



APPLICATION FOR EMPLOYMENT

Lafayette Steel Erector, Inc.
d/b/a LSE Crane and Transportation
313 Westgate Road
Lafayette, LA 70506
337-234-9435

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.

Position Applied For (check one) Crane Operator Rigger Truck Driver Other _____ Today's Date _____

Name: _____ Social Security No. _____
Last First Middle

Phone Number: _____ Date of Birth: _____

Have you been convicted of a felony in the last 7 years? Yes No How were you referred to us? _____
*If yes, please explain fully on a separate sheet of paper. A conviction will not automatically bar employment.

List your addresses of residency for the past 3 years.

Current Address:	_____	How long?	_____
	Street City, State Zip		yr/mo
Previous Address:	_____	How long?	_____
	Street City, State Zip		yr/mo
Previous Address:	_____	How long?	_____
	Street City, State Zip		yr/mo
Previous Address:	_____	How long?	_____
	Street City, State Zip		yr/mo

DRIVER'S LICENSE INFORMATION

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

_____	_____	_____	_____
State	License Number	Expiration Date	Endorsements or Restrictions

List all other driver licenses or permits held in the past 3 years

_____	_____	_____	_____
State	License Number	Expiration Date	Endorsements or Restrictions
_____	_____	_____	_____
State	License Number	Expiration Date	Endorsements or Restrictions
_____	_____	_____	_____
State	License Number	Expiration Date	Endorsements or Restrictions

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

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

If yes to either questions, please supply details: _____

EDUCATION HISTORY

Highest grade completed: _____ College: _____ Post Graduate: _____ Trade School: _____

MILITARY HISTORY

Have you ever served in the U.S. Armed Forces? Yes No If Yes, which branch of service? _____ Job Description: _____

Are you currently serving in the Reserves or National Guard? Yes No

EMPLOYMENT HISTORY

Have you ever worked for this company before? Yes No If yes, reason for leaving: _____

Dates previously employed: _____ Rate of Pay _____ Position _____

Are you currently employed? Yes No If not, how long since leaving your last employment? _____

All applicants should provide detailed employment from the last TEN years beginning with the most recent:

** 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 of 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.**

Employer Name				From	To
Street	City	State	Zip	Position Held	
Immediate Supervisor and title		Phone Number		Salary	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
Was your job designated as a safety sensitive function in any DOT regulates mode subject to the drug and alcohol testing requirements of 49 CFR 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer Name				From	To
Street	City	State	Zip	Position Held	
Immediate Supervisor and title		Phone Number		Salary	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
Was your job designated as a safety sensitive function in any DOT regulates mode subject to the drug and alcohol testing requirements of 49 CFR 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer Name				From	To
Street	City	State	Zip	Position Held	
Immediate Supervisor and title		Phone Number		Salary	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
Was your job designated as a safety sensitive function in any DOT regulates mode subject to the drug and alcohol testing requirements of 49 CFR 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer Name				From	To
Street	City	State	Zip	Position Held	
Immediate Supervisor and title		Phone Number		Salary	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
Was your job designated as a safety sensitive function in any DOT regulates mode subject to the drug and alcohol testing requirements of 49 CFR 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer Name				From	To
Street	City	State	Zip	Position Held	
Immediate Supervisor and title		Phone Number		Salary	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
Was your job designated as a safety sensitive function in any DOT regulates mode subject to the drug and alcohol testing requirements of 49 CFR 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYMENT HISTORY Continued

Employer Name				From	To
Street	City	State	Zip	Position Held	
Immediate Supervisor and title		Phone Number		Salary	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
Was your job designated as a safety sensitive function in any DOT regulates mode subject to the drug and alcohol testing requirements of 49 CFR 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer Name				From	To
Street	City	State	Zip	Position Held	
Immediate Supervisor and title		Phone Number		Salary	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
Was your job designated as a safety sensitive function in any DOT regulates mode subject to the drug and alcohol testing requirements of 49 CFR 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer Name				From	To
Street	City	State	Zip	Position Held	
Immediate Supervisor and title		Phone Number		Salary	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
Was your job designated as a safety sensitive function in any DOT regulates mode subject to the drug and alcohol testing requirements of 49 CFR 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer Name				From	To
Street	City	State	Zip	Position Held	
Immediate Supervisor and title		Phone Number		Salary	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
Was your job designated as a safety sensitive function in any DOT regulates mode subject to the drug and alcohol testing requirements of 49 CFR 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer Name				From	To
Street	City	State	Zip	Position Held	
Immediate Supervisor and title		Phone Number		Salary	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
Was your job designated as a safety sensitive function in any DOT regulates mode subject to the drug and alcohol testing requirements of 49 CFR 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer Name				From	To
Street	City	State	Zip	Position Held	
Immediate Supervisor and title		Phone Number		Salary	
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for Leaving	
Was your job designated as a safety sensitive function in any DOT regulates mode subject to the drug and alcohol testing requirements of 49 CFR 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

