



PACIFIC UNLIMITED INC
SYNERGY • COLLABORATION • SOLUTIONS



EMPLOYMENT APPLICATION

Date of Application: _____

This company is an equal opportunity employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, age, national origin, ancestry or handicap.

PERSONAL INFORMATION

Last Name	First	Middle	Social Security No.
Street Address			Home Phone ()
City, State, Zip			Business Phone ()
Are you 18 years of age or older () Yes () No		Are you legally eligible for employment in the U.S. () Yes () No	

EMPLOYMENT INTEREST

Position: _____

Salary Desired: _____

Date you can start? _____

Can you work overtime if necessary? () Yes () No

Have you ever applied for employment with this company before? () Yes () No

If yes, when _____

EDUCATION AND TRAINING

School	Name and Location of School	Course of Study	No. Years Completed	Did you Graduate?	Degree or Diploma
High				() Yes () No	
Trade or Business				() Yes () No	
College				() Yes () No	
Other				() Yes () No	
Other special training or skills (languages, machine operation, etc.)					

EMPLOYMENT HISTORY (list below last three employers, starting with last one first)

Company Name	Employed (state Month and Year) From To
Address and Telephone	Pay or Salary
State Job Title and Describe Your Work _____	Reason for Leaving

Company Name	Employed (state Month and Year) From To
Address and Telephone	Pay or Salary
State Job Title and Describe Your Work _____	Reason for Leaving

Company Name	Employed (state Month and Year) From To
Address and Telephone	Pay or Salary
State Job Title and Describe Your Work _____	Reason for Leaving

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? () Yes () No
Date of Entry _____ Branch of Service _____
Date of Discharge _____ Final Rank _____
Indicate service school attended or special training received _____

REFERENCES

Name and Address (Do not list Relatives or Former Employers)	Telephone	Years Known	Occupation

Title: PNL115 - PERSONNEL BACKGROUND CHECKS

Policy: It shall be the policy of Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services to require "reasonable inquiries" into the background of new or existing employees.

Purpose: To establish guidelines for background checks that comply with all FCRA and DOT requirements.

Scope: These procedures apply to all existing and potential company employees.

Responsibility: The Human Resources Manager as well as all hiring managers shall be familiar with and follow all guidelines included in this procedure.

Definitions: Employers must comply with the federal Fair Credit Reporting Act ("FCRA"), and the Consumer Reporting Employment Clarification Act of 1998 (The California counterpart is the California Consumer Credit Reporting Agencies Act ("CCRAA")) and the Department of Transportation ("DOT"). These laws impose requirements on employer's attempts to collect background information on job applicants and employees using some type of consumer reporting agency.

Employers who fail to obtain an applicant's permission before requesting a consumer report or who fail to provide pre-adverse action disclosures and adverse action notices to unsuccessful job applicants are subject to potential liability claims. The FCRA allows individuals to sue employers for damages in federal court. A person who successfully sues is entitled to recover court costs and reasonable legal fees. The law also allows individuals to seek punitive damages for deliberate violations. In addition, the Federal Trade Commission, other federal agencies, and the states may sue employers for noncompliance and obtain civil penalties.

Procedure:

1.0 BACKGROUND AND HIRING

- 1.1 The Company may be liable for any acts committed by an employee, acting within the scope of employment. Employees with previous histories of theft, assault, aggressive behavior, or inability to get along with others may pose a severe liability problem for the employer. The courts generally require that "reasonable inquiries" into a person's background be performed before employment.
- 1.2 The level and depth of the background investigation should be based on the employee's exposure to vital assets or, contact with minors, contact with the

public, or contact with handicapped or disabled people. For example, a maintenance worker in a remote area with little public exposure might require significantly less in terms of investigation as compared to a day care worker or nurse's aid in a retirement home.

- 1.3 All facts collected shall be logged onto *PNL115 Exhibit 1 - Employee Hiring Packet Checklist*. The log shall be kept in the personnel folder of the employee. These facts may include, but are not limited to:
- Application Form
 - Personal Interview
 - Criminal History Agency Check
 - Driver's Record Check
 - Credit Check
 - Substance Screen
 - Honesty Test
 - Prior Employment Verification
 - Handwriting Analysis
- 1.4 In an effort to provide fair and equal treatment under the law, The Company shall utilize the following guidelines during the hiring process:
- Establish screening criteria for each category of employee.
 - Make hiring decision based on documented facts gathered in the background investigation.
 - Assure that all employees are provided adequate training and orientation about company security policies.

2.0 INVESTIGATIVE CONSUMER REPORTING

- 2.1 All employees must complete *PNL115 Exhibit 2—Employee Background Authorization Or (2a) for drivers* providing a written release authorizing the Company to contact and obtain information from a consumer reporting agency.
- 2.2 If the background investigation results in any type of adverse action required (i.e. termination, denial of a job offer or promotion, probation, etc.) by The Company that is based in whole or in part on a credit or other type of consumer report from an outside agency, then the applicant or employee must be provided with:
- A description of the adverse action taken
 - A copy of the investigative report received
 - "A Summary of Your Rights Under the Fair Credit Reporting Act" — a document prescribed by the Federal Trade Commission describing the

applicant or employee's rights. (You should receive this description from the consumer reporting agency along with the report.)

- The name, address, and telephone number of the agency that provided the report (a toll-free number is required, if it is a national agency);
- A statement that the consumer reporting agency did not make the decision to take the adverse action and is unable to provide the individual with the specific reasons why the adverse action was taken;
- Notification of the consumer's right to obtain a free copy of the consumer report within 60 days from any consumer agency that maintains files on a nationwide basis; and
- Notification of the consumer's right to dispute with the agency the accuracy of any information in a consumer report furnished by the agency.

3.0 COMPANY RELEASE OF EMPLOYEE INFORMATION

- 3.1 The Human Resources Manager shall oversee all responses to all reference requests. No other employee, including a former employee's immediate supervisor, shall be authorized to respond independently.
- 3.2 All requests must be in writing, using company letterhead, indicating in that letter that the subject of the reference request has applied for a job.
- 3.3 Information is not to be provided over the phone.
- 3.4 Each response shall be obtained only from people with first-hand knowledge of the employee's performance.
- 3.5 The Human Resources Manager shall review all responses to ensure that:
 - Only factual information about the employee's job performance and qualifications for employment are included in the response. At no time should a response include emotions, personal feelings, rumors, non-work-related comments or exaggerations.
 - If at all possible it is important that some form of documentation or solid evidence supports all information provided in the response.
- 3.6 Retain a copy of all responses, including the contents of any oral response, in the former employee's personnel file.
- 3.7 If at all possible, ask former employees to sign and return release *PNL115 Exhibit 3a– NewReferences Authorization* before you respond. Alternatively, ask for the employee to sign *PNL115 Exhibit 3b– Exit References Authorization* as part of the exit interview.

4.0 ADDITIONAL INFORMATION RESOURCES

4.1 More information is available from the following resources:

- **Using Consumer Reports: What Employers Need to Know**
<http://www.ftc.gov/bcp/online/pubs/buspubs/credempl.htm>
- **Fair Credit Reporting Act** <http://www.ftc.gov/os/statutes/fcrajump.htm>
- **Answers to Commonly Asked Questions About the Fair Credit Reporting Act (FCRA)** http://www.gcwf.com/articles/elu/elu6_99_1.html
- To find an agency that conducts background searches use the keyword search term **“employee background search”**.

PNL115 Exhibit 2 –Employee Background Authorization

Name (First) _____ (Middle) _____ (Last) _____

List other names used in the last 7 years _____

Date of birth ____/____/____

Social Security Number ____-____-____

Drivers License # _____

State _____

Phone # (Day) (____) ____-____

(Eve) (____) ____-____

Current Address _____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

Previous Address _____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

List the cities or towns you have lived in the past 7 years. Use additional forms if necessary:

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

I hereby authorize Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services or an agent of Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services to contact former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed.

This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if the request is made in writing within 60 days of any adverse action/decision. If an investigative consumer report is conducted, I will be notified in writing within three days from request of said report. I believe, to the best of my knowledge, that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Signature _____ Today's Date ____/____/____

Disclaimer: While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository, Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of The Company, its sources, officers, agents or employees. Furthermore you agree to indemnify Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individual's criminal records history, credit history and / or workers compensation claim history.

☐ **YES, Please send me a copy of the Consumer Report Obtained.**

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Requesting Information: _____ Return Fax# _____

Name Of Person To Return Info To: _____ Voice # _____

History Requested: ☐ Criminal ☐ Civil ☐ Credit ☐ DMV ☐ Social Security

PNL115 Exhibit 3a – New References Authorization

I _____ am applying for a job with Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services, which as part of its application process seeks references from former employers.

Accordingly, I authorize you to provide information regarding my job performance and qualifications for employment, and release and hold harmless your organization from any liability associated with providing that information.

Signature _____ Date ____/____/____

PNL115 Exhibit 3b – Exit References Authorization

I _____ will be applying for jobs with various companies, which as part of their application process will seek references from former employers, including Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services Accordingly, I authorize Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services to provide information regarding my job performance and qualifications for employment, and release and hold harmless Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services from any liability associated with providing that information.

Signature _____ Date ____/____/____

Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services

REQUEST FOR EMPLOYMENT INFORMATION

Exhibit 2 A

PLEASE RESPOND BY FAX OR PHONE

FAX #: (671) 473-4370

TELEPHONE: (671) 473-4374

TO APPLICANT: --Please Print Name:

NAME OF COMPANY YOU WORKED FOR:		THE INFORMATION REQUESTED IS REQUIRED BY PART 391.23 OF THE U.S. DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SAFETY REGULATIONS.
STREET ADDRESS: _____ CITY _____ STATE _____		
MAILING ADDRESS: _____ CITY _____ STATE _____		
TELEPHONE: _____ FAX: _____		
NAME OF YOUR IMMEDIATE SUPERVISOR	SOCIAL SECURITY NO.	
PERIOD OF EMPLOYMENT		POSITION YOU HELD
FROM _____ TO _____ MO. YR. MO. YR.		
You are hereby authorized to give to the above company all information regarding my services, character and conduct while in your employ, and you are released from all liability, which may result from giving such information.		
Date: _____ Signed by Applicant: _____		

Does the above data check with your records? _____ Yes _____ No. If no, where is the discrepancy?

TO FORMER EMPLOYER: Please give the following information about this applicant. It will be held in confidence.

	EXCELLENT	GOOD	FAIR	POOR	
1. Quality of work					6. Needed supervision: _____ Seldom _____ Occasionally _____ Frequently _____ Constantly
2. Co-operation with others					
3. Salary habits					
4. Driving Skill					
5. Attendance record					

7. Why did applicant leave? _____

8. If company policy allowed, would you rehire? _____

9. Did applicant have custody of money or valuables? _____

a) Where his accounts kept properly? _____

10. Qualified in what equipment? _____

11. How many accidents? _____ How many preventable? _____

12. Driver's license ever revoked or suspended? _____

Comments: _____

Date: _____ Signed: _____ Name & Position _____

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCE TESTING

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (PRINT NAME)

FIRST, M.I., LAST

SOCIAL SECURITY NUMBER

Hereby authorize that:

Previous Employer:

Street:

City, State, Zip:

Telephone:

Fax No:

May release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substance Testing records to:

Prospective Employer:

Attention:

Street:

City, State, Zip:

Telephone:

Fax No:

Applicant Signature

Date

This is in compliance with §382.405(f) and (h), which state:

(f) Records shall be made available to subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

§ 382.413 (a) (b) (d) (e) (f) (h) further states:

§ 382.413 Inquires for alcohol and controlled substances information from previous employers.

(a) (1) A employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers, during the preceding two years from the date of application, which are maintained by the driver's previous employers under § 382.401 (b) (1) (I) through (III) of this subpart:

(I) Alcohol test with a result of 0.04 alcohol concentration or greater;

(II) Verified positive controlled substance test results; and

(III) Refusal to be tested.

(2) The information from a previous employer may contain any alcohol and drug information the previous employer obtained from other previous employers under paragraph (a) (1) of this section

(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but no later than 14-calendar days after the first time a driver performs safety-sensitive functions for the employer. An employer may not permit a driver to perform safety-sensitive functions after 14 days without having made a good faith effort to obtain the information as soon as possible. If a driver hired or used by the employer ceases performing safety-sensitive functions for the employer before expiration of the 14-day period, employer must still make a good faith effort to obtain the information.

(d) The prospective employer must provide to each of the driver's previous employers the drivers specific, written authorization for release of the information in paragraph (a) of this section.

(e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters, or any other method of transmitting information that ensures confidentiality.

(f) The information in paragraph (a) of this section may be provided directly to the prospective employer by the driver, provided the employer assures itself that the information is true and accurate.

(h) Employers need not obtain information under paragraph (a) of this section generated by previous employers prior to the starting dates in § 382.115 of this part.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Part 382 testing requirements while employed by this employer, please check here ☐ , sign below, and return.
Under Part 382 testing requirements:

YES NO

1. Has this person ever tested positive for a controlled substance in the last two years?*

☐

☐

2. Has this person ever had an alcohol test with a breath Alcohol Concentration 0.04 or greater in the last two years?*

☐

☐

3. Has this person ever refused a required test for drugs or alcohol in the last two years?*

☐

☐

4. Has this person any other violation of DOT agency drug and alcohol testing regulations

☐

☐

5. Have you any information from a "previous" employer of a "failed" test result

☐

☐

* Please include information received from other previous employers.

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone numbers for further reference.

Name:

Street:

City, State, Zip:

Telephone:

Fax No:

Section 2 Completed by (Signature):

Date:

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer. ☐ Mailed.

Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Phone

Date: _____ ☐ Personal Interview

REQUEST, AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION TO EMPLOYER AND RELEASE FROM LIABILITY FOR DISCLOSURE OF INFORMATION

I understand that in connection with the application process, Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services, may request information from my past employers, educational institutions, personal references and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of my credit history and any criminal records. Prior to signing this form, I read Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services, Applicant Background and Employee Investigation Policy, which I fully understand. I have provided complete and truthful information to Pacific Trucking (Guam), Inc., regarding all sources of information about my past employment, education, licensure, certification, criminal conviction record, as well as any other information requested in the employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of employment or immediate discharge. In order to assist Pacific Unlimited, Inc. dba Pacific Trucking and Fleet Services, in obtaining documents and information to confirm my background, if necessary, I hereby consent to the release of information more specifically described.

Date

Applicant Signature

REQUEST, AUTHORIZATION AND CONSENT TO RELEASE OF EMPLOYMENT INFORMATION

I request, authorize and consent to the release of information to Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services, regarding my previous employment and authorize all past employers or agents that they may designate, to respond to verbal or written inquiries from Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services, regarding my employment record, including, but not limited to positions held, dates of employments, last pay rate, work performance, disciplinary records, reliability and any incidents of dishonesty, insubordination, violence and/or unsafe, harmful or threatening behavior, including information based upon materials in my personnel files.

Date

Applicant Signature

REQUEST, AUTHORIZATION AND CONSENT TO ALCOHOL & CONTROLLED SUBSTANCE TESTING VERIFICATION

I request and authorize my previous and/or current employer(s) to release to Pacific Unlimited, Inc. dba Pacific Trucking and Fleet Services, in accordance with the provisions of Title 49 of the Code of Federal Regulations (CFR), Part 382.413, the results (including any refusal) of all drug and alcohol tests taken by me while in their employ. This includes any drug or alcohol test taken for potential employment. I further release and agree to hold harmless, each specifically listed previous or current employer as well as any employee, agent or representative thereof from all liability or damage that may arise from the release of these test results.

Any offer of employment made to me by Pacific Unlimited Inc. dba Pacific Trucking and Fleet Services, will be contingent upon my submitting to and passing a pre-employment drug test. A positive controlled substance test result will null and void any offer of employment.

Date

Applicant Signature