



# EISCO Environmental Industrial Services Corporation

## Application for Employment

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Have you ever worked for us before? YES NO  
  If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for us? YES NO  
  If yes, who? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_



Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**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: \_\_\_\_\_



## Employment Inquiry Release

In connection with and duration of my employment with Environmental Industrial Services Corp. of New Jersey (EISCO), I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports.

This information will, in whole or in part be obtained by PointHR. These reports will include information as to my general reputation, character, mode of living, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, state, and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education, and other experiences.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release any individual, including record custodians, from any and all liability for damages whatever kind or nature, which may at any time result to me on account of compliance or any attempt to comply with this authorization. I expressly release PointHR and EISCO from any and all liability claim relating to the acquisition of release of any information pertaining to me.

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

SSN: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

State Issuing: \_\_\_\_\_

Attach copy of Driver's License



**BACKGROUND AUTHORIZATION RELEASE FORM**

I authorize EISCO and any licensed investigative agency, person, or other entity contacted by EISCO to secure information about my background, to specifically include the following:

- Criminal Search
- Civil Search
- Credit Report
- Driving History Record
- Address Verification
- Social Security Verification
- Professional Licensing (if applicable)
- Motor Vehicle License Plate Trace
- Employment Verifications
- Education Verifications

I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: \_\_\_\_\_

Print Maiden Name or Other Names Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

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

Date of Birth (for I.D. purposes only): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

I authorize any company, governmental agency, court, law enforcement agency or person contacted to furnish EISCO any licensed investigative agency, person, or other entity contacted by or working on behalf of EISCO, copies of all documents, records information in their custody or control.

I release EISCO and any licensed investigative agency, person or other entity contacted or working on behalf of EISCO, from all liability.

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PRINTED NAME: \_\_\_\_\_

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



**FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION DISCLOSURE**

As an applicant for employment or a current employee of EISCO-NJ, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, EISCO may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you: (1) when considering your application for employment, (2) when making a decision whether to offer you employment, (3) when making other employment related decisions directly affecting you.

A “consumer reporting agency” is a person or business which, for monetary fees,, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as EISCO.

A “consumer report” means any 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 establishing your eligibility for employment.

An “investigative consumer report” means a consumer report or a portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others whom you are acquainted or who may have knowledge concerning any such items of information.

EISCO-NJ may request an investigative consumer report. You may request, in writing and within a reasonable time, additional disclosures regarding the nature and scope of the investigation as well as a written summary of your rights under the Fair Credit Reporting Act.

**AUTHORIZATION**

By signing below, I \_\_\_\_\_, hereby voluntarily authorize EISCO to obtain either a consumer report or an investigative consumer report about me from a consumer agency and to consider this information when making decisions regarding my employment at EISCO. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. I hereby release EISCO and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below, I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

***Note: If applicant is under 18 years of age, parent/guardian must sign.***



## **Drug Testing Consent Form**

I have applied for employment with EISCO in a position that requires me to operate equipment or work in a safety sensitive area. As a condition for my application being considered, I understand that if my test results are positive, EISCO shall not consider me further.

I hereby authorize any physician, laboratory, hospital, or medical profession related to EISCO for screening purposes to conduct such screening and to provide the results to EISCO and any person affiliated with EISCO and any such institution or person conducting the screening, from liability thereof.

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

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



**CONSENT FORM FOR MOTOR VEHICLE BACKGROUND CHECK**

I, \_\_\_\_\_, UNDERSTAND THAT OUR LIABILITY INSURANCE PROVIDER, PROFILE COVERAGE CORPORATION, WILL BE PERFORMING MOTOR VEHICLE BACKGROUND CHECK FOR ALL EMPLOYEES. I GIVE MY PERMISSION FOR THIS BACKGROUND CHECK TO BE PERFORMED.

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION**

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

As part of our hiring background and investigation, we may obtain a motor vehicle report / driving history on you. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights under the Fair Credit Reporting Act.

**AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., I hereby authorize and permit Environmental Industrial Services Corp. to obtain a consumer report and / or an investigative consumer report which may include records concerning any driving history.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as the Martin Company from liability that might otherwise result from the request for use of and/or disclosure of any and all the foregoing information.

I understand that before the company takes any adverse action, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Federal Fair Credit Reporting Act.

I hereby authorize Environmental Industrial Services Corp. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application.