WORKING EXPERIENCE

Class of Equipment (Check Yes or No)	Type of Equipment (Tank, Flat, etc.)	Dates of Operation	Approximate No. of Miles Annually
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor and Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other:			
Other:			
Other:			

For Crane Operator applicants:

Are you NCCCO certified? Yes No If yes, what endorsements do you hold? _____ Expiration Date _____

List all specific oilfield related work experience (i.e. Coil Tubing, Drilling, etc.) _____

List brands and size of cranes operated in related work above _____

ACCIDENT RECORD FOR PAST 3 YEARS (attach sheet if more space is needed)

Date	Nature of Accident (Head-on, rear-end, etc.)	Fatalities	Injuries	Towing?	Hazardous Spills?	Citations Issued?

TRAFFIC CONVICTIONS/FORFEITURES FOR PAST 3 YEARS (other than parking)

Date	Location/State	Charge	Penalty

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial driver's license to answer the following questions:

1. Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work? Yes No
2. Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? Yes No
3. If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements? Yes No

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. I authorize that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer and that I may be on a probationary period during which time I may be disqualified without recourse. It is agreed and understood that this application in no way obligates the employer to employ or hire the 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.

Applicant's Signature _____ Date _____



BACKGROUND AND INVESTIGATIVE CONSUMER REPORT
DISCLOSURE AND RELEASE AUTHORIZATION

Lafayette Steel Erector, Inc.
d/b/a LSE Crane and Transportation
313 Westgate Road
Lafayette, LA 70506
337-234-9435

The Fair Credit Reporting Act is a federal law that regulates all background searches from a third party consumer reporting agency, such as a criminal history search or motor vehicle report, not just credit reports.

- 1. In connection with my application for employment, I understand that a consumer report and/or an investigative report may be procured on me as part of the employment process. This report may include information as to my character, general reputation, personal characteristics, work habits, performance and experience, along with reasons for termination of past employment. Further, I understand that, as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my driving record, court records, education, credentials, credit, workers' compensation injuries and references. Upon employment, and during my tenure with said company, I understand that these same requests, consistent with my current job description or future position, may be required to determine my suitability for continued employment, or part of a future move or promotion, within the company or company subsidiaries.
- 2. I understand that I have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by DISA Global Solutions Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 800-752-6432, www.DISA.com.
- 3. Medical and works' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.
- 4. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- 5. I acknowledge that a telephonic facsimile (fax) or photographic copy shall be as binding as the original.
- 6. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Lafayette Steel Erector, Inc., or its agent, to furnish the information described in Section 1.
- 7. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Lafayette Steel Erector, Inc. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Name: _____ Social Security No. _____
Last First Middle

Current Address: _____ Parish/County: _____
Street City, State Zip

Date of Birth: _____ Driver License: _____
State Number

Signature: _____ Today's Date: _____



IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

Lafayette Steel Erector, Inc.
d/b/a LSE Crane and Transportation
313 Westgate Road
Lafayette, LA 70506
337-234-9435

In connection with your application for employment with LSE Crane and Transportation (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize LSE Crane and Transportation (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Printed Name: _____ Signature: _____ Today's Date: _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5.

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
Applicant Authorization to Release DOT Drug/Alcohol Test Results/Release Safety Performance History
 (As required by 49 CFR Parts 40.25 and 391.23)

SECTION A – TO BE COMPLETED BY DRIVER APPLICANTS ONLY – PLEASE PRINT CLEARLY

Applicant Name:		SS#:	Date of Birth:	
I, as the Applicant named above, hereby authorize the previous employer listed below to release information from my Department of Transportation regulated drug and alcohol testing records and safety performance history outlined in Section C to DISA Global Solutions, Inc. on behalf of <u>Lafayette Steel Erector, Inc.</u> in accordance with 49 CFR Part 40.25 and 391.23.				
Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment
<input type="checkbox"/> Check this box if you have NOT performed DOT functions in the past three years.				
Applicant Signature:			Date:	

