

# INTEGRITY PIPELINE SERVICES

500 S. MAIN STREET BELLVILLE, OH 44813

## APPLICATION FOR EMPLOYMENT

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

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

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

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**THIS IS A DRUG FREE WORKPLACE**

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, sexual orientation, veteran's status, citizenship status, or any other protected classes under state, local, or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

## EDUCATION

Type of School	Name & Location	Years Completed	Major or Degree
High School			
College			
Business Or Trade			
Other			

### Military Service

Branch of Service & Serial Number:

Rank at Discharge:

List Duties/Special Training:

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## WORK EXPERIENCE

Please list your work experience for the past 5 years beginning with your most recent job held.

Employer Name:		Employment Dates	Rate of Pay
Address:		From:	Start:
City, State, Zip:			
Phone Number:		To:	Final:

Job Title:

List jobs held, skills used while working for this company:

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Reason for leaving:

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May we contact this employer?      Yes      No

Employer Name:		Employment Dates	Rate of Pay
Address:		From:	Start:
City, State, Zip:			
Phone Number:		To:	Final:

Job Title:

List jobs held, skills used while working for this company:

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Reason for leaving:

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May we contact this employer?      Yes      No

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Employer Name:	Employment Dates	Rate of Pay
Address:	From:	Start:
City, State, Zip:		
Phone Number:	To:	Final:
Job Title:		
List jobs held, skills used while working for this company:		
Reason for leaving:		
May we contact this employer?      Yes      No		

  

Employer Name:	Employment Dates	Rate of Pay
Address:	From:	Start:
City, State, Zip:		
Phone Number:	To:	Final:
Job Title:		
List jobs held, skills used while working for this company:		
Reason for leaving:		
May we contact this employer?      Yes      No		

  

Do you have a valid Driver's License?      Yes      No	State Issued:
Driver's License Number:	
Classification: (circle one)      Operator      CDL Class A      CDL Class B	
If you hold a CDL and you have a medical card is your medical card current?      Yes      No	

  

<p><b>SPECIAL SKILLS, EQUIPMENT OPERATION EXPERIENCE</b></p>

**PERSONAL REFERENCES**

Name:

Address & Phone:

Relationship:

Name:

Address & Phone:

Relationship:

Name:

Address & Phone:

Relationship:

**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment with Integrity Pipeline Services creates an actual or implied contract of employment. I understand that, if I accept employment with Integrity Pipeline Services, it will be on an at-will basis. This means that either Integrity Pipeline Services or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. I agree to submit to drug and alcohol testing. I release Integrity Pipeline Services and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Integrity Pipeline Services to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Integrity Pipeline Services and its employees from all liability arising from such investigation.

Signature of applicant: \_\_\_\_\_

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

Integrity Pipeline Services is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Integrity Pipeline Services depends solely on your qualifications.



# Candidate Release Authorization – OHIO WC

- I. In connection with my application for employment or continued employment at Jackson's (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal history records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. 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 that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box.  The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, the Ohio Bureau of Workers' Compensation, any other law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by \_\_\_\_\_ (the Company) or its agent, and/or by ADP Screening and Selection Services, Inc. or its agent \_\_\_\_\_ to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to \_\_\_\_\_ (the Company). 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. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name. \_\_\_\_\_  
 Last First Middle

Please print other names you have used (maiden name, surname, alias name). \_\_\_\_\_

Current Address \_\_\_\_\_ City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex:  Male  Female Race:  Asian  Black or African American  White  Hispanic or Latino  Other

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_ Name as it appears on license \_\_\_\_\_

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

Signature \_\_\_\_\_  
 Notarize here. When using an embossed seal, please shade with a pencil before faxing.

Today's Date \_\_\_\_\_ **THIS RELEASE EXPIRES ONE YEAR FROM DATE SIGNED.**  
 Subscribed and sworn before me:

\_\_\_\_\_  
 Notary Public Signature  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 My Commission Expires

**Applicant Authorization to Release DOT Drug /Alcohol Test Results  
(Background Check Form as required by 49 CFR Part 40.25)**

I, \_\_\_\_\_, as the Applicant, understand that as a condition of hire with Integrity Pipeline Services, LLC I must consent to the release of the results of all DOT mandated drug and/or alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years.

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

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous two years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

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

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

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

\_\_\_\_\_  
Date

**STOP HERE!!**

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

In accordance with 49 CFR Part 40.25, the company, named above, is required to obtain – and as a previous employer, you are required to release – DOT drug and alcohol information, listed below, concerning the applicant, named above. This information request covers concerning any period of employment of the applicant by you going back two years from this date of this request. Please complete the following:

- |       |                          |  |
|-------|--------------------------|--|
| YES*  | NO                       |  |
| _____ | _____                    | 1. Any DOT alcohol test results of 0.04 or greater?  |
| _____ | _____                    | 2. Any DOT positive drug test results?   |
| _____ | _____                    | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted specimens) |
| _____ | _____                    | 4. Other violations of DOT drug and alcohol testing regulations?   |
| _____ | _____                    | 5. If "yes" for any of the above items, did the employee complete the return-to-duty process?            |
|       | <input type="checkbox"/> | 6. Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations.        |

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

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

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

\_\_\_\_\_  
Date

FAX COMPLETED FORM TO: Integrity Pipeline Services, LLC 419-756-9793

\* A reproduction of this form shall be deemed as effective and valid as an original.

(Rev. 11/05)

**FMCSA - Applicant Authorization to Release DOT Drug/Alcohol Test Results  
(As required by 49 CFR Parts 40.25 and 391.23)**

I, \_\_\_\_\_, as the Applicant, understand that as a condition of hire with Integrity Pipeline Services, LLC must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous three (3) years. Below, I have listed all of the employers for which I have worked during the past three years. I hereby authorize my previous employers to furnish to Integrity Pipeline Services, LLC the DOT information described below.

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes below. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous three years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

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

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

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

\_\_\_\_\_  
Date

**STOP HERE!!!**

To be completed by Previous Employer)

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

(To be completed by Previous Employer)

In accordance with 49 CFR Part 40.25 and meeting the new FMCSA requirements, the company, named above, is required to obtain -- and as a previous employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the applicant, named above. This information request covers any period of employment of the applicant by you going back three years from the date of this request. Please complete the following:

- |             |                          |  |
|-------------|--------------------------|--|
| <b>YES*</b> | <b>NO</b>                |  |
| _____       | _____                    | 1. Any DOT alcohol test results of 0.04 or greater?  |
| _____       | _____                    | 2. Any DOT positive drug test results?   |
| _____       | _____                    | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted specimens) |
| _____       | _____                    | 4. Other violations of DOT drug and alcohol testing regulations?   |
| _____       | _____                    | 5. If "yes" for any of the above items, did the employee complete the return-to-duty process?            |
|             | <input type="checkbox"/> | 6. Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations.        |

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

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

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

\_\_\_\_\_  
Date

FAX COMPLETED FORM TO: Integrity Pipeline Services, LLC 419-756-9793