Full Name: \_\_\_\_\_  
(please print clearly)

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

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

\_\_\_\_\_  
State

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



I, \_\_\_\_\_, understand that EISCO is paying for training to attend a 40-hour OSHA training course. If I leave EISCO before six months of employment, I understand I am obligated to reimburse EISCO for the training course. I will be held responsible for \$500.00, which will be withheld from my final paycheck.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## Substance Testing Consent Form

### Please read carefully

I understand that the Company is committed to providing a productive and safe work environment for all employees. To further this goal, the Company has established a substances testing program. The program applies to, in appropriate instances in accordance with applicable law, applicants who have received a conditional offer of employment and Company employees.

Consistent with this program, I freely and voluntarily consent to provide blood, breath and/or urine samples upon request by an authorized representative of the Company to determine whether drugs or other chemical intoxicants (including alcohol in appropriate cases) are present in my system. I agree to fully cooperate with the Company, its representatives, agents, medical review officer (if any) and any representative or agent of a clinic, laboratory, and/or hospital involved in the sample collection, testing, evaluation reporting and confirmation process.

I further consent to and authorize the release of all information generated by or obtained from my participation in the substance testing program the Company, its agents, representatives, insurers, and appropriate governmental agencies such as the state unemployment or workers' compensation commission.

To the extent allowed by applicable law, I release and hold harmless, individually and collectively each person or business entity involved in the sample request, collection, testing, evaluation, reporting and for any decisions, adverse or otherwise, made concerning my application for employment continued employment or benefits eligibility based on the test results.

I understand that my failure or refusal to comply will in all respects to the terms contained herein or a positive test result at the level established by the Company may be grounds to reject my application or rescind a conditional offer of employment or, if employed disciplinary action up to and including termination.

If hired, I agree to provide a pre-employment sample at the designated laboratory prior to starting work. I understand that if the sample tests positive for banned substances, I will be immediately terminated, and the cost of the drug screening will be deducted from my final paycheck.

---

Printed Name

---

Signature

---

Date

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to \_\_\_\_\_  
(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

.....  
In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requestor)

\_\_\_\_\_  
(Date)

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DEAR SIR/MADAM:

- The following named person has made application with our company for the position of \_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person has made application with our company for the position of \_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employees driving record for the past year.

Name of Applicant/Driver \_\_\_\_\_

Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ License No. \_\_\_\_\_

Requested by:

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Signature)



## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

# **Motor Vehicle Driver's Certification of Compliance With Driver License Requirements**

**Motor Carrier Instructions:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**Driver Requirements:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **Possess only one License:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license. If you have more than one license, keep the license from your state of residence and return the additional licenses to that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.
  
- 2) **Notification of license suspension, revocation, or cancellation:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

DRIVER CERTIFICATION: I certify that I have read and understood the requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

## REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information to \_\_\_\_\_  
 For the purposes of investigation as required by Section 391.23 and allowed by Section 383.35 of  
 the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may  
 result from which may result from furnishing such information.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

NAME AND ADDRESS OF  
PREVIOUS EMPLOYER:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THIS FORM WAS (check appropriate box)

- Mailed, Date \_\_\_\_\_
- Faxed, Date \_\_\_\_\_
- Rcv'd by Phone, Date \_\_\_\_\_
- Name of Person Contacted \_\_\_\_\_

Dear Sir/Madam:

The below named individual has made application to this company for a position as \_\_\_\_\_  
 and states that he/she was employed by you as \_\_\_\_\_ from (m/y) \_\_\_\_\_  
 to (m/y) \_\_\_\_\_. We appreciated your time completing, in confidence, the information requested  
 below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

\_\_\_\_\_  
 \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

1. Employed form (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ as \_\_\_\_\_ at wage or  
 salary of \_\_\_\_\_ .
2. Did he/she drive a motor vehicle for you? \_\_\_\_\_, Straight Truck? \_\_\_\_\_, Tractor-Semitrailer? \_\_\_\_\_,  
 Bus? \_\_\_\_\_. Other (Specify) \_\_\_\_\_
3. Was he/she a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ: Discharged \_\_\_\_\_; Resignation \_\_\_\_\_; Lay Off \_\_\_\_\_;  
 Military Duty \_\_\_\_\_ .
5. Was his/her general conduct satisfactory? \_\_\_\_\_
6. Please advise history of past driving record for past three years \_\_\_\_\_

# CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (✓) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks:

---



---



---



---

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**FOR PROSPECTIVE EMPLOYER'S RECORD  
 MAINTAIN THIS INFORMATION IN THE DRIVER QUALIFICATION FILE FOR  
 THREE YEARS AFTER THE PERSON'S EMPLOYMENT BY THE MOTOR CARRIER CEASES.**