



Dear Applicant,

MTS SOLUTIONS, LLC. is an oilfield service company. We are primarily an acidizing company servicing oil wells for major companies and independents in the Kern County and San Joaquin Basin, but we also provide the same services in the L.A. Basin. From time to time you (if hired) will be required to work in the LA area depending on job demands, which can lead to overnight stays. Hotel and meals will be provided by MTS Solutions.

It should be noted that the driving duties for this job are important but only a minimal part of the job. Along with these duties, this job requires the person to maintain the yard, yard equipment, receive materials, track inventory, etc.

Although we are looking for an experienced person, this is a trainable position. Please fill out the application thoroughly.

ITEMS REQUIRED WITH DRIVERS' APPLICATION

1. California Class A Driver's License with HazMat & Tanker Endorsements.
2. Current DMV Printout (must be within 30 days and must be an original, not a photocopy).
3. Copy of any cards (TWIC, Respiratory, First Aid, CPR, ect.)

IF YOU ARE UNABLE TO PROVIDE THESE COPIES TODAY, PLEASE MAIL THEM TO:

MTS SOLUTIONS, LLC
7131 CHARITY AVE.
BAKERSFIELD, CA 93308

***** PLEASE REMEMBER, THE DMV PRINTOUT MUST BE AN ORIGINAL**



DRIVER/HIGH PRESSURE PUMP OPERATOR

- **Transporting of hazardous materials**
- **Blending and handling of hazardous materials.**
- **Operation and maintenance of high-pressure pumps (Operators Only)**
- **Loading and unloading trucks, transports, etc.**
- **Operating forklifts**
- **Vehicle maintenance, daily vehicle inspections**
- **Equipment maintenance**
- **Yard maintenance**
- **Light mechanical repairs**

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company _____

Address _____

City _____ State _____ Zip _____

Phone Number: _____ email: _____

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 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 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 _____

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 _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Zip Code Phone How Long? _____
yr./mo.

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

Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

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

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Position _____

Reason for leaving _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? ☐ YES ☐ NO

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers 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. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER		
WERE YOU SUBJECT TO THE FMCSRs [†] 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 HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON				
PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs [†] 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			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON				
PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs [†] 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			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON				
PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs [†] 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			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON				
PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs [†] 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			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON				
PHONE NUMBER				
WERE YOU SUBJECT TO THE FMCSRs [†] 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				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a 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 is 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 FORFEITURES 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

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

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 CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK ☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER ☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS ☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS ☐ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS ☐ YES ☐ NO More than 8 passengers	—		
MOTORCOACH - SCHOOL BUS ☐ YES ☐ NO More than 15 passengers	—		
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 THIS APPLICATION

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

EDUCATION

CIRCLE 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.

Signature: _____ Date: _____



Pre-Employment Examination

Applicant's Name: _____ Date: _____

1. A gallon of water weighs 8.34 pounds per gallon. There are 42 gallons in a barrel. How much does a barrel of water weigh?

2. List five things that should be checked as part of a pre-trip truck inspection:

3. If you were on a jobsite and chemicals were present, what kind(s) of Personal Protective Equipment would be required? (Circle those that apply)



4. A tanker hold 1,200 gallons of water. If loaded to 80% of its capacity, how much does the load weight?

5. Which tool would you use to tighten this connection?



(Circle the correct answer below)



6. Which is the primary cause of pump cavitation? _____

7. A pump truck arrives at the first location with 6,000 gallons of 15% hydrochloric acid. On the first string, the crew pumps 2,000 gallons at 1,000psi. When they move over to the casing side, they pump 1,000 gallons at 750psi. At the next well, they pump 1,500 gallons at 900psi. How much acid is left in the tank?

8. As a Hazard Materials carrier, which documents are you required to have? (Circle all that apply)

- a. Bill of Lading
- b. Emergency Response Guidebook
- c. Safety Data Sheet(s)
- d. None of the above

9. Why do you want to work at MTS Solutions, LLC? (Use the back of the sheet if needed)



APPLICANT NOTIFICATION

MTS Solutions, LLC ("the Company") requires that you have a pre-employment drug and/or alcohol test and/ or update/periodic drug and alcohol testing. These tests are to determine your physical fitness to perform job assignments without undue hazard to yourself or fellow employees. Depending on the position, MTS Solutions, LLC employees may perform safety/environmentally/security sensitive work. The health care personnel who perform these tests are acting for this purpose only. The standard urine specimen collection method to be used by the Company will be the Supervised method. The Company may choose to use other collection methods under varying circumstances, at the Company's sole discretion. Therefore, these tests should not be interpreted as either a complete physical examination or used as a substitute for such examinations. You should still have regular physical examinations by your own doctor. At your request, the Company will provide your doctor with information concerning the testing performed. All testing results will remain confidential.

I have read the above notification and understand that the pre-employment and/or update/periodic tests required by the Company are for the purpose of determining my fitness to perform the job only and are not substitutes for regular physical examinations with my own doctor.

