



## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

**PLEASE PRINT**

| Personal Data  |   |                                     |  |          |
|--|---|-------------------------------------|--|----------|
| Applicant Last Name  |   | First                               | Middle   |          |
| Other Name(s) used   | Street Address  | City                                | State  | Zip Code |
| Telephone Number (Area Code/Number)  | Cellular Number (Area Code/Number)  | Alternate Number (Area Code/Number) |  |          |
| Email Address  | Social Security Number  |                                     |  |          |
| May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, what is your work number?  |   |                                     |  |          |
| If now employed, why do you desire to change your position?  |   |                                     |  |          |
| <p>River Rental Tools complies with the requirements of the Immigration and Control Act of 1986 and hires only those individuals who are legally eligible to work in the United States. Any offer of employment will be contingent upon proof of work eligibility and documentation establishing true identity. <i>Proof of Legal eligibility to work in the United States will be required on the first day of work.</i></p> <p>Are you legally eligible to work in the USA?                      <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/>           Are you over 18 years of age?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>Note: You are not required to disclose, verbally in writing, any record of a conviction that has been expunged or sealed. Conviction of a crime will not necessarily disqualify you from employment.</i></p> <p>Have you ever been convicted of a crime including DUI?                      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please explain What, Where, When</p> |   |                                     |  |          |
| Job Interests  |   |                                     |  |          |
| Division Applying  | <input type="checkbox"/> Rentals <input type="checkbox"/> Filtration <input type="checkbox"/> Any           |                                     |  |          |
| Position Applying for:   | Position Location   |                                     | Salary Desired   |          |
|  | <input type="checkbox"/> Belle Chasse <input type="checkbox"/> St. Martinville                              |                                     | <input type="checkbox"/> Annually<br><input type="checkbox"/> Hourly |          |
| How did you hear about us?   | Specify Source: <i>i.e...</i> our website, internet posting, billboard, radio, newspaper, friend or Other : |                                     | If you are a Walk-In, notate here:                                   |          |
| Do you personally know any at River Rental Tools ? If yes, are you related to anyone who works at this Company? If yes, please explain.  |   |                                     |  |          |
| Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, any restrictions?   |   |                                     |  |          |
| Are you willing to relocate within the US? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, any restrictions?   |   |                                     |  |          |
| Have you previously applied for employment with River Rental Tools ? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what year?  |   |                                     |  |          |
| Have you previously been employed by River Rental Tools ? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, dates employed?  |   |                                     |  |          |
| Non-Compete Information Disclosure   |   |                                     |  |          |
| <p>Do you have a non-compete clause in a contract, contractual obligation or confidentiality obligation with your current or former employer that has not yet expired that could impact your ability to work at River Rental Tools in the position for which you have applied?</p> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>I further certify that while at River Rental Tools, I will not use any trade secret or other confidential information I received through any prior employment.</b> (If you have already answered "yes" to any of these questions, please contact the HR representative and provide complete copies of the pertinent contracts.)</p>  |   |                                     |  |          |
| Field Services - if you are applying for a field service position please complete the following if not, check N/A and proceed to the next section of the application.  |   |                                     |  |          |
| <input type="checkbox"/> N/A -Not applying for a Field Service position  |   |                                     |  |          |
| River Rental Tools operates its <b>Field Service positions</b> under a 24 hour call schedule. Are you willing to work this type of schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |                                     |  |          |

## EMPLOYMENT APPLICATION CONTINUED....

*An Equal Opportunity Employer*

**Work Experience** List each job held starting with your present or last job. Please complete all appropriate items, **even if you have already provided us with a resume. DOT DRIVING APPLICANTS MUST PROVIDE 10 YEARS OF WORK HISTORY.**

|                                       |                        |                   |                    |                           |                            |          |
|---------------------------------------|------------------------|-------------------|--------------------|---------------------------|----------------------------|----------|
| Most Recent Employer Name             |                        | Street Address    |                    | City                      | State                      | Zip Code |
| Employer telephone (Area Code/Number) |                        | Starting Salary   | Ending Salary      | Starting Position Title   | Most Recent Position Title |          |
| Start Date<br>Mo.    Yr.              | End Date<br>Mo.    Yr. | Supervisor's Name | Supervisor's Title | Supervisor's Phone Number |                            |          |

May we contact this employer?  Yes  No Explain your reason for leaving: \_\_\_\_\_  
 Were you ever discharged or allowed to resign instead of being discharged?  Yes  No If Yes, please explain: \_\_\_\_\_  
 Please describe your main responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

|                                       |                        |                   |                    |                           |                            |          |
|---------------------------------------|------------------------|-------------------|--------------------|---------------------------|----------------------------|----------|
| Previous Employer Name                |                        | Street Address    |                    | City                      | State                      | Zip Code |
| Employer telephone (Area Code/Number) |                        | Starting Salary   | Ending Salary      | Starting Position Title   | Most Recent Position Title |          |
| Start Date<br>Mo.    Yr.              | End Date<br>Mo.    Yr. | Supervisor's Name | Supervisor's Title | Supervisor's Phone Number |                            |          |

May we contact this employer?  Yes  No Explain your reason for leaving: \_\_\_\_\_  
 Were you ever discharged or allowed to resign instead of being discharged?  Yes  No If Yes, please explain: \_\_\_\_\_  
 Please describe your main responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

|                                       |                        |                   |                    |                           |                            |          |
|---------------------------------------|------------------------|-------------------|--------------------|---------------------------|----------------------------|----------|
| Previous Employer Name                |                        | Street Address    |                    | City                      | State                      | Zip Code |
| Employer telephone (Area Code/Number) |                        | Starting Salary   | Ending Salary      | Starting Position Title   | Most Recent Position Title |          |
| Start Date<br>Mo.    Yr.              | End Date<br>Mo.    Yr. | Supervisor's Name | Supervisor's Title | Supervisor's Phone Number |                            |          |

May we contact this employer?  Yes  No Explain your reason for leaving: \_\_\_\_\_  
 Were you ever discharged or allowed to resign instead of being discharged?  Yes  No If Yes, please explain: \_\_\_\_\_  
 Please describe your main responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

|                                       |                        |                   |                    |                           |                            |          |
|---------------------------------------|------------------------|-------------------|--------------------|---------------------------|----------------------------|----------|
| Previous Employer Name                |                        | Street Address    |                    | City                      | State                      | Zip Code |
| Employer telephone (Area Code/Number) |                        | Starting Salary   | Ending Salary      | Starting Position Title   | Most Recent Position Title |          |
| Start Date<br>Mo.    Yr.              | End Date<br>Mo.    Yr. | Supervisor's Name | Supervisor's Title | Supervisor's Phone Number |                            |          |

May we contact this employer?  Yes  No Explain your reason for leaving: \_\_\_\_\_  
 Were you ever discharged or allowed to resign instead of being discharged?  Yes  No If Yes, please explain: \_\_\_\_\_  
 Please describe your main responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

## EMPLOYMENT APPLICATION CONTINUED....

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|  |                        |                   |               |                         |                           |                            |
|--|------------------------|-------------------|---------------|-------------------------|---------------------------|----------------------------|
| Previous Employer Name   |                        | Street Address    |               | City                    | State                     | Zip Code                   |
| Employer telephone (Area Code/Number)  |                        | Starting Salary   | Ending Salary | Starting Position Title |                           | Most Recent Position Title |
| Start Date<br>Mo.    Yr.   | End Date<br>Mo.    Yr. | Supervisor's Name |               | Supervisor's Title      | Supervisor's Phone Number |                            |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain your reason for leaving: _____<br>Were you ever discharged or allowed to resign instead of being discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____<br>Please describe your main responsibilities: _____<br>_____ |                        |                   |               |                         |                           |                            |

|  |                        |                   |               |                         |                           |                            |
|--|------------------------|-------------------|---------------|-------------------------|---------------------------|----------------------------|
| Previous Employer Name   |                        | Street Address    |               | City                    | State                     | Zip Code                   |
| Employer telephone (Area Code/Number)  |                        | Starting Salary   | Ending Salary | Starting Position Title |                           | Most Recent Position Title |
| Start Date<br>Mo.    Yr.   | End Date<br>Mo.    Yr. | Supervisor's Name |               | Supervisor's Title      | Supervisor's Phone Number |                            |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain your reason for leaving: _____<br>Were you ever discharged or allowed to resign instead of being discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____<br>Please describe your main responsibilities: _____<br>_____ |                        |                   |               |                         |                           |                            |

|  |                        |                   |               |                         |                           |                            |
|--|------------------------|-------------------|---------------|-------------------------|---------------------------|----------------------------|
| Previous Employer Name   |                        | Street Address    |               | City                    | State                     | Zip Code                   |
| Employer telephone (Area Code/Number)  |                        | Starting Salary   | Ending Salary | Starting Position Title |                           | Most Recent Position Title |
| Start Date<br>Mo.    Yr.   | End Date<br>Mo.    Yr. | Supervisor's Name |               | Supervisor's Title      | Supervisor's Phone Number |                            |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain your reason for leaving: _____<br>Were you ever discharged or allowed to resign instead of being discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____<br>Please describe your main responsibilities: _____<br>_____ |                        |                   |               |                         |                           |                            |

| Education*   |                 |              |   |                 |               |
|--|-----------------|--------------|---|-----------------|---------------|
|  | Name & Location | No. of Years | Graduated   | Degree Received | Major Subject |
| High School<br><i>*If you obtained a general equivalency diploma (GED) please indicate</i> |                 |              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                 |               |
| College  |                 |              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                 |               |
| Graduate School  |                 |              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                 |               |
| Business or Trade School   |                 |              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                 |               |
| Other  |                 |              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                 |               |

**\*This information will not be used in violation of the Company's policy prohibiting unlawful discrimination on the basis of race, sex, age, religion, national origin, disability, or any other characteristic protected by applicable law.**

## EMPLOYMENT APPLICATION CONTINUED....

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### Military

|   |                 |
|---|-----------------|
| N/A <input type="checkbox"/> Not Applicable | Discharge Date: |
|---|-----------------|

### Skills and/or Use of Specific Equipment (As they relate to the position for which you are applying)

| Skill | Proficiency Level<br>(Beginner, Intermediate, Expert) | Date Last Used |
|-------|---|----------------|
|       |   |                |
|       |   |                |
|       |   |                |

### Professional Licenses and/or Certificates

| Licenses/Certificates | License/Certificate Number | Issue Date | Issuance State/Country or Organization | Expiration Date |
|-----------------------|----------------------------|------------|--|-----------------|
|                       |                            |            |  |                 |
|                       |                            |            |  |                 |
|                       |                            |            |  |                 |

### Training

| Training/Certificates | Expiration Date | Training / Certificates   | Expiration Date | Training / Certificates | Expiration Date |
|-----------------------|-----------------|---------------------------|-----------------|-------------------------|-----------------|
| PEC / Core            |                 | Well Control              |                 | T-2                     |                 |
| SafeGulf / SafeLand   |                 | Veriforce / OQ            |                 | Other:                  |                 |
| TWIC                  |                 | Rigging                   |                 | Other:                  |                 |
| Water Survival        |                 | 1 <sup>st</sup> Aid / CPR |                 | Other:                  |                 |

**DRIVERS – if you are applying for a driving position please complete the following if not, check N/A and proceed to the next section of the application.**

N/A -Not applying for a Driving position

**Driving applicants:** Is your present or previous job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40.25

Yes or  No

Were you subject to the Federal Motor Carrier Safety Regulations while employed by your previous employer/employment?  Yes or  No

|  |  |
|--|--|
| Are you driving now? <input type="checkbox"/> Yes <input type="checkbox"/> No  | *If Yes, what type of vehicle are you driving? |
| What type of equipment do you have experience driving?   | Do you have a CDL license?                     |
| Driver License No:   | Expiration Date:                               |
| Driver License Type:   | State Issued:                                  |
| Do you have a hazardous material endorsement?  | Other Endorsements:                            |
| Have you ever had your driver's license revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain:                               |

List Accident Record for the Past 3 years or more: (Accident Dates, Location, Nature of Accident (such as Fatalities, Injuries and violations))

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List Traffic citation convictions for the Past 3 years: (Accident Dates, Location, Nature of Accident (such as Fatalities, Injuries and violations) - If no violations enter none and do not list parking violations

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## EMPLOYMENT APPLICATION CONTINUED....

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### Professional References (Persons we may contact who are familiar with your work, **other than family members**)

| Name (First and Last) | Address | Name of organization where individual became aware of your performance | Business/Home Telephone (Area Code/Number) | How many years have you known this professional reference? |
|-----------------------|---------|--|--|--|
|                       |         |  |  |  |
|                       |         |  |  |  |
|                       |         |  |  |  |

### Application Acknowledgment (Read Carefully and Sign Below)

Thank you for your interest in employment with River Rental Tools (RRT). RRT is an equal opportunity employer, and selects the best matched individual for each position based upon job-related qualifications, regardless of race, religion, national origin, age, sex, veteran status, disability or other protected status under state, federal or local Equal Employment Opportunity Laws. I understand and agree that RRT acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that RRT is under no obligation to hire me as the result of accepting this completed application.

I understand and agree that: (initial and sign)

\_\_\_\_ 1.) I have read and fully understood the foregoing questions. I have answered them to the best of my knowledge, and my statements are truthful and without evasion. Any misrepresentation or omission of a fact in my application may be grounds for RRT's refusal to hire me, or if I am employed, termination of my employment by RRT.

\_\_\_\_ 2.) RRT may conduct a background investigation to verify all data given in my application for employment, resume, related papers and oral interviews. I understand that misrepresentation or omission of fact discovered as a result of this investigation may prevent my being hired or may subject me to termination. Along with this application of employment, I have received a separate disclosure regarding the background investigation that RRT will conduct.

\_\_\_\_ 3.) I authorize RRT and its agents to verify the information on this application. I authorize all persons, schools, companies and law enforcement authorities or other government agencies to release information concerning my background without notice, and I hereby release them and RRT or anyone acting on its behalf from any liability arising from such disclosure or for any damage whatsoever for issuing this information, including any documentation or written oral information. **I also agree to sign a form authorizing a consumer reporting agency to provide RRT with a consumer report as defined by the Fair Credit Reporting Act.**

\_\_\_\_ 4.) Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment, authorization and identity (valid driver's license, green card, etc.) within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

#### 5.) Disclosure to Applicants Concerning Drug/Alcohol Testing – Pre Employment Drug Screening Consent

If you are offered a position with RRT, you may be given a drug/alcohol test(s) as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment. I have been informed and understand that I retain the express right to terminate the taking of drug and/or alcohol tests at any time and can leave the testing facility without delay.

Your signature below is your agreement to voluntarily submit to the testing indicated by blood, urine and/or hair, and authorization to release results to RRT, its authorized agents and/or partners, or associates. Further you authorize and give full written permission to the doctor, clinic, hospital, or its agents to obtain and send specimens to the examining laboratory for screening tests.

\_\_\_\_ 6.) I understand that, if hired, I will be an **Employee "At Will"**. RRT may terminate my employment and compensation at any time with or without cause and with or without prior notice. Conversely, I may terminate my employment with RRT for any reason at any time. No one has the authority to enter into any agreement to the contrary unless it is in writing and is signed by me and by the appropriate officer of RRT. I further understand that this is an application for employment and that **NO employment contract or (guarantee of employment) is being offered**. Moreover, RRT can change my wages, benefits, and conditions of employment at any time.

I have read and understand the above.

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Applicant's Signature**

**Date**



## NOTICE OF INTENT TO OBTAIN CONSUMER REPORTS AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

In connection with your application for employment with River Rental Tools (the "Company"), and throughout your employment with the Company if you are hired, the Company may obtain one or more reports regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living from a consumer reporting agency. Some of this information may be gathered through personal interviews with your former employers, neighbors, friends, associates, or others with whom you are acquainted or who may have knowledge relating to your background. You have a right to make a written request for additional disclosures from the Company regarding the nature and scope of that part of the Company's background investigation that involves personal interviews with persons associated with you.

If the Company plans to use any information in a consumer report in a decision not to hire you or to make any other adverse employment decision regarding you, it will provide you with a copy of the consumer report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before it takes any adverse action. If any adverse action is taken against you based upon a consumer report, the Company will notify you that the action has been taken and that the consumer report was the reason for the action.

We cannot obtain consumer reports regarding you unless you consent in writing. If you agree that we may now and at any time throughout your employment with the Company (if you are hired) obtain consumer reports regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living, and agree that we may gather any or all of this information through personal interviews with your former employers, neighbors, friends, associates, or others with whom you are acquainted or who may have knowledge relating to your background, please sign the Consent to Obtain Consumer Reports form. For additional information, please review the attached Summary of Rights under the Fair Credit Reporting Act.

### CONSENT TO OBTAIN CONSUMER REPORTS

I have read the Notice of Intent to Obtain Consumer Reports provided to me by River Rental Tools (the "Company"). I understand that, if I sign this consent form, the Company may obtain reports both now and at any time throughout my employment (if I am hired) of my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living. Additionally, I understand that the Company may obtain some of this information through personal interviews with my former employers, neighbors, friends, or associates, or others with whom I am acquainted or who may have knowledge relating to my background.

I hereby authorize the Company and its employees and agents to obtain reports now and at any time throughout my employment (if I am hired) of my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living. I further authorize the Company to obtain any or all of this information through personal interviews with my former employers, neighbors, friends, associates, or others with whom I am acquainted or who may have knowledge relating to my background. I acknowledge receipt of a Summary of Rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

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

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <http://www.ftc.gov/credit> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

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

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <http://www.ftc.gov/credit> for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer 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.ftc.gov/credit](http://www.ftc.gov/credit).
- **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 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

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

| <b>FOR QUESTIONS OR CONCERNS REGARDING</b>  | <b>PLEASE CONTACT</b>   |
|---|---|
| Consumer reporting agencies, creditors and others not listed below  | Federal Trade Commission<br>Consumer Response Center- FCRA<br>Washington, DC 20580 - 877-382-4357                         |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)        | Office of the Comptroller of the Currency<br>Compliance Management, Mail Stop 6-6<br>Washington, DC 20219 - 800-613-6743  |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)                           | Federal Reserve Board<br>Division of Consumer & Community Affairs<br>Washington, DC 20551 - 202-452-3693                  |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision<br>Consumer Programs<br>Washington D.C. 20552 - 800- 842-6929                                |
| Federal credit unions (words "Federal Credit Union" appear in institution's name)   | National Credit Union Administration<br>1775 Duke Street<br>Alexandria, VA 22314 - 703-519-4600                           |
| State-chartered banks that are not members of the Federal Reserve System  | Federal Deposit Insurance Corporation<br>Division of Compliance & Consumer Affairs<br>Washington, DC 20429 - 877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission                   | Department of Transportation<br>Office of Financial Management<br>Washington, DC 20590 - 202-366-1306                     |
| Activities subject to the Packers and Stockyards Act, 1921  | Department of Agriculture<br>Office of Deputy Administrator-GIPSA<br>Washington, DC 20250 - 202-720-7051                  |





## Authorization for Background Investigation

I understand that in connection with my application and/or offer of employment by River Rental Tools, Inc. I may be subject to, among other things, a background investigation. I hereby authorize my prior employers, schools attended, any law enforcement agencies or other governmental agencies with records about me to provide River Rental Tools and anyone acting on River Rental Tools behalf, with information concerning my prior employment, education, driving record (if driving a motor vehicle is among anticipated or actual job duties) and law enforcement record both now and at anytime throughout my employment if hired. I expressly waive any and all privileges and privacy rights I may have in connection with disclosure on such information and fully release River Rental Tools, anyone acting on its behalf, and all persons, firms, companies, schools, organizations and agencies furnishing such information from any and all liability arising from such disclosure. This content and release is intended to include any documentation or written oral information. A photo static or electronic copy of this authorization may be accepted in lieu of the original and shall be as fully binding as though it were the originally executed by me.

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

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

Prior Name(s) of Applicant, If Any: \_\_\_\_\_

### Driving Record Information Disclosure and Release

In connection with my employment or application for employment, I hereby give permission to River Rental Tools, Inc. (Employer) to obtain my state driving record, also known as my motor vehicle record or MVR, for the purposes of investigation and release River Rental Tools from any and all liability which may result from obtaining or furnishing such information.

I acknowledge and understand that my driving record is a consumer report that contains public record information

I authorize without reservation, any party contracted by River Rental Tools to furnish the above mentioned information and release them from any and all liability which may result from furnishing such information.

This authorization shall remain on file by River Rental Tools for the duration of my employment and will serve as ongoing authorization for River Rental Tools to procure my state driving record anytime during my employment period.

I understand that River Rental Tools may take adverse action affecting my employment based on information in my driving record. If such adverse action is taken I acknowledge my rights as follows:

- Employer must notify me in writing of such adverse action
- I have the right to receive a copy of the driving record upon which the adverse action was based
- I have the right to receive a summary of my rights under the Fair Credit Reporting Act.
- I have the right to know the name, address, phone number of the consumer reporting agency that provided my driving record to the employer.
- I have a right to obtain a free copy of my driving record if such request is made within 60 days from the date that the employer took adverse action
- I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it and request that errors be corrected

\_\_\_\_\_  
Employee/Applicant Name (Print)

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Drivers License No.#

\_\_\_\_\_  
State of Issuance

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





## Applicant Authorization to Release Safety Performance History

(As required by 49 CFO Parts 40.25 and 391.23)

I \_\_\_\_\_ do hereby authorize you to release the following information to River Rental Tools and/or its designated background investigation provider, for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations

Check this box if you have NOT performed DOT functions in the past three years.

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

\_\_\_\_\_  
Date

| Previous Employer Name | Address | Phone Number | Fax Number | Dates of Employment |
|------------------------|---------|--------------|------------|---------------------|
|                        |         |              |            |                     |
|                        |         |              |            |                     |
|                        |         |              |            |                     |
|                        |         |              |            |                     |
|                        |         |              |            |                     |

The above named applicant has applied to this company for a position as \_\_\_\_\_  
 And states that he/she was employed by you as (position) \_\_\_\_\_  
 From the dates listed above applicable to your Employer Name

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 year proceeding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please fax or email the following information to:

**Attn: RIVER RENTAL TOOLS, INC. – Ray Lavergne Jr.**

1231 Capritto Forty Arpen Rd. St. Martinville, LA 70582

Questions Phone: 337-394-7070 Fax: 337-394-7072 email: rlavergne@rrrtmax.com

**\*\*EMPLOYEE CANDIDATE STOP**

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### TO BE COMPLETED BY PREVIOUS EMPLOYER

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**Safety Performance History:**

Did he/she drive a commercial motor vehicle for you? \_\_\_\_ Yes \_\_\_\_ No

If yes, what Type? \_\_\_\_ Straight Truck \_\_\_\_ Tractor Semi Trailer \_\_\_\_ Bus \_\_\_\_ Cargo Tank \_\_\_\_ Doubles/Triples  
 \_\_\_\_ Other (specify) \_\_\_\_\_

Reason For Leaving Your Company: \_\_\_\_ Discharge \_\_\_\_ Resignation \_\_\_\_ Layoff/Reduction in Force

Was the Driver/Operator responsible for maintenance on the asset as described under FMCSA?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA

\_\_\_\_ Check if there is no Safety performance history to report, sign below and return

**Accidents:** Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above

| Date | Location | No. of Injuries | No. of Fatalities | HazMat Spill |
|------|----------|-----------------|-------------------|--------------|
|      |          |                 |                   |              |
|      |          |                 |                   |              |
|      |          |                 |                   |              |

\_\_\_\_ Enclose is the other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)).

Any Other Remarks: \_\_\_\_\_

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

**Keep a Record of this Request and the Response for One Year.**

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