

DRIVER'S APPLICATION FOR EMPLOYMENT

PACIFIC CA SYSTEMS
1420 Industrial Way
Union Gap, WA 98903

(ANSWER ALL QUESTIONS - PLEASE PRINT)

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, or non-job related disability.

Date of Application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
_____ Phone _____ How Long? _____
State Zip Code

Previous Addresses _____ How Long? _____
Street City State & Zip Code
_____ How Long? _____
Street City State & Zip Code
_____ How Long? _____
Street City State & Zip Code

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

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

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

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
			YR.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
			YR.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
			YR.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
			YR.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
			YR.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
			YR.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
			YR.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
			YR.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
			REASON FOR LEAVING	

* Includes vehicles having GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 5 YEARS (OTHER THAN PARKING) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR / SEMI-TRAILER _____				
TRACTOR / TWO TRAILERS _____				
MOTOR COACH / SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

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

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

_____ Date

_____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OR REASON SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

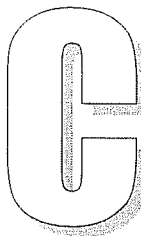
TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

SAFETY BULLETIN



COMPRESSED GAS
ASSOCIATION, INC.
ARLINGTON, VA 22202

OXYGEN-DEFICIENT ATMOSPHERES

The normal oxygen content of air is approximately 21%. Depletion of oxygen content in the air, either by combustion or displacement with inert gas, is a potential hazard to personnel throughout industry. A general indication of what can potentially occur relative to the percentage of oxygen available is given in the table below.

Oxygen Content (% by Volume)

Effects and Symptoms (At Atmospheric Pressure)

15-19%	Decreased ability to work strenuously. May impair coordination and may induce early symptoms in persons with coronary, pulmonary, or circulatory problems.
12-14%	Respiration increases in exertion, pulse up, impaired coordination, perception, and judgment.
10-12%	Respiration further increases in rate and depth, poor judgment, lips blue.
8-10%	Mental failure, fainting, unconsciousness, ashen face, blueness of lips, nausea and vomiting.
6-8%	8 minutes, 100% fatal; 6 minutes, 50% fatal; 4-5 minutes, recovery with treatment
4-6%	Coma in 40 seconds, convulsions, respiration ceases, death.

NOTE: EXPOSURE TO ATMOSPHERES CONTAINING 12% OR LESS OXYGEN WILL BRING ABOUT UNCONSCIOUSNESS WITHOUT WARNING AND SO QUICKLY THAT THE INDIVIDUAL CANNOT HELP OR PROTECT HIMSELF.

When personnel are subjected to, and around, oxygen-deficient atmospheres, there are certain considerations which are as follows:

1. Analyze the atmosphere to determine if there is an enrichment or deficiency of oxygen. Continue to monitor during work process.
2. Train the worker on what to expect and how to handle it.
3. Blank any incoming lines to a confined area and ventilate the area.
4. When it is necessary to work in any oxygen-deficient atmosphere, provide self-contained breathing apparatus for all workers.

This Bulletin is intended to give a general overview of a potentially dangerous situation. For more detailed methods of dealing with oxygen-deficient atmospheres, please see CGA Pamphlet P-14-1983. "Accident Prevention in Oxygen-Enriched and Oxygen-Deficient Atmospheres."

* * CGD GRANTS PERMISSION TO REPRODUCE THIS SAFETY BULLETIN * *

SIGNATURE _____

DATE _____



1420 Industrial Way
Union Gap, WA 98903
(509) 576-8632 phone

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

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

Applicant's signature

Date

Print name

Social Security number

**DRIVER'S RIGHTS PERTAINING TO RELEASE OF
DRIVER INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a) (1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a) (2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all pervious employers of the applicant that employed the driver to operate a CMV within the pervious three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

I acknowledge that I have read and understand the contents of this document

Driver's Signature: _____ Date: _____

Driver Name (Printed): _____ Date: _____

Motor Vehicle Driver's

**CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

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

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

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

- 1) **POSSESS ONLY ONE LICENSE:** You, as commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your report by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License # _____ State _____ Exp. Date _____

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

Driver's Name (Printed) _____

Driver's Signature _____ Date _____

Notes: _____

**Request for Driver's Safety Performance History
Information from DOT Regulated Previous Employer(s)**

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 &/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town or most near & state)	Any Vehicles Towed?	Hazmat Spill?	# of Fatalities?	# of Injuries?

SECTION III – Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-named driver/applicant;

He/She was employed for you as a: _____ from ___/___/___ to ___/___/___

- If employed as a driver, what type of equipment did they operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he/she a: Company Driver? Yes No Contractor? Yes No

Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities transported: _____

- While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date & type: _____

c. License(s) suspended, revoked or denied: Yes No

If yes, please list all, including date & type: _____

- Reason for leaving: _____

- Would you re-employ this person: Yes No Upon Review

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

_____	_____
Print Name	Title
_____	_____
Signature	Date

Please remember to retain a copy for your records; your timely response is appreciated.

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 381.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

Name of Driver (Print):	Social Security #		Date of Employment
Home Terminal (City & State)	Driver's License #	State	Expiration Date

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months. **(If you have had no violations, check the following box - None)**

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Does not adequately meet satisfactory safe driving performance
- Is disqualified to drive a motor vehicle pursuant to Section 391.15

Action taken with driver: _____

Reviewed by: Sign _____ Date: _____
Print _____ Title _____

**DRIVER APPLICANT DRUG AND ALCOHOL
PRE-EMPLOYMENT STATEMENT**

CFR Part 40.25 (j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.
(See Section 40.25 (b)(5) and (e))

Applicant Name: _____ ID Number: _____
(please print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25 (j) to respond to the following questions.

1. Have you 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 covered by DOT agency drug and alcohol testing rules during the past two years?
Yes No
2. If you answered yes to the above question, can you provide proof that you have successfully completed the DOT return-to-work requirements?
Yes No

My signature below certifies that the information provided is true and correct.

Signature: _____

Witness: _____
Company Representative

Date: _____

**PACIFIC
CA SYSTEMS**

1420 Industrial Way
Union Gap, WA 98903
(509) 576-8632 phone

SEVEN-DAY PRIOR LOG FORM

(Data sheet for new, casual or temporary drivers)

Name: _____ Social Sec. #: _____

Address: _____ Phone #: _____

Driver's License #: _____ State: _____

Instructions:

At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation (Section 395.8 (j) (2)) require the motor carrier to obtain from you a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

Day	1	2	3	4	5	6	7	Total
Date								
Hours Worked								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ on _____
time day month year

Signature: _____

Witness: _____
Company Representative

Date: _____

**PACIFIC
CA SYSTEMS**

1420 Industrial Way
Union Gap, WA 98903
(509) 576-8632 phone

CONTROLLED SUBSTANCE & ALCOHOL TESTING INFORMATION ACKNOWLEDGEMENT/CONSENT FORM

As a condition of employment with *Pacific CA Systems, Inc.* (Motor Carrier), Commercial Motor Vehicle (CMV) Driver Applicants must submit to a pre-employment controlled substances test as required by the Federal Motor Carrier Safety Regulations (FMCSR) Section 382.301. A motor carrier must receive verified negative test results for the applicant driver for the applicant to be eligible for employment.

If you are hired, you will be subject to laws requiring controlled substances and alcohol testing on you under numerous situations including, but not limited to, the following:

Post-Accident – Section 382.303	Random – Section 382.305	Reasonable Suspicion – Section 382.311
Return-to-Duty – Section 382.309		Follow-up – Section 382.311

A driver who tests positive for a controlled substance (s) and/or alcohol test, will be immediately removed from a safety-sensitive position as required by Part 382 of the FMCSR. Federal law prohibits a driver from returning to a safety-sensitive position for any motor carrier until and unless the driver completes the Substance Abuse Professionals (SAP) evaluation, referral and education/treatment process, as described in FMCSR Part 40, Subpart O.

The following is a referral list of Substance Abuse Professionals: (to be completed by Carrier)

Name			
Address			
Phone #			

All controlled substances and alcohol testing will be conducted in accordance with Parts 40 and 382 of the FMCSR.

I _____ have read the above controlled substances and alcohol
(Print Name)

Testing requirements and understand them. I acknowledge receipt of the controlled substance & alcohol testing form.

Signature: _____

Witness: _____

Company Representative

Date: _____



1420 Industrial Way
Union Gap, WA 98903
(509) 576-8632 phone

DISCLOSURE & AUTHORIZATION FORM

In connection with my application for employment (or contract for services) with you, I understand that consumer reports which may contain *public record information* may be requested. These reports may include the following types of information: names & dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain *public record information* concerning my driving record, workers' compensation claims, credit bankruptcy proceedings, criminal records, etc., from federal, state & other agencies which maintain such records; as well as information concerning previous driving record requests made by others from such state agencies & state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY Pacific CA Systems, Inc. TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right, upon proper identification, to request the nature & substance of all information in its files on me at the time of my request, including the sources of information; & the recipients of any reports on me which have been previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information & I agree that such information which may be obtained, & my employment history with you if I am hired, may be supplied to other companies.

I hereby authorize procurement of consumer report(s). If hired (or contacted), this authorization shall remain on file & shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Applicant Name (Print)

Applicant Social Security #

Applicant's Signature

Date

**PACIFIC
CA SYSTEMS**

1420 Industrial Way
Union Gap, WA 98903
(509) 576-8632 phone