SECTION B – TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Company: Lafayette Steel Erector, Inc.	Address: 313 Westgate Road	City/State/Zip: Lafayette, LA 70506
Contact: Jason Harmon	Phone #: 337-234-9435	Fax #: 337-234-0217
In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 3 years preceding the date above. Please complete the information below and return to us immediately, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to: <p align="center">DISA GLOBAL SOLUTIONS, INC Attn: Verifications, 10900 Corporate Centre Drive Suite 250, Houston, TX 77041 Phone: 281-673-2449 Fax: 713- 972-3424 E-mail: Verifications_backgrounds@disa.com</p>		

SECTION C – TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. Has this individual had verified positive drug tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3. Has this individual refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Did a previous employer report a drug or alcohol rule violation to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? If yes, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8. Did the above-named individual drive a commercial motor vehicle (CMV) for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9. Please provide dates employed: _____ to _____				
10. Reason for leaving your company: <input type="checkbox"/> Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Military Duty <input type="checkbox"/> Other (specify):				
11. While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date	Location	# of Injuries	# of Fatalities	Hazmat Spill?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Enclosed is other accident information pursuant to the employer's internal policies, or reports required by state or other government entities or insurers, for retaining more detailed minor accident information (391.23(d)(2)(ii)).

Name (Please Print):	Title:
Signature:	Phone#: Date:

****Please Return To: DISA Fax# 713-972-3424**

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
Applicant Authorization to Release DOT Drug/Alcohol Test Results/Release Safety Performance History
(As required by 49 CFR Parts 40.25 and 391.23)

SECTION A – TO BE COMPLETED BY DRIVER APPLICANTS ONLY – PLEASE PRINT CLEARLY

Applicant Name:		SS#:	Date of Birth:	
I, as the Applicant named above, hereby authorize the previous employer listed below to release information from my Department of Transportation regulated drug and alcohol testing records and safety performance history outlined in Section C to DISA Global Solutions, Inc. on behalf of <u>Lafayette Steel Erector, Inc.</u> in accordance with 49 CFR Part 40.25 and 391.23.				
Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment
<input type="checkbox"/> Check this box if you have NOT performed DOT functions in the past three years.				
Applicant Signature:			Date:	

SECTION B – TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Company: Lafayette Steel Erector, Inc.	Address: 313 Westgate Road	City/State/Zip: Lafayette, LA 70506
Contact: Jason Harmon	Phone #: 337-234-9435	Fax #: 337-234-0217
In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 3 years preceding the date above. Please complete the information below and return to us immediately, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to: <p align="center">DISA GLOBAL SOLUTIONS, INC Attn: Verifications, 10900 Corporate Centre Drive Suite 250, Houston, TX 77041 Phone: 281-673-2449 Fax: 713- 972-3424 E-mail: Verifications_backgrounds@disa.com</p>		

SECTION C – TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. Has this individual had verified positive drug tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3. Has this individual refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Did a previous employer report a drug or alcohol rule violation to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? If yes, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8. Did the above-named individual drive a commercial motor vehicle (CMV) for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9. Please provide dates employed: _____ to _____				
10. Reason for leaving your company: <input type="checkbox"/> Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Military Duty <input type="checkbox"/> Other (specify):				
11. While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date	Location	# of Injuries	# of Fatalities	Hazmat Spill?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Enclosed is other accident information pursuant to the employer's internal policies, or reports required by state or other government entities or insurers, for retaining more detailed minor accident information (391.23(d)(2)(ii)).

Name (Please Print):	Title:
Signature:	Phone#: Date:

****Please Return To: DISA Fax# 713-972-3424**

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
Applicant Authorization to Release DOT Drug/Alcohol Test Results/Release Safety Performance History
(As required by 49 CFR Parts 40.25 and 391.23)

SECTION A – TO BE COMPLETED BY DRIVER APPLICANTS ONLY – PLEASE PRINT CLEARLY

Applicant Name:		SS#:	Date of Birth:	
I, as the Applicant named above, hereby authorize the previous employer listed below to release information from my Department of Transportation regulated drug and alcohol testing records and safety performance history outlined in Section C to DISA Global Solutions, Inc. on behalf of <u>Lafayette Steel Erector, Inc.</u> in accordance with 49 CFR Part 40.25 and 391.23.				
Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment
<input type="checkbox"/> Check this box if you have NOT performed DOT functions in the past three years.				
Applicant Signature:			Date:	

SECTION B – TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Company: Lafayette Steel Erector, Inc.	Address: 313 Westgate Road	City/State/Zip: Lafayette, LA 70506
Contact: Jason Harmon	Phone #: 337-234-9435	Fax #: 337-234-0217
In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 3 years preceding the date above. Please complete the information below and return to us immediately, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to: <p style="text-align: center;">DISA GLOBAL SOLUTIONS, INC Attn: Verifications, 10900 Corporate Centre Drive Suite 250, Houston, TX 77041 Phone: 281-673-2449 Fax: 713- 972-3424 E-mail: Verifications_backgrounds@disa.com</p>		

SECTION C – TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. Has this individual had verified positive drug tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3. Has this individual refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Did a previous employer report a drug or alcohol rule violation to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6. If the answer is “yes” to any of the above items, did the employee complete the return-to-duty process? If yes, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
8. Did the above-named individual drive a commercial motor vehicle (CMV) for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
9. Please provide dates employed: _____ to _____				
10. Reason for leaving your company: <input type="checkbox"/> Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Military Duty <input type="checkbox"/> Other (specify):				
11. While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date	Location	# of Injuries	# of Fatalities	Hazmat Spill?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Enclosed is other accident information pursuant to the employer’s internal policies, or reports required by state or other government entities or insurers, for retaining more detailed minor accident information (391.23(d)(2)(ii)).

Name (Please Print):	Title:
Signature:	Phone#: Date:

****Please Return To: DISA Fax# 713-972-3424**

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
Applicant Authorization to Release DOT Drug/Alcohol Test Results/Release Safety Performance History
(As required by 49 CFR Parts 40.25 and 391.23)

SECTION A – TO BE COMPLETED BY DRIVER APPLICANTS ONLY – PLEASE PRINT CLEARLY

Applicant Name:		SS#:	Date of Birth:	
I, as the Applicant named above, hereby authorize the previous employer listed below to release information from my Department of Transportation regulated drug and alcohol testing records and safety performance history outlined in Section C to DISA Global Solutions, Inc. on behalf of <u>Lafayette Steel Erector, Inc.</u> in accordance with 49 CFR Part 40.25 and 391.23.				
Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment
<input type="checkbox"/> Check this box if you have NOT performed DOT functions in the past three years.				
Applicant Signature:			Date:	

SECTION B – TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Company: Lafayette Steel Erector, Inc.	Address: 313 Westgate Road	City/State/Zip: Lafayette, LA 70506
Contact: Jason Harmon	Phone #: 337-234-9435	Fax #: 337-234-0217
In accordance with 49 CFR Part 40.25, we are obligated to request the information below from all previous employers of the applicant that employed him/her within the 3 years preceding the date above. Please complete the information below and return to us immediately, as required by 49 CFR Part 40. Please phone/fax/mail or email the following information to: <p style="text-align: center;">DISA GLOBAL SOLUTIONS, INC Attn: Verifications, 10900 Corporate Centre Drive Suite 250, Houston, TX 77041 Phone: 281-673-2449 Fax: 713- 972-3424 E-mail: Verifications_backgrounds@disa.com</p>		

SECTION C – TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this individual had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has this individual had verified positive drug tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has this individual refused to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has this individual had other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did a previous employer report a drug or alcohol rule violation to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If the answer is “yes” to any of the above items, did the employee complete the return-to-duty process? If yes, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g., SAP report(s), follow-up testing results, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Did the above-named individual drive a commercial motor vehicle (CMV) for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Please provide dates employed: _____ to _____		
10. Reason for leaving your company: <input type="checkbox"/> Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Military Duty <input type="checkbox"/> Other (specify):		
11. While a CMV driver for you, was the individual involved in any accidents as defined in 390.5? If yes, please supply the following information for any accident on your accident register (390.15(b)) that involved the above named individual for the three (3) years prior to the date next to their signature.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date	Location	# of Injuries
# of Fatalities	Hazmat Spill?	
1.		
2.		
3.		

Enclosed is other accident information pursuant to the employer’s internal policies, or reports required by state or other government entities or insurers, for retaining more detailed minor accident information (391.23(d)(2)(ii)).

Name (Please Print):	Title:
Signature:	Phone#: Date: