ☐ Yes ☐ 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? ☐ Yes ☐ No

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Employment Dates (from month/year to month/year)

\_\_\_\_\_ to \_\_\_\_\_

Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

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

Immediate Supervisor: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Account for Period Between Jobs

\_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\* while employed? ☐ Yes ☐ 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? ☐ Yes ☐ No

# Employment Application



## EMPLOYMENT HISTORY

Employer: _____	Salary Starting: _____ Ending: _____
Street Address: _____	Position Title: _____
City: _____	Immediate Supervisor: _____
State: _____ Zip Code: _____	Description of Duties: _____
Telephone Number: ( _____ ) _____ - _____	Reason for Leaving: _____
Employment Dates (from month/year to month/year) _____ to _____	Account for Period Between Jobs _____

Were you subject to the Federal Motor Carrier Safety Regulations\* while employed? ☐ Yes ☐ 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? ☐ Yes ☐ No

## PLEASE READ CAREFULLY AND SIGN BELOW

1. 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. I understand that falsification of this information or material omission will be grounds for elimination from further consideration or, if employed, for immediate dismissal at any time.
2. I understand that any employment offer I receive will be contingent on successful completion of the following requirements. If I fail to comply with any of these requirements, I understand that the offer of employment may be rescinded or my employment terminated.
  - Complete a background check that may include a verification of social security number and check of my employment, education, driving record and criminal history.
  - Produce documents showing I am legally authorized to work in the United States within the time frame specified by the Company.
  - Pass a pre-employment physical examination that may include a test for drug use (required for some positions).
  - Meet all U.S. Department of Transportation requirements (required for delivery truck drivers).
3. My prior employers, education institutions and other references listed on this application are authorized to give the Company any information concerning my previous employment and any pertinent information they may have. I release all persons and entities from all liability for any damage that may result from furnishing information to the Company. I also release the Company and all of its employees and agents from all liability for any damage that may result from the Company's reliance on the information furnished. A photocopy of this release, when signed, shall have the same effect as the original.
4. I authorize the Company to withhold sufficient funds from any and all compensation owed at time of separation to reimburse the Company for damaged or unreturned property, loans, advances or money paid to me in error.
5. If employed, I understand my employment is "at will" and may be terminated at any time, with or without cause, by either the Company or me. No one in our organization has the authority to enter into any agreement for employment for a specified period of time, or to make any other representations or agreements inconsistent with this policy, unless it is in writing and signed by the President of the company.
6. 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 current/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 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: \_\_\_\_\_

## Pre-Offer Invitation to Self-Identify – Race/Ethnicity, Sex, and Veteran Status



Weavertown Environmental Group, A *Univar Company* is a Government contractor or subcontractor subject to laws including Executive Order 11246 (EO 11246) and the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA). These laws require that covered Government contractors and subcontractors take affirmative action to employ and advance in employment applicants and employees without regard to their race, color, religion, sex, national origin or protected veteran status. Weavertown Environmental Group is also subject to certain governmental recordkeeping and reporting requirements. In order to comply with these requirements, we invite you to check the appropriate boxes below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information you provide will be kept confidential and will only be used in ways that are consistent with the law.

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

Sex ☐ Female ☐ Male ☐ I choose not to self-identify

### Race/Ethnicity – definitions below

Select one:

☐ Hispanic or Latino

If not Hispanic or Latino, select one category below:

☐ White

☐ Black or African American

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ American Indian or Alaska Native

☐ Two or More Races

☐ I choose not to self-identify

### Race/Ethnicity Definitions:

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

**White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

**Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa

**Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment

**Two or More Races (Not Hispanic or Latino):** Persons who identify with two or more race categories named above

### Veteran Status – definitions below

Select one:

☐ I am a Protected Veteran

☐ I am not a Protected Veteran

☐ I choose not to self-identify

### Veteran Status Definitions:

**Disabled Veteran:** (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:** 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.

**Active Duty Wartime or Campaign Badge Veteran:** a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Armed Forces Service Medal Veteran:** a 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 an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).

# Voluntary Self-Identification of Disability



## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- ☐ Yes, I have a disability (or previously had a disability)
- ☐ No, I don't have a disability
- ☐ I don't wish to answer

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

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



## Release Statement for Background Check



In connection with my application for employment, I understand that a background report may be requested at will by Weavertown Environmental Group, A *Univar Company*. The investigative consumer report will be requested from Rexus Corporation, a Consumer Reporting Agency. This report may include such information as education, verification of current and former employment, driving record, criminal records, etc. from federal, state, and other agencies which maintain such records.

As set forth in the Fair Credit Reporting Act, I have the right to request from Weavertown Environmental Group, and the report provider, upon proper identification and written request, a copy of the consumer report as well as a written summary of my rights under the Fair Credit Reporting Act.

The information will be used in compliance with the Fair Credit Reporting Act and/or any other applicable federal or state laws. I authorize any party, institution, school, employer or agency contacted by Weavertown Environmental Group, or its authorized representatives, to furnish the above-described information. I release from liability the agents, employers, and all other persons provide information. I hereby authorize procurement of the background report.

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

### PERSONAL DATA

Last Name: \_\_\_\_\_

Current Address

First: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

City: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

County: \_\_\_\_\_

Driver's License State: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

List any other names (including maiden name) and the years the names were used:

Location of Job Opening: \_\_\_\_\_

Previous Addresses During the Last 10 Years (If street address unknown, list city, state and county). Use additional sheet if needed.

Street	City	State	Zip Code	County	How Long?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**For California, Minnesota or Oklahoma applicants only**, if you would like to receive a copy of the consumer report, if one is obtained, please check this box. ☐



**Please Note:**

The following form is to be filled out by all applicants with a **Pennsylvania** Driver's license.

Please complete Sections C & E only.



# REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68695 • Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

☐ BASIC INFORMATION: **\$10.00 FEE** (Driver history is **not** included)

☐ 3 YEAR DRIVER RECORD: **\$10.00 FEE**

☐ 10 YEAR DRIVER RECORD: **\$10.00 FEE** (Employment Purposes Only)

☐ FULL HISTORY: **\$10.00 FEE**

☐ CERTIFIED DRIVER RECORD: **\$34.00 FEE**

☐ COPY OF DOCUMENT FROM FILE (MICROFILM): **\$10.00 FEE**

☐ CERTIFIED COPY OF DOCUMENT FROM FILE: **\$34.00 FEE**

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at [www.dmv.pa.gov](http://www.dmv.pa.gov)

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
NAME/COMPANY <div style="text-align: center; font-weight: bold; font-size: 1.2em;">The Rexus Corporation</div> ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> <div style="text-align: center; font-weight: bold;">2400 Crown Point Executive Drive, Ste 700</div> CITY STATE ZIP CODE <div style="text-align: center; font-weight: bold;">Charlotte NC 28227</div> DAYTIME TELEPHONE NUMBER (REQUIRED) <u>(800) 588-4119</u> RELATIONSHIP TO DRIVER (REQUIRED) <u>Authorized Representative</u>	NAME/COMPANY ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence CITY STATE ZIP CODE DAYTIME TELEPHONE NUMBER (REQUIRED) RELATIONSHIP TO DRIVER (REQUIRED)
SIGNATURE <u>X</u> NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	<b>D AFFIDAVIT OF INTENDED USE</b> Intended Use of the Information Requested: <b>CHECK ONLY ONE</b> <input type="checkbox"/> <b>B = Driver Release</b> (Driver must complete Section E.) <input type="checkbox"/> <b>C = Credit Business</b> (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input type="checkbox"/> <b>E = Employment</b> (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> <b>K = Court Order</b> must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). <input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C (Driver must complete Section E.)
C DRIVER INFORMATION	I hereby Certify that _____ <div style="text-align: right;">PRINTED NAME OF REQUESTER</div> <p>will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.</p> SIGNATURE OF REQUESTER <u>X</u>
NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER <div style="display: flex; justify-content: space-between;"> <div>DATE OF BIRTH MONTH DAY YEAR</div> <div>DRIVER NUMBER</div> </div>	
E DRIVER RELEASE	
I _____ hereby request <div style="text-align: center;">NAME OF DRIVER</div> the Department of Transportation to furnish a copy of my PA Driver's Record to <u>Rexus/Univar Weavertown Transport Leasing, Inc.</u> <div style="text-align: center;">NAME OF PERSON/COMPANY</div> SIGNATURE OF DRIVER <u>X</u> DATE _____	Title _____
F MICROFILM	SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR <div style="text-align: center; font-weight: bold; font-size: 1.5em;">X</div> <div style="text-align: center;">SIGNATURE OF PERSON ADMINISTERING OATH</div> <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;"> <div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">NOTARIZATION</div> <div style="margin-left: 20px;"> <div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">S E A L</div> <div style="margin-left: 10px; text-align: center;"> SIGN IN PRESENCE OF NOTARY </div> </div> </div> </div> </div>
TYPE OF DOCUMENT DATE OF VIOLATION  (see list of available documents below)	
<b>Documents Available:</b> <ul style="list-style-type: none"> <li>• Citations</li> <li>• Court Certifications</li> <li>• Applications</li> <li>• License Renewals</li> <li>• Judgments</li> <li>• Suspension Credit Affidavits</li> <li>• Suspension/Revocation Letters</li> <li>• Restoration Letters</li> <li>• Rescind Letters</li> <li>• Department Hearing or Exam Notice</li> </ul>	
<b>MESSANGER NO.</b>	

**FAIR CREDIT REPORTING ACT DISCLOSURE**  
(Required use under Section 604(b) of the FCRA)

**Weavertown Environmental Group, A Univar Company** (the “company”) intends to obtain and use a consumer report or an investigative consumer report from an external consumer reporting agency for employment purposes. These purposes may include but are not limited to:

- considering your application for employment;
- making a decision whether to offer you employment with the company;
- deciding whether to continue your employment (if you are hired by the company);
- doing periodic rescreening of current employees, and/or;
- making any other employment decisions affecting you.

A consumer reporting agency is a person or business that regularly assembles or evaluates consumer credit information or other information on consumers. As an applicant or an employee, you are considered a “consumer” under the Fair Credit Reporting Act.

A consumer report may include information about your character, general reputation, personal characteristics, or mode of living, which is used or collected for employment purposes. An investigative consumer report also involves personal interviews with sources such as employers, educators, etc.

You have a right to request disclosures of the nature and scope of any investigative consumer report that the company obtains about you. You also have other rights under the Fair Credit Reporting Act, a summary of which is available at: <http://www.ftc.gov/os/2004/11/041119factaappf.pdf>.

**ACKNOWLEDGMENT**

I hereby acknowledge that **Weavertown Environmental Group, A Univar Company** may obtain consumer reports and investigative consumer reports about me from a consumer reporting agency and that they may consider information in consumer reports and investigative consumer reports as part of their decision making process regarding any aspect of my application for employment and/or continued employment with the company including periodic rescreening of current employees. I also acknowledge that I have received a copy of the Summary of Rights under the Fair Credit Reporting Act.

Signature \_\_\_\_\_

Full Legal Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

## A Summary of Your Rights under the Fair Credit Reporting Act

The Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or any other type of consumer report to deny your application for credit, insurance, or employment – or to take adverse action against you – must tell you, and give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit file;
  - You are the victim of identity theft and place a fraud alert in your file;
  - Your file contains inaccurate information as the result of fraud;
  - You are on public assistance;
  - You are unemployed but expect to apply for employment within 60 days.

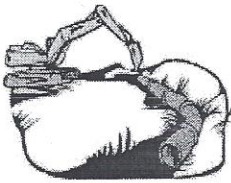
In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from the consumer reporting agencies that create credit scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information free from the mortgage lender.
- **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer report agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers of credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688)
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For info about your federal rights contact:**

<b>TYPE OF BUSINESS</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Protection 1700 G Street NW Washington DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center –FCRA Washington, DC 20580 1-877-382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and Insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria VA 22314</p>
3. Air Carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration Area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United State Small Business Administration 409 Third Street, SW, 8 <sup>th</sup> Floor Washington DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington DC 20580 (877) 382-4357





## Applicant Authorization to Release DOT Drug /Alcohol Test Results

(Background Check Form as required by 49 CFR Part 40.25)

I, \_\_\_\_\_, as the Applicant, understand that as a condition of hire with Weavertown Transport Leasing, Inc., I must consent to the release of the results of all DOT mandated drug and/or alcohol tests – including refusals to test – from all of the companies for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test during the previous two (2) years.

Below, I have listed all of the companies for which I have worked or pre-employment tested during the past two years. I hereby authorize my previous employers to furnish to the prospective company the DOT information described below.

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

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 the prospective company. 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. 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.

- ☐ Check this box if you have NOT performed DOT functions in the past two years.
- ☐ Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years.

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

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

\_\_\_\_\_  
Date

### Release of Previous Employer's DOT Drug/Alcohol Testing Results

In accordance with 49 CFR Part 40.25, the prospective company is required to obtain (and as a previous employer you are required to release) information concerning the above named Applicant's past DOT drug and alcohol test results within the last two years – including refusals to test. Please complete the following:

YES\*

NO

- |       |                          |                                                                                                          |
|-------|--------------------------|----------------------------------------------------------------------------------------------------------|
| _____ | _____                    | 1. Any alcohol test results of 0.04 or greater during the previous two years?                            |
| _____ | _____                    | 2. Any positive drug test results during the previous two years?                                         |
| _____ | _____                    | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted specimens) |
| _____ | _____                    | 4. Other violations of DOT drug and alcohol testing regulations?                                         |
| _____ | _____                    | 5. Did a previous employer report a drug/alcohol rule violation to you within the past two years?        |
| _____ | _____                    | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?            |
| _____ | <input type="checkbox"/> | 7. Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations.        |

*Note: If "yes" for item 5, you must provide the previous employer's report. If "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

\_\_\_\_\_  
Previous Employer's Company Name

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Date

**FAX COMPLETED FORM TO: Weavertown Transport Leasing, Inc Fax # 412-429-0710**

# SAFETY PERFORMANCE HISTOR RECORDS REQUEST

## SECTION 1:

## TO BE COMPLETED BY PROSECTIVE EMPLOYER

I, (Print Name)

First, M.I., Last

Social Security Number

hereby authorize:

Previous Employer:

Email:

Street:

Telephone:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance

Testing records within the previous 4 years from \_\_\_\_\_  
(date of employment application)

TO:

Prospective Employer: Weavertown Environmental Group, A Univar Company

Attention: HR Department

Telephone: (724) 746-4850

Street: 2 Dorrington Rd

City, State, Zip: Carnegie, PA 15106

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

Prospective Employer's confidential fax number: (412) 429-0710

Prospective Employer's confidential email: \_\_\_\_\_

Applicant's Signature

Date

This information is being requested in compliance with §40.25 and §391.23.

## SECTION 2:

## TO BE COMPLETED BY PROSECTIVE EMPLOYER

### ACCIDENT HISTORY

The applicant named above was employed by us.

Yes ☐

No ☐

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive a motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐  
Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) ☐ \_\_\_\_\_

If there is no safety performance history to report, check here ☐, sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

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

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

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