Applicant Signature/Date

Witness Signature/Date

Employment Application

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize _____ to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Date

Applicant's Signature

SIDE 1**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Remove Ply. 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1:**TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name)

First, M.I., Last

hereby authorize:

Social Security Number

Date of Birth

Previous Employer:

Email:

Street:

Telephone:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(date of employment application)

To:

Prospective Employer:

Attention:

Telephone:

Street:

City, State, Zip:

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:

Prospective employer's confidential email address:

Applicant's Signature

Date

SECTION 2:**TO BE COMPLETED BY PREVIOUS EMPLOYER****EMPLOYMENT VERIFICATION**

The applicant named above was or is employed or used by us. Yes ☐ No ☐

Employed as (job title) _____ from (m/y) _____ to (m/y) _____

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) _____

Completed by:

Company:

Street:

City, State, Zip:

Telephone:

Signature:

Date:

Complete Sections 3 and 4 on SIDE 2 before returning.

PREVIOUS EMPLOYER: REMOVE CARBON BEFORE COMPLETING SIDE 2

SIDE 2

Employee Name: _____ Date: _____

SECTION 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Check here ☐ if there is **no** accident register data for this driver and skip to Section 4. 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 on SIDE 1.

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

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

SECTION 4:

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

Check here ☐ and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- | | YES | NO | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: | ☐ | ☐ | |
| • An alcohol test with a result of 0.04 or higher alcohol concentration. | | | |
| • A controlled substances test result of positive, adulterated, or substituted. | | | |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. | | | |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. | | | |
| • Alcohol use after an accident, in violation of §382.303. | | | |
| • Controlled substances use while on duty, except as allowed under §382.213. | | | N/A |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here ☐ . | ☐ | ☐ | ☐ |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested? | ☐ | ☐ | ☐ |

SECTION 5a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

By: _____ Date: _____

Subsequent attempts to contact previous employer (§391.23(c)(1)): _____

SECTION 5b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: _____ ☐ Other _____



**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

Please Read Carefully Before Signing the Authorization

DISCLOSURE

MTS Solutions, LLC or its affiliates ("the Company") may request one or more consumer reports about you for employment purposes.

For explanation purposes, these reports may include information used as a factor in making an employment-related decision about you. Such information may include, for example, criminal history reports, or driving records.

The Company will obtain the consumer reports from **Safety Holdings, Inc. dba SambaSafety**. SambaSafety can be contacted by mail at Attn: Compliance Department, P.O. Box 92890, Albuquerque, NM 87199-2890; or website: www.safetyholdingsinc.com.

**IMPORTANT ADDITIONAL SUMMARY OF FEDERAL RIGHTS AND
STATE LAW DISCLOSURES FOLLOW**

Pursuant to section 606(b) of the Fair Credit Reporting Act, you have a right to request from Company a disclosure, upon written request within a reasonable period of time after receipt of this disclosure, regarding the nature and scope of the investigation requested.

Enclosed is a summary of your rights under the Fair Credit Reporting Act and certain other documents that may be required if you are a resident of a state that may require Safety Holdings, Inc. (dba SambaSafety) to provide you with additional information

Continued on following pages

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 reporting 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 a 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.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone 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 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks 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. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depository Assistance Federal Deposit Insurance Corporation 1100 Walnut St., Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357

For New York Applicants: A consumer report and/or an investigative consumer report may be requested in connection with your application for employment. You have the right, upon a request, to be informed whether or not a consumer report was requested and, if such a report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You also have the right, upon written request, to be informed whether or not an investigative consumer report was requested and, if such a report was requested, to be informed of the name and address of the consumer reporting agency to which the request was made. In addition, upon being furnished with the name and address of the consumer reporting agency, you have the right to inspect and receive a copy of such report by contacting the agency. In addition, you are also being provided with a copy of Article 23A of the correction law governing the licensure and employment of persons previously convicted of one or more criminal offenses.

For Washington Drivers: You are authorizing the release of an abstract of your full driving record to an employer or prospective employer. The party requesting this record has authorized Safety Holdings, Inc. to obtain this record on the party's behalf. Any information contained in the abstract related to an adjudication that is subject to a court order sealing the juvenile record of an employee or prospective employee may not be used by the employer or prospective employer, or an agent authorized to obtain this information on their behalf, unless required by federal regulation or law.

By signing below, the party requesting this record certifies through its authorized representative that the information is necessary for employment purposes related to driving by the individual as a condition of employment or otherwise at the direction of the employer.

_____ Authorized Representative Signature	_____ Date
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For Massachusetts and New Jersey Applicants: If an investigative consumer report is procured on you, which commonly includes information as to a consumer's character, general reputation, personal characteristics, and mode of living, and, in this instance may include information regarding your motor vehicle records, you have the right to have a copy of that report upon request to SambaSafety, P.O. Box 92890, Albuquerque, NM 87199-2890, with a toll-free telephone number of (888) 947-2622.

For Minnesota Applicants: A consumer report on you may be obtained or caused to be prepared. You have the right to request additional information on the nature and scope of the report by making a written request to SambaSafety, P.O. Box 92890, Albuquerque, NM 87199-2890, with a toll-free telephone number of (888) 947-2622. If an investigative consumer report is procured on you, it may include information obtained through personal interviews regarding your character, general reputation, personal characteristics, or mode of living.

☐ Please check the box if you wish to receive a copy of any report that is prepared on you.

For Oklahoma Applicants: A consumer report will be procured and used for employment purposes.

☐ Please check the box if you wish to receive a copy of any report that is prepared on you.

By signing below, I acknowledge that I have reviewed these state law disclosures, and I consent to, and grant permission for, the procurement of the reports discussed in the state disclosures:

(